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Safeguarding

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September 2026

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1. **Patient and Family Perspectives on Statutory Duty of Candour Following Serious Adverse Patient Safety Events**

Authors: Adams, Corey;Bowditch, Lorelle;Bierbaum, Mia;Walsan, Ramya;Morris, Jennifer;Manias, Elizabeth;Youngs, Nicole;Birks, Lanii;Braithwaite, Jeffrey;Chauhan, Ashfaq;Hibbert, Peter;Walpola, Ramesh and Harrison, Reema

Publication Date: 2026

Journal: Health Expectations : An International Journal of Public Participation in Health Care and Health Policy 29(5), pp. e70800

Abstract: Background The Statutory Duty of Candour (SDC) legally requires healthcare organisations to notify patients, families, and carers who experience a serious adverse patient safety event (SAPSE), provide an apology, and explain steps taken to prevent recurrence. However, despite growing international adoption of SDC, evidence on its implementation and impact on patients and families ('consumers') remains limited. This study examined consumer

awareness, understanding, and lived experiences of SDC in Victoria, Australia, two years after its introduction. Methods A mixed-methods study integrated data from an online survey and semi-structured interviews with healthcare consumers in Victoria, Australia. Descriptive analysis was undertaken for quantitative items, while reflexive thematic analysis was applied to qualitative data from survey free-text responses and interview transcripts. Results In total, 80 consumers participated: 72 completed the survey and 13 completed interviews, with five participating in both. Although nearly two-thirds (61%) had no prior knowledge of SDC, over three-quarters (78%) perceived it as useful. Among those who had experienced an adverse event, half reported that staff were not open following the incident, over half reported that no post-incident meeting occurred, and satisfaction with meetings was low (26%). Six themes were identified: (1) Candour as Moral Reassurance; (2) Persistent Scepticism and Conditional Trust; (3) Limited Awareness and Accessibility of SDC; (4) Genuine Apology for Trust Repair; (5) Emotional Labour, Power, and the Risk of Re-traumatisation; and (6) Demonstrating Accountability with Organisational Learning and Improvement. An overarching theme, Candour as a Relational Process for Trust, described how trust was tested, repaired, or further eroded through SDC processes following an adverse event. Conclusion SDC holds significant potential to repair trust following adverse events, but its impact depends on how it is enacted. When delivered with empathy and meaningful follow-up, SDC supports repair of trust. However, when experienced as procedural or defensive, SDC may compound distress and further erode trust. Therefore, SDC must be embedded not just as a regulatory requirement, but as a relational and person-centred practice for patients and families. Patient or Public Contribution Healthcare consumer representatives were part of the research team, assisting with the study design, data analysis, and article writing.

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2. **'Old women can't live in caravans': Conducting best interests assessments with Romani and Traveller adults in England and Wales**

Authors: Allen, Daniel;Dove, Doreen and Hulmes, Allison

Publication Date: 2026

Journal: British Journal of Social Work 56(5), pp. 2521–2542

Abstract: Romani and Traveller communities experience long-standing structural inequalities, discrimination, and exclusion from health and social care services. For adults living with cognitive impairments, mental health difficulties, or neurological conditions, these inequalities can heighten anxieties about statutory intervention, particularly fears of arbitrary detention in hospitals or care homes. Despite the significance of these concerns, little is known about how professionals determine whether the detention of Romani and Traveller adults genuinely reflects their best interests. This study examines how best interests assessors (BIAs) respond to the needs of Romani and Traveller adults subject to the Deprivation of Liberty Safeguards in England and Wales. Drawing on Habermas's system–lifeworld framework, two group interviews were conducted with thirty-five BIAs and allied professionals across four local authorities in North West England. The findings illustrate how structural inequalities and institutional practices marginalize cultural perspectives, contributing to the colonization of the lifeworld and undermining rights-based approaches to assessment. By placing these issues at the centre of analysis, the study contributes to growing calls for statutory systems that not only safeguard individuals but also actively promote dignity, autonomy, and social justice within the

cultural contexts in which decisions about care and liberty are made.

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3. **Language matters: Describing "vulnerable" children and youth in speech-language pathology: A critical interpretive synthesis**

Authors: Badesha, Maneetpal;Albin, Maya;Wiseman-Hakes, Catherine;Head, Julianna;Loshusan, Bethany L. and Phoenix, Michelle

Publication Date: 2026

Journal: International Journal of Speech-Language Pathology 28(3), pp. 570–587

Abstract: Purpose: Considerable variation exists in how the concept of vulnerability is defined in speech-language pathology research. This critical interpretive synthesis aimed to identify and describe the terminology used specific to vulnerable children and youth and to critically examine the application of the terminology. Method: OVID Medline, CINAHL, EMBASE, and ERIC were searched. Covidence software was used to deduplicate, collate, and extract articles. Information about the population and terminology was extracted and analysed. The Coin Model of Privilege and Critical Allyship (Nixon, 2019) was applied to analyse aspects of identity, power, and oppression. Result: 58 articles were included and 15 terms relating to vulnerability were identified. Across articles, general statements were made relating to vulnerability without specifying reasoning for their inclusion of the term(s). Many articles used these terms to discuss actions needing to be taken to better serve populations, encouraging a 'call to action' to address vulnerability. Conclusion: A myriad of terminology has been implemented in the speech-language pathology literature on children and youth to refer to vulnerability and was applied inconsistently across and within sources. Researchers should consider the systemic inequities that create and maintain vulnerability through a critical lens and engage with these concepts in co-creation of research.

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4. **Evaluation of cases admitted to the Pediatric Surgery Department of the Karadeniz Technical University Faculty of Medicine Hospital due to abdominal trauma between 2019 and 2022 in terms of child abuse**

Authors: Bölükbaşı, Hacı Seyit;Kırcı, Güven Seçkin and Özer, Erdal

Publication Date: 2026

Journal: Turkish Journal of Trauma & Emergency Surgery / Ulusal Travma Ve Acil Cerrahi Dergisi 32(8), pp. 980–986

Abstract: BACKGROUND: Trauma poses a high risk of mortality and morbidity in the pediatric age group. The preventable nature of a considerable portion of trauma cases in this age group highlights a significant issue. In our study, we aimed to raise awareness about abdominal injuries resulting from trauma, focusing on the period from 2019 to 2022 and the cases admitted to the Pediatric Surgery Department at Karadeniz University. We examined cases based on various factors, such as gender, age, origin, injured organ, presence of multiple traumas, duration of hospital admission, month and year of occurrence, length of hospital stay, physical abuse indicators, presence of genital injuries, psychiatric history, whether the incident

was an accident or a preventable situation, the presumed responsible party, case type, indicators suggesting neglect, trauma history, vital threat, the presence of bone fractures, and whether simple medical interventions could address the injuries. Across this examination, we aimed to shed light on the extent and forensic aspects of abdominal injuries resulting from trauma, fostering awareness regarding child abuse issues. METHODS: The research has a cross-sectional descriptive study design and was conducted by retrospectively examining the files of cases that presented with abdominal trauma to the Pediatric Surgery Department of Karadeniz Technical University Faculty of Medicine Hospital between 2019 and 2022. The examination involved both electronic and physical records. RESULTS: Out of the 64 cases presenting with abdominal trauma, 47 (73.4%) were male, and 17 (26.6%) were female. When examining the origin distribution, falls from a height were the most common cause, accounting for 25 cases (39.1%); followed by 18 cases (28.1%) involving bicycle falls. Regarding the distribution of injured organs, it was found that 15 cases (23.4%) had injuries to multiple abdominal organs, 15 cases (23.4%) had liver injuries, and 12 cases (18.8%) had intra-abdominal free fluid. It was found that 35 cases (54.7%) were forensic cases. Neglect-indicating signs were identified in 41 cases (64%). CONCLUSION: Pediatric trauma, including the mechanisms of trauma occurrence and child abuse, is a subject that needs to be addressed from a forensic medical perspective. Preventive measures for trauma in the pediatric age group should be organized and reviewed, and healthcare professionals should not forget their legal reporting obligations in cases of forensic traumatic injuries.

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5. **Understanding the Circumstances, Experiences and Outcomes of Women with Children's Social Care Involvement Who Died During or in the Year After the end of Pregnancy: Lessons from MBRRACE-UK and the MUMS@RISC study**

Authors: De Backer, Kaat and Vousden, Nicola

Publication Date: 2026

Journal: International Journal of Birth & Parent Education 13(4), pp. 20–25

Abstract: This article examines maternal deaths among women with children's social care (CSC) involvement using the United Kingdom (UK) MBRRACE-UK data (2014-2022) and a confidential enquiry. Of 1,451 deaths, 28.9% involved CSC, with most occurring up to one year postpartum. These women experienced high levels of deprivation, domestic abuse, mental illness, and medical comorbidities. They were more likely to die from psychiatric causes or homicide. Care was often fragmented, with poor coordination, stigma and limited engagement attributed to systemic barriers. Findings highlight the need for trauma-informed, integrated, multidisciplinary care, improved domestic abuse identification, and enhanced postnatal support to reduce preventable mortality in this vulnerable group.

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6. **Male Abuse Survivors on Outreach and Public Education: Research From Australia, Canada, England, and the United States**

Authors: Douglas, Emily M.;Celi, Elizabeth M.;Lysova, Alexandra V.;Dixon, Louise;Hines, Denise A. and Brimdyr, Emma

Publication Date: 2026

Journal: Partner Abuse 17(3), pp. 378–403

Abstract: The field of domestic abuse has seen increasing attention to and recognition of diversity in the areas of perpetration and victimization. This article documents a qualitative study of 41 men from four English-speaking countries who were survivors of partner abuse. It focuses on men's realization of their abuse experiences and their proposed strategies for intervention to recognize the abuse earlier. The men spoke of their own lack of awareness of the actions directed toward them as constituting abuse and connected this to the importance of reaching male victims earlier through public-wide education, policies and laws that are gender neutral or gender inclusive, and services that are targeted for all, regardless of gender, gender identity, or sexual orientation.

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7. **Early Parenting Stress and Later Abuse Risk: Dyadic Analysis of Mediation by Maternal and Paternal Negative Attributions**

Authors: Fairchild, Jewelian N. and Rodriguez, Christina M.

Publication Date: 2026

Journal: Child Abuse Review 35(4), pp. 1–13

Abstract: Predicting the likelihood parents will become physically abusive towards their children remains a high priority. Early parenting stress may increase the extent to which parents negatively appraise their children's behaviours, which in turn may influence their abuse risk. This study explored whether parental negative attributions mediated the association between early parenting stress and later abuse risk. A sample of 186 first-time mothers and 146 of their male partners reported on their parenting stress when infants were 6 months old and their negative attributions regarding child behaviours at 18 months. Parents' child abuse risk was assessed at age four using two self-report and one analog measure. Mediation models were tested for mothers and fathers separately, followed by a dyadic model permitting direct comparisons between mothers and fathers. Mothers' early parenting stress predicted their later child abuse risk and was partially mediated through negative attributions in both models. Fathers' early parenting stress predicted their later abuse risk in the independent model but was unrelated in the dyadic model. Instead, a relationship between paternal negative attributions and later child abuse risk emerged. Comparison testing revealed no significant differences between mothers and fathers. Results suggest that early parenting stress and negative attributions may be important intervention points to reduce child abuse risk for both mothers and fathers. Key Practitioner Messages: Early parenting stress can influence abuse risk by shaping how parents interpret their children's behaviour, especially for mothers.Although early stress was predictive of fathers' child abuse risk, their risk appears more sensitive to the shared family context.Supporting parents in managing parent-related stress and cultivating more appropriate, balanced views of their children should be key targets for abuse risk prevention for both mothers and fathers.

8. **Suspected Caregiver-Fabricated Illness Presenting as Osteomyelitis: A Case Report Illustrating the Diagnostic Challenges of Munchausen by Proxy: A Case Report and Review**

Authors: Farooq, Sabqat;Dar, Tahir A.;Dar, Reyaz A.;Khursheed, Faisal;Maajid, Abdul and Dhar, Shabir A.

Publication Date: 2026

Journal: Child Abuse Review 35(4), pp. 1–8

Abstract: The term Munchausen syndrome by proxy (MBP) is not a formal diagnosis. As defined by the American Professional Society on the Abuse of Children (APSAC) consensus guidelines, MBP encompasses two distinct components: (1) the abuse of the child, variously termed medical child abuse, caregiver-fabricated illness in a child, abuse by paediatric condition falsification, or fabricated or induced illness; and (2) the psychopathology of the abuser, Factitious Disorder Imposed on Another (FDIA). The term MBP applies specifically when the abusive behaviour is committed by an individual with FDIA. Illness induction can also be committed by individuals who are malingering or who have other psychiatric conditions. We report a case of suspected MBP in which a 24-month-old male child presented with osteomyelitis in Kashmir, India. At least one prior case of other-induced osteomyelitis has been reported in the literature. The clinical investigation, including wound surveillance and CCTV monitoring, provided compelling evidence of caregiver-induced injury. The case is reviewed in the context of existing literature on MBP/FDIA, including the APSAC consensus guidelines. The cultural, social and institutional factors relevant to identifying and managing child abuse in the Kashmir region are discussed, and practical guidance for clinicians is provided. Caregiver-fabricated illness and MBP are rare. Healthcare professionals should be aware of its presentations and utilise established frameworks such as the APSAC guidelines for identification, assessment and management. Both the caregiver and the victim require intervention, and determining the underlying psychopathology is essential for long-term risk assessment and treatment planning. Key Practitioner Messages: Suspect MBP when wounds are recurrent, treatment-resistant or inconsistent with history. Use diagnostic tools—casts and CCTV (with consent)—to restrict wound access and confirm healing. Follow APSAC guidelines, symptoms may not resolve immediately upon separation.Osteomyelitis is a rare but documented MBP presentation—keep it in differential.Treat both caregiver and child. identify underlying psychopathology (FDIA vs malingering). Adapt to local context—involve extended family and supervised care when formal child protection is limited.

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9. **A Realist Evaluation of a Behavior Change Program for Domestic Abuse Perpetrators in the United Kingdom**

Authors: Fleischer, Dreolin Nesbitt;Hