

Safeguarding

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June 2026

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1. BACP Mindometer survey reveals bereavement most common reason people over 65 seek therapy

Authors: BACP Mindometer survey reveals bereavement most common reason people over 65 seek therapy

Publication Date: 2026

Journal: Therapy Today 37(4), pp. 7

Abstract: The article focuses on the prevalence of domestic abuse and the impact of bereavement on older adults in England and Wales. It reports that 2.3 million adults experienced domestic abuse in the year ending March 2024, and identifies bereavement as the most common reason for therapy among people over 65, based on a Mindometer survey. Julia Samuel MBE, a grief specialist and former Vice President of the British Association for Counselling and Psychotherapy (BACP), highlights loneliness and social isolation as significant risks for older adults after loss. She emphasizes that therapy offers stability and support by providing regular sessions that help manage the unpredictable nature of grief. URL:

2. Innovative Scenario-Based Child Abuse Training for Doctoral Nurse Practitioner Students

Authors: Balogh, Pamela G.;Cathorall, Michelle;Ezzell, Kelly and Reardon, Lecia

Publication Date: 2026

Journal: Journal of Doctoral Nursing Practice

Abstract: Background: Child maltreatment is a serious public health issue with long-lasting consequences that extend beyond immediate harm to the child. Despite substantial evidence highlighting its profound impact on individuals and society, formal training on recognizing and responding to child abuse remains limited in graduate nursing education, particularly in nurse practitioner (NP) programs. Objective: This study aimed to evaluate the effectiveness of an in-person structured evidence-informed child sexual abuse training session in enhancing NP students' ability to recognize, respond to, and manage suspected cases of maltreatment. Methods: Voluntary presurvey and postsurvey were completed by 34 NP students via Qualtrics after an in-person training session. χ^2 analysis was used to assess changes in confidence across key domains. Results: Improved NP student self-confidence in identification, documentation, and making appropriate referrals occurred. χ^2 analysis demonstrated a significant posttest relationship between confidence in recognizing abuse signs and documenting suspected cases. Conclusion: Educational programs that increase NP students' confidence and skills in managing child abuse cases should be integrated into graduate curricula. Further research is warranted. Implications for Nursing: Integrating structured, evidence-informed child maltreatment training into NP programs can strengthen provider competence in early recognition, intervention, and referral, ultimately improving individual and public health outcomes. (© 2026 Springer Publishing Company.) DOI: 10.1891/JDNP-2025-0060 URL:

3. What do younger children need for recovery from domestic abuse? Findings from in-depth qualitative family case studies

Authors: Barter, Christine;Howarth, Emma;Foster, Helen Richardson and Stanley, Nicky

Publication Date: 2026

Journal: Journal of Family Violence 41(3), pp. 465–478

Abstract: Purpose: Despite substantive evidence of the impact that domestic abuse can have on children and young people, we still know relatively little about children's experiences of engaging with services aimed to support their recovery. Our research sought to explore with younger children, alongside their mothers, what supported children's engagement in services and what changes were achieved. Methods: Six in-depth qualitative case studies which included seven children aged under 12 and interviews with their mothers, alongside information drawn from the case records for each family. Results: Finding from the children's data identified four main themes: Supporting children's initial 'readiness' to engage; support for children's 'worries'; relational experiences; and engaging activities and tools. Children identified four main areas of positive change in their lives: wellbeing and confidence; behavioural change and positive coping strategies; home situation; and school and peers. Children also identified areas where improvements had not been achieved. Findings from interviews with mothers and emphasised the need for a range of complementary and tailored interventions to enable mothers to better understand the impact of domestic abuse for their children and to support their children's engagement in services. Conclusion: The case study approach provided a detailed picture of what facilitated children's engagement in domestic abuse support as well as the changes children identified. Our study provides strong evidence of the necessity of including, and prioritising, the views and experiences of children, including younger children, in studies of domestic abuse services which aim to support children's recovery. DOI: 10.1007/s10896-025-00873-6 URL:

4. Enhancing Children's Involvement in, and Influence over, Domestic Abuse and Family Violence Knowledge Creation through Trauma-informed Approaches to Research

Authors: Beckett, Helen;Warrington, Camille and Bracewell, Kelly

Publication Date: 2026

Journal: Journal of Family Violence 41(3), pp. 567–577

Abstract: Purpose: In this commentary, we explore how a trauma-informed approach to research can help address some of the drivers behind the continued marginalisation of children's voices in domestic abuse and family violence research, as noted by numerous contributors to this special issue. We focus particularly on how such an approach can help reframe and start to address the safety and wellbeing concerns that are frequently cited as reasons for denying children their Article 12 UNCRC right to have a say about matters that affect them, within trauma-focused research contexts. Method: We include examples of practical research strategies, drawing on the authors' cumulative body of published research and other research reported on in this special issue. Results: We identify practical research strategies that can support increased awareness of, and responsiveness to, the potential presence and impacts of trauma in research, in a way that integrates realisation of children's participation and protection rights. We do so primarily in relation to children's involvement in research as research participants but conclude with an exploration of the conceptual and practical alignment of trauma-informed and participatory approaches to research. Conclusion: We contend that the application of a trauma-informed approach to research can help create safer and more meaningful opportunities for children to be involved in, and influence, domestic abuse and family violence knowledge creation. DOI: 10.1007/s10896-025-00945-7 URL:

5. Imposed and Self-Imposed Isolation Among Children and Young People Who Have Grown Up in Domestic Abuse

Authors: Buchanan, Fiona;Borgkvist, Ashlee;Humphreys, Cathy and Regan-Coe, Rebecca

Publication Date: 2026

Journal: Child & Family Social Work 31(2), pp. 735–747

Abstract: Research about the effects of isolation on women living with domestic abuse (DA) shows that women's mental health and well-being is negatively affected by the consequences of isolation while enduring DA. Less attention has been given to the effects of isolation for children's health and well-being when experiencing DA. Based on the voices of young people who grew up in DA, the qualitative study that is the basis for this article asked young people about aspects of their childhood and what helped them to cope despite DA in their family of origin. The study found that methods of control used by the abuser led to children being isolated. At other times, children living with DA reported isolating themselves due to the effects of living with DA. Utilizing Vygotsky's sociocultural theory, children's isolation caused by DA is examined. The effects on children's social, emotional and educational well-being are explored, and potential social work roles in helping children overcome such isolation are presented. We focus particularly on young people's call for connection with peers from similar backgrounds. DOI: 10.1111/cfs.13316 URL:

6. Safeguarding vulnerable older adults

Authors: Bustin, Jodie

Publication Date: 2026

Journal: Dental Update 53(4), pp. 291–296

Abstract: Safeguarding older adults involves protecting their right to live free from abuse and neglect, ensuring their safety and promoting their wellbeing. While everyone has a role to play in safeguarding, professionals working with older adults have a specific legal duty to protect them. The UK has an ageing population and an increasing number of older adults living with care and support needs. It is of utmost importance that dental teams have a good working knowledge of their role in safeguarding older adults at risk. The General Dental Council has recommended adult safeguarding as a core continuing professional development topic.

CPD/Clinical Relevance: Knowledge of safeguarding older adults is essential information for clinicians who treat them. DOI: 10.12968/denu.2026.53.4.291 URL:

7. Review of Current Pediatric Trauma Imaging Guidelines

Authors: Chiu, Megan Z.;Stoeckel, Ashley;York, Jennifer;Dingeldein, Michael W. and Yorkgitis, Brian K.

Publication Date: 2026

Journal: Current Trauma Reports 12(1), pp. 1–10

Abstract: The evaluation of injured children often involves imaging to assist in diagnosis and management. Many of these imaging tests involve exposure to ionizing radiation, which has been linked to future malignancies. Judicious use of diagnostic tests that expose a child to radiation is an important consideration when identifying children at risk for serious injury. Recognition of children who require a higher level of care and coordination with the receiving center should be a priority prior to obtaining advanced imaging. Recent Findings: Detection of injury must be balanced with the risk of ionizing radiation in the pediatric trauma population. This principle has guided a field of pediatric trauma research and resulted in multiple guidelines and algorithms to assist in the diagnosis and management of traumatic injuries. Our review of recent literature shows reference to the Pediatric Emergency Care Applied Research Network (PECARN), Choosing Wisely recommendations, Pediatric Cervical Spine Clearance Working Group guidelines, as well as several recent studies guiding pediatric trauma. There is an emphasis on limiting the use of ionizing radiation imaging, the importance of clinical presentation guiding management, as well as understanding a center's capabilities and ensuring expedited transfer to referral pediatric trauma centers. Summary: The "screen before you scan" approach using evidence-based clinical decision tools can assist in identifying pediatric patients who would benefit most from imaging. With the known risks of radiation in trauma patients, especially in children, more and more evidence-based clinical guidelines to "screen before you scan" are now being utilized to assist in identifying pediatric patients that can be managed with minimal use of ionizing radiation while maintaining safe clinically important injury detection rates while minimizing missed injuries. DOI: 10.1007/s40719-026-00304-x URL:

8. Safeguarding, sexual assault and child sexual abuse including sexual exploitation.

Authors: Dwyer E. and Wilkinson, D.

Publication Date: 2026

Journal: *Medicine (United Kingdom)* 54(4), pp. 279–283

Abstract: It is the statutory duty of all healthcare professionals to safeguard vulnerable adults and children from harm. Sexual assault and abuse affect many people, and signs of historical, current and potential abuse have varied presentations in clinical settings. Appropriate management requires collaborative working with multidisciplinary teams to provide a holistic, trauma-informed approach, considering both the physical and psychological needs of patients. It is important to understand the law relating to sexual activity in children and young people, and be able to assess whether individuals have the mental capacity to consent to sexual activity. Vigilance for the subtle signs of child sexual exploitation or those at risk is vital, and should trigger safeguarding procedures when concerns are raised. Copyright © 2026 Published by Elsevier Ltd. DOI: 10.1016/j.mpmed.2026.01.006 URL:

9. Improving the recognition of child maltreatment in emergency departments in Europe: healthcare professionals' perceived barriers and facilitators for implementation of a comprehensive toolkit design

Authors: Hoedeman, F.; Puiman, P. J.; Smits, A. W.; Dekker, M. I.; Lauwaert, D.; Oostenbrink, R.; Parri, N.; García-Castrillo Riesgo, L.; Polinder, S. and Moll, H. A.

Publication Date: 2026

Journal: *European Journal of Pediatrics* 185(5)

Abstract: Strategies to improve child maltreatment recognition in emergency departments (EDs) have been associated with increased detection. However, implementing new protocols in high-pressure environments is challenging, necessitating an understanding of healthcare professionals' perceptions. This study explored perceived barriers and facilitators for implementing a child maltreatment toolkit design in European EDs. The presented toolkit design included the Screening instrument for Child Abuse & Neglect (SCAN), training, and hospital policy. To assess barriers and facilitators for its implementation, a survey was developed using the 'Barriers and Facilitators Assessment Instrument' featuring statements on a 5-point Likert scale with additional open-ended questions. This pre-implementation survey was distributed to ED professionals through European emergency medicine societies and research networks (EUSEM, REPEN, and EuSEN) and additional contacts via snowball sampling. Descriptive statistics and thematic analyses of open-ended responses were conducted. A total of 204 respondents participated, representing 121 hospitals from 28 European countries (estimated response 36%-46%). Facilitators for implementation included the toolkit's alignment with the ED environment, covering time, financial and staff resources, ED staff motivation and the hospital policy's standardized hospital-wide implementation. Thematic analyses revealed comparable benefits, but additional disadvantages including cultural differences, risk of false positives, electronic health record (EHR) compatibility and ensuring practical over theoretical learning.; Conclusion: This pre-implementation study highlights generally positive perceptions among European ED professionals regarding a structured child maltreatment toolkit design. Concurrently, important contextual and ethical considerations, including screening performance, legal frameworks, system capacity and

potential unintended consequences, were identified. This underscores the need for careful contextual adaptation and prospective effectiveness-implementation evaluation before broader adoption.; What Is Known: • European EDs generally lack strategies to improve the recognition of child maltreatment. • Successful implementation of such strategies in EDs requires an understanding of healthcare professionals' perceived barriers and facilitators.; What Is New: • This study explores perceptions of European ED professionals regarding a child maltreatment toolkit design comprising the Screening instrument for Child Abuse and Neglect (SCAN), targeted training, and hospital policy guidance. • Addressing training costs, cultural variability, and concerns about false positives is essential to support implementation and to enable wider adoption, enhancing pediatric readiness for child protection across Europe. (© 2026. The Author(s).) DOI: 10.1007/s00431-026-06815-8 URL:

10. An Exploration of the Experiences of Vulnerable Young People Participating in a Stand-Up Paddle-Boarding Therapy Course: A Phenomenological Study

Authors: Hornsby, Claire;Warren, Alison;Raine, Rosi;Morgan, Alun and Liang, Zurong

Publication Date: 2026

Journal: Health & Social Care in the Community 2026, pp. 1–11

Abstract: Nature-based interventions have been advocated as an approach to support mental health and well-being in young people. The Wave Project, a United Kingdom–based charity, has an established surf therapy intervention for vulnerable children and adolescents which has been demonstrated to have a positive impact on mental health and well-being. However, this intervention provides challenges in terms of accessibility for young people located away from the coast. Stand-up paddle-boarding is an aquatic activity which can be conducted on inland waters, which therefore has the potential to address this barrier. Semistructured interviews (n = 6) utilizing video and photo elicitation were conducted with young people participating in a 5-week stand-up paddle-boarding course delivered on a canal in a central city location in the south-west of England. Transcripts were analyzed using a qualitative phenomenological approach. Participants reported engaging in paddle-boarding induced a feeling of calmness and provided respite from preoccupations of school and other concerns. The support provided by instructors and volunteers gave them a sense of both physical and psychological safety which provided them with the confidence to master a new skill. This experience increased their self-confidence and self-esteem as well as reducing social anxiety and feelings of anger. The findings suggest that a stand-up paddle-boarding course may confer mental health and well-being benefits for vulnerable young people. The ability to deliver this intervention on a canal in the center of a city increases its accessibility to young people living inland. DOI: 10.1155/hsc/6382125 URL:

11. Navigating ethical complexity: Moral development in pediatric oncology nursing

Authors: Humphrey, Yvette and Winsor, Denise L.

Publication Date: 2026

Journal: Nursing Ethics 33(3), pp. 678–690

Abstract: This conceptual paper explores the ethical challenges faced by pediatric oncology nurses in healthcare settings where diversity, equity, and inclusion (DEI) frameworks are

withdrawn, diminished, or absent. The removal of equity-focused policies heightens moral conflict for pediatric nurses, forcing them to navigate ethical dilemmas without clear institutional support. Drawing on Kohlberg's theory of moral development, alongside complementary perspectives from Perry, Gilligan, Tronto, and Selman, this paper demonstrates how nurses must increasingly depend on postconventional reasoning to protect justice, fairness, and patient-centered equity in culturally complex care. To bridge theory and practice, the discussion integrates real-world vignettes from pediatric oncology contexts, illustrating how institutional vulnerabilities, patient needs, and the moral distress of nurses can intersect in ways that jeopardize health, safety, and overall well-being. These scenarios reveal the ethical tensions that arise when organizational constraints conflict with professional commitments to advocacy, cultural humility, and inclusive care. Framed as a conceptual construction, we have argued for a dual approach to addressing these challenges: a top-down strategy in which healthcare institutions develop alternative ethical frameworks and supportive policies to preserve equity in the absence of formal DEI structures, and a bottom-up approach in which future research explores how individual nurses' moral development can be strengthened through ethics education, reflective practice, and cultural competence training. Ultimately, sustaining equitable pediatric oncology care in the current sociopolitical climate requires more than individual moral courage, it demands institutional accountability, policy innovation, and a reinvigorated commitment to justice in healthcare. This work offers recommendations for nursing educators, clinical practice, and policy to safeguard the dignity, safety, and well-being of every child and family they serve. DOI: 10.1177/09697330251397480

12. Coercive Control and Mother–Child Relationships: Exploring Mothers' Experiences of Talking With Their Children About the Abuse

Authors: Kelly, Sarah and Luzón, Olga

Publication Date: 2026

Journal: Journal of Interpersonal Violence 41(9), pp. 2378–2403

Abstract: Coercive control (CC) is a severe and relentless form of domestic abuse whereby perpetrators often directly target and undermine women's relationships with their children. A "conspiracy of silence" can surround the abuse, with mothers and children not speaking to each other about what has happened, which has been described as negatively impacting the mother–child relationship. Our understanding of how mothers experience conversations with their children about their shared experiences of CC is limited. The current study, therefore, aimed to explore: (a) mothers' experiences of their relationships with their children in the context of CC, and (b) mothers' experiences of talking with their children about the CC. Eleven interviews were conducted between July and November 2023 with mothers who had experienced CC who had been separated from the perpetrator/father for at least 1 year. Data were analyzed using interpretative phenomenological analysis. Five group experiential statements were constructed, with 12 group-level subthemes. Two group experiential statements pertained to women's experiences of the mother–child relationship, one to how women experienced conversations about the abuse as positive for the mother–child relationship, and two to the facilitators and barriers that women experienced when navigating these conversations. The findings are discussed in relation to four key implications: the importance of joint mother–child interventions; the need for education and training for professionals; education in schools; and urgent reform to UK family courts. DOI: 10.1177/08862605251329498 URL:

13. A public health framework for preventing 'honour' based abuse: The three-phase model of perpetration

Authors: Khan, Roxanne and Morris, Paul

Publication Date: 2026

Journal: Public Health 256, pp. 106305

Abstract: Objectives: This paper presents the first conceptual framework for understanding 'honour'-based abuse (HBA), violence and killing: the Three Phase Model of Perpetration. Positioned within priorities of prevention and intervention, the model situates HBA within a public health framework, distinguishing it from other forms of child abuse, family violence and domestic homicide.; Study Design: Narrative review and conceptual analysis.; Methods: A synthesis of academic and grey literature, statutory reviews, victim case studies, and survivor and perpetrator accounts identified recurring patterns in perpetrator behaviour and systemic responses.; Results: The Three Phase Model maps HBA perpetrator behaviour across the lifespan through three interconnected phases-Control, Punish and Protect-showing how honour codes are socialised, enforced and justified within families and communities through collective coercive control and victim-shaming by multiple perpetrators.; Conclusions: HBA is a public health crisis requiring a targeted response. Its persistent framing through cultural identity rather than biopsychosocial processes has created a public health blind spot, limiting effective prevention. The Three Phase Model offers a framework to strengthen practitioner insight, enhance cultural competence, and inform training and policy reform for multi-agency safeguarding. (Copyright © 2026 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.) DOI: 10.1016/j.puhe.2026.106305 URL:

14. Gay, Bisexual, and Other Men Who Have Sex with Men's Experiences of Intimate Partner Violence in Four Celtic Nations: A Mixed-Method Study

Authors: Maxwell, Steven;McAloney, Kareena;Strongylou, Dimitra;O'Brien, Rosaleen;Stenhouse, Rosie and Frankis, Jamie

Publication Date: 2026

Journal: Journal of Interpersonal Violence 41(9), pp. 2633–2658

Abstract: This study investigates the prevalence, forms, and unique cultural manifestations of intimate partner violence (IPV) among gay, bisexual, and other men who have sex with men (GBMSM) in four Celtic nations (Scotland, Ireland, Northern Ireland, and Wales) while recognizing differences due to gendered heteronormativity. The research involved a cross-sectional survey of 1,389 participants and in-depth narrative interviews with 10 individuals, with recruitment conducted via GBMSM social and sociosexual media platforms. The study employed descriptive statistics to estimate IPV prevalence and types, while logistic regression was used to identify socio-behavioral predictors of IPV. Findings suggest that the 1-year IPV prevalence among GBMSM was 33% (n = 546), with emotional abuse (13%) and belittlement (13%) as the most common forms. Notably, all qualitative participants reported experiencing coercive control. The narratives indicated that IPV predominantly occurred in longer-term relationships, with no instances identified in singular intimate encounters. The study found that while the prevalence of IPV among GBMSM is similar to that observed among heterosexual women, the nature of IPV and the recognition of certain forms of nonconsensual sex as IPV differ between these populations. These differences can be better understood through the lens

of masculinities discourses and the heteronormative framework of Western societies. The study underscores the importance of building a dedicated body of evidence on IPV within sexual minority communities to inform policy and provide appropriate support through health and social care initiatives. Addressing IPV in GBMSM relationships is crucial for safeguarding this community and contributing to the broader societal goal of eradicating violence. DOI: 10.1177/08862605251331077 URL:

15. Evidence-Informed Guidance for Working With Young People Using Abusive Behaviours

Authors: Meechem, Sabrina; Taylor, Bethan; Hay, Susie and Jacob, Suzanne

Publication Date: Apr ,2026

Journal: Child Abuse Review 35(2), pp. 1–5

Abstract: The current paper offers guidance to practitioners working in some capacity with young people who are using abusive and harmful behaviours in their relationships. It highlights the significance of the working relationship between the practitioner and the young person and advocates for an approach that is holistic, supportive and judgement-free. The paper outlines literature evidencing the positive impact such an approach can have and is written for both specialist domestic abuse practitioners and practitioners working with young people across a range of sectors and organisations. DOI: 10.1002/car.70113 URL:

16. Trying to find Safety, to make it Speakable, and to Mourn the Losses-Children's Recovery from Domestic Abuse

Authors: Morrison, Fiona

Publication Date: 2026

Journal: Journal of Family Violence 41(3), pp. 431–443

Abstract: Purpose: This article addresses a gap in our understanding of children's 'recovery' from domestic abuse. Whilst the impacts of domestic abuse on children have been well-documented and researched, their recovery from it has been under-theorized. By analyzing qualitative accounts on children's participation in recovery programmes, the article uses Judith Herman's trauma recovery model, to make the how of children's recovery explicit.; Methods: Conducted in Scotland, the research involved individual qualitative interviews with 14 children (aged 7-15 years) and their 14 mothers, who had completed Cedar, a 12-week therapeutic and peer support group programme. A co-produced approach to initial data analysis foregrounded children and mothers' own priorities for children's recovery and afforded findings greater rigor. These priorities were then further analyzed using Herman's trauma recovery framework.; Findings: Findings offer insight on the ways in which structures, resources, and values designed into the recovery programmes can mobilize children's experiences of domestic abuse to help them find safety; make domestic abuse 'speakable'; as well as provide space for children to mourn the losses resulting from domestic abuse. Findings further indicate the power of group-based interventions and the ways in which they can promote recovery through ideas of nurture and care.; Conclusions: By using Herman's theoretical lens for recovery, the article makes a new contribution to understandings of children's recovery from domestic abuse. It identifies key factors that contribute to children's ability to recover including: their

sense of safety, the role of the mother-child relationship and significance of the child-father relationship. (© The Author(s) 2024, corrected publication 2024.) DOI: 10.1007/s10896-024-00745-5 URL:

17. Mapping Schema Modes in Voice Hearers: Investigating the Role of Schema Modes in Voice Hearers' Experience

Authors: Newton, Branda;Skeffington, Petra;Reddyhough, Caitlin;Lee, Christopher W.;Arntz, Arnoud and Paulik, Georgie

Publication Date: 2026

Journal: Clinical Psychology & Psychotherapy 33(2), pp. 1–10

Abstract: Auditory verbal hallucinations, or hearing voices, occur across various mental health conditions and can vary widely in distress and content. Understanding the factors that influence these experiences is essential for effective therapy. Schema therapy, particularly its concept of schema modes, offers a framework to explore how emotional states and coping strategies shape the nature and distress of voice hearing. Despite this, there is limited research on the relationship between schema modes and voice-hearing experiences. This study aimed to address this gap by developing a schema mode profile for transdiagnostic voice hearers, and investigating whether schema modes predict voice-related distress and positive or negative voice-related content. The study included 76 voice hearers who completed assessments of their voices and schema modes. The schema mode scores in voice hearers were generally elevated compared to nonclinical and Axis I populations (e.g., those with anxiety or depressive disorders) and closely mirrored those of Axis II populations (e.g., personality disorders). The greatest elevations compared to Axis I patients were observed in the Vulnerable Child, Impulsive Child, Detached Protector, Bully and Attack and Punitive Parent modes. Regression analyses showed that Vulnerable Child mode significantly predicted greater voice-related distress. For negative voice content, both the Vulnerable Child and Detached Self-Soother modes were associated with an increased negativity. For positive voice content, the Happy Child and Enraged Child modes were positive predictors, while the Detached Self-Soother was negatively associated with positive voice experiences. These findings suggest schema modes may play a role in voice-hearing experiences, offering promising avenues for schema therapy interventions and future research. Summary: Schema therapy may provide a framework to help better understand and guide more targeted interventions for voice content and distress. Certain schema modes were elevated in voice hearers compared to nonclinical groups, with some elevations exceeding Axis I populations and closely resembling the patterns in Axis II populations. Some schema modes were associated with positive and negative voice content and predicting voice-related distress. Schema therapy interventions focusing on specific modes, particularly those associated with voice content and distress, may offer promising avenues for treating voice hearers and reducing associated distress. DOI: 10.1002/cpp.70256 URL:

18. Ethical considerations in quality improvement

Authors: Pearlman, Stephen A.;Murray, Peter D. and Bapat, Roopali

Publication Date: 2026

Journal: Journal of Perinatology 46(4), pp. 672–677

Abstract: Clinicians have an ethical responsibility to improve care while safeguarding patients from harm. This ethical imperative drives the implementation of Quality Improvement (QI) initiatives aimed at enhancing patient outcomes. In comparison to human subjects' research, QI efforts may have different ethical considerations that seem less well defined. This article explores the ethical complexities in neonatal and perinatal QI work associated with designing, conducting, and disseminating QI projects. QI efforts should be grounded in ethical tenets such as beneficence, non-maleficence, justice, and respect for autonomy particularly when applied to vulnerable populations such as neonates. By recognizing the ethical considerations unique to QI, investigators can promote transparency and context-aware practices, thereby improving the rigor, reproducibility, and safety of their initiatives. Thoughtful design and implementation can ensure that QI efforts are both ethically sound and clinically impactful, enhancing their trustworthiness and applicability across diverse clinical settings. Clinical Trial Registration (if any): None. DOI: 10.1038/s41372-025-02403-0 URL:

19. Lifeguard Pharmacy-A feasibility trial of a novel pharmacy-based intervention for people experiencing domestic abuse and/or suicidal ideation

Authors: Solomon, Josie;Barnes, Rebecca;Maria Barcelos, Ana;Latham-Green, Tracey;Knapp, Peter;Baines, Darrin;Law, Graham;Henderson, Claire;Rowan, Elise;Gorton, Hayley and Gussy, Mark

Publication Date: 2026

Journal: Health and Social Care Delivery Research 14(13), pp. 1–26

Abstract: Background: Domestic abuse and suicidal ideation are highly prevalent in the United Kingdom, often co-occurring. Numerous practical and psychosocial barriers inhibit help-seeking. This study explored whether community pharmacy could offer an accessible setting for a domestic abuse and suicidal ideation response service.; Methods: The design was a randomised cluster feasibility trial. Twelve pharmacies were recruited from one pharmacy organisation, randomised into eight intervention pharmacies and four controls. Thirty-seven pharmacy staff were trained to deliver the Lifeguard Pharmacy intervention, which involved providing a consultation and structured referral or signposting to customers identified as experiencing domestic abuse and/or suicidal ideation. Staff learning from the training was evaluated using the validated Continuing Professional Development reaction questionnaire, analysed using a paired t-test. The intervention ran from January to July 2023 and was accompanied by a nested process evaluation consisting of staff focus groups and a multistakeholder final evaluation workshop with a mix of lay, pharmacy staff and representatives from referral organisations. Data were collected on number and category of client contacts from intervention and control pharmacies; descriptive analyses were performed.; Results: After intervention training, pharmacy staff showed statistically significant improvements in their levels of perceived ability, ease and confidence in responding to and referring people in need of help for domestic abuse and suicidal ideation with increased confidence in the ability of other pharmacy staff to support domestic abuse and suicidal ideation. During the intervention period, staff responded to 24 cases in intervention pharmacies: 8 for suicidal ideation, 9 for domestic abuse and 7 for both domestic abuse and suicidal ideation. Of these, 22 were staff-initiated and 2 were client-initiated. Two cases (one suicidal ideation and one domestic abuse) were identified in control pharmacies. Staff participants had a positive perception of the service and its impact on them and their clients. The multistakeholder workshop findings confirmed the feasibility of a staff-initiated response

service for both domestic abuse and suicidal ideation in a community pharmacy setting. However, there were challenges marketing and delivering a client-initiated service, and the study was not able to collect all of the information required to inform a future trial.; Limitations: There were challenges to collecting data and obtaining informed consent from Lifeguard Pharmacy clients, especially when distressed or time-pressured. Consequently, full data sets were only collected from 4 of the 24 people who used the service. All 12 participating pharmacies were located in 1 region of England, hence a future study would need to test implementation across a broader range of settings.; Conclusions: It is feasible to implement a staff-initiated response service for domestic abuse and/or suicidal ideation in selected pharmacies. The combination of staff training, consultation guide, referral tool and client support resources and organisational support empowered staff to proactively identify people experiencing domestic abuse and/or suicidal ideation.; Future Work: Further development work would be needed before a client-initiated service could be delivered, and a future implementation study is contingent on finding ways to safely consent and collect data from clients. Some preliminary health economic work was conducted but a full health economic analysis would be needed as part of a future study.; Funding: This article presents independent research funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme as award number NIHR133132. DOI: 10.3310/TNFT6414 URL:

20. Responding to people in danger: a community pharmacy response service for domestic abuse and suicidal ideation, a development and feasibility study

Authors: Solomon-Taylor, Josie; Barnes, Rebecca; Barcelos, Ana Maria; Latham-Green, Tracey; Knapp, Peter; Law, Graham; Henderson, Claire; Gorton, Hayley; Khatri, Mahomed; Baines, Darrin and Gussy, Mark

Publication Date: 2026

Journal: Health and Social Care Delivery Research 14(13), pp. 1–45

Abstract: Background: Domestic abuse and suicidal ideation are highly prevalent and often co-occur. These issues are distressing and put people in danger from themselves or others. Numerous practical and psycho-social barriers inhibit help-seeking. Community pharmacies are accessible healthcare environments that deliver various public health functions. However, no studies have yet developed and tested a robust intervention for responding to domestic abuse and suicidal ideation in community pharmacy.; Objectives: To co-develop a domestic abuse and suicidal ideation response service in community pharmacy; and to test whether the co-developed intervention and a future trial to evaluate it would be feasible and acceptable in community pharmacies.; Design and Methods: Service scope and resources were co-developed with 36 people (lay and professional) who participated in focus groups, interviews and/or workshops. A randomised feasibility trial tested the deliverability and feasibility of consenting clients and collecting study data, including data for a future economic evaluation. A nested process evaluation, comprising staff focus groups, customer interviews and a wider public survey, assessed the fidelity, acceptability and accessibility. A final feasibility workshop reviewed all feasibility objectives.; Setting, Participants and Interventions: The service was tested for 6 months in eight intervention pharmacies in Lincolnshire. Four more pharmacies acted as controls, providing usual care. In intervention pharmacies, trained staff provided triage assessment and structured signposting to those identified at risk of domestic abuse and/or suicidal ideation.; Main Outcome Measures: Data were collected on the number and

type of relevant patient contacts from intervention and control pharmacies. Staff training was evaluated using the Continuing Professional Development-Reaction questionnaire, with before-and-after data analysed via paired t-tests. Feasibility objectives were assessed in a multistakeholder workshop. Qualitative process evaluation data were thematically analysed.; Results: Co-development participants considered community pharmacies to be an ideal service setting. Their recommendations for safety, equity, empowerment and discretion were incorporated into service design. Following training, staff showed statistically significant improvements in their perceived ability and confidence in responding to people in need of help for suicidal ideation and/or domestic abuse. The public and pharmacy customers showed positive support and acceptability. During the intervention period, 24 patients needing support were identified in the intervention pharmacies compared to two in the control pharmacies. Stakeholder workshop findings confirmed community pharmacy as an appropriate setting for a staff-initiated intervention and the dual focus on domestic abuse and suicidal ideation. The findings do not support a client-initiated service at this stage due to challenges related to marketing and ensuring sufficient staffing capacity to deliver a safe, high-quality service.; Limitations: Limited participant diversity and significant gaps in data collection from clients due to complexities of gaining consent in a pharmacy setting for this type of intervention.; Conclusions: A co-developed, staff-initiated response service for suicidal ideation and/or domestic abuse in community pharmacy was found to be feasible to deliver and acceptable to patients and staff.; Future Work: An implementation study to scale-up service roll-out, evaluate it in diverse settings and streamline operational processes across more organisations is required. Further work is needed to determine how to collect outcome and cost-effectiveness data from people receiving a rapid intervention and/or in distress.; Funding Details: This synopsis presents independent research funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme as award number NIHR133132. DOI: 10.3310/SSWW9994 URL:

21. The association between adverse experiences throughout the life-course and risk of dementia in the English Longitudinal Study of Ageing

Authors: Taylor, Katherine;Howe, Laura D.;Lacey, Rebecca E.;Carslake, David;Anderson, Emma and Mukadam, Naaheed

Publication Date: 2026

Journal: Journal of Alzheimer's Disease : JAD 111(1), pp. 410–421

Abstract: Background: Previous studies investigating associations between adverse experiences across the life-course and dementia consider a narrow range of experiences and use sum scores which assume each experience has the same impact on dementia risk. Objective: To develop a greater understanding of how patterns of adversity influence associations with dementia through consideration of timing, type and cumulation of adverse experiences. Methods: The English Longitudinal Study of Ageing measured adverse life experiences in a life history interview. Cox proportional hazard models were used to investigate associations between dementia and three types of exposure: sum scores, individual experiences, and categories of similar experiences. We used linear hypothesis testing to assess whether associations between each experience and dementia differed significantly. Results: A linear relationship between dementia and number of adult adverse experiences (HR:1.09, 95% CI:1.01-1.16), but not total or childhood experiences, was observed. When adverse experiences were considered separately, child abuse was

associated with a 74% higher hazard of dementia (HR:1.74, 95% CI:1.25-2.43) and adult economic hardship was associated with a 32% higher hazard of dementia (HR:1.32, 95% CI:1.06-1.66). Associations between dementia and adverse experiences in childhood were heterogenous, showing greater variability than expected about a common hazard ratio ($p = 0.01$). Conclusions: Adulthood adverse experiences associate with dementia in a cumulative risk manner. In childhood, only abuse was associated with dementia. Use of sum scores to operationalize adverse experiences throughout the life-course may oversimplify associations with dementia. Both type and timing of experience influence the association. Work to prevent adverse experiences must span the life-course. DOI: 10.1177/13872877261431801 URL:

22. Investigating discourses related to the safeguarding of adults at risk

Authors: Trussler, Sarah and Shippen, Sue Maria

Publication Date: 2026

Journal: Journal of Adult Protection 28(2), pp. 91–102

Abstract: Purpose: The purpose of this study is to examine the language being used by leaders in a charity offering residential care to adults in relation to safeguarding and, therefore, improve leadership practice. Design/methodology/approach: Action learning sets (ALSs) were used to explore the use of language and its relationship to practice. In addition, interviews were held with the presenters of each case and surveys were completed at the mid-point and end of the ALS series. The researcher used the Multiple Lens View Model (Shippen and Trussler, 2024) to encourage leaders to examine the perspectives they took when discussing safeguarding issues. Findings: Language used to evaluate safeguarding incidents, particularly the terms care, capacity and consequences exposed contrary understanding and application of policy, potentially increasing risk. Research limitations/implications: It is valuable for leadership teams to examine how they are operationalising the legislation, policy and procedures of their organisations using ALSs. This helped the organisation examine its practice and implement more ALSs in reviewing safeguarding issues as they emerge. Originality/value: Studies have examined practice in relation to legislation; however, to the author's knowledge, not in terms of the language used in care, capacity and consequences and how the use of ALSs can examine the operation of safeguarding adults. URL:

23. Workplace Violence and Employee Well-being among Healthcare Professionals in a Hospital Setting

Authors: van Voorthuizen, Mercede;Burger, Martijn J.;Caniëls, Marjolein C. J. and Pleeging, Emma

Publication Date: 2026

Journal: Applied Research in Quality of Life 21(2), pp. 839–858

Abstract: Workplace violence is a pivotal issue affecting employee well-being, yet little is known about how different types of violence and their sources uniquely impact employees. However, understanding these distinctions is essential for developing targeted interventions that effectively mitigate harm and support employee well-being. In this study, we examine the relationship between workplace violence and employee well-being by distinguishing between various forms of violence—unwanted sexual attention, intimidation, physical violence, bullying,

and discrimination—as well as different perpetrators, including colleagues and patients. Using three waves of survey data collected from hospital employees in the Netherlands (n = 1,752), we find that being victim of workplace violence is negatively associated with employee well-being in both work and life domains. However, our findings reveal important distinctions: only intimidation and bullying showed a significant negative association with job satisfaction and life satisfaction, with bullying exerting the strongest negative effect. Additionally, workplace violence perpetrated by internal actors (e.g., colleagues) is more detrimental to job satisfaction than violence from external actors (e.g., patients), though this moderation effect does not hold for life satisfaction. Insights from this study provide a better understanding of workplace violence and its varied effects on employee well-being, equipping organisations with the knowledge needed to develop targeted policies, support mechanisms, and prevention strategies that safeguard employees' mental well-being. DOI: 10.1007/s11482-026-10556-z

24. The relationship between violence history in patients with severe mental disorders and child abuse of their children

Authors: Wang, Meiling;Liu, Lingfei;Liu, Xiujun and Chen, Wencai

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Journal: PeerJ 14, pp. e21028

Abstract: Background: Research on child abuse among children of parents with mental illness (COPMI) remains limited. This study aimed to investigate the prevalence of child abuse among COPMI and examined the association between a history of violence in parents with severe mental disorders (SMD) and the risk of child abuse in their households.; **Methods:** A cross-sectional study was conducted among families of SMD patients registered at community health centers in Wuhan, China (2020). Demographic and clinical characteristics of participants and their parents were collected. Prevalence of child abuse was analyzed, and logistic regression model assessed associations between SMD patients' violence history and child abuse.; **Results:** Of 352 COPMI, 15.06% reported any abusive behavior in the past 6 months. Specifically, 14.20% experienced emotional abuse, 7.40% experienced physical abuse, and 7.10% experienced two or more specific abusive behaviors. Multivariable analysis revealed households with two mentally ill members, mental illness relapse, SMD duration ≤ 5 years, and violence history as significant child abuse risk factors.; **Conclusion:** The 6-month prevalence of abuse (emotional or physical) among COPMI is notable. A clinical profile of the parent with SMD that includes a history of violence is associated with a significantly higher risk of abuse within the household.

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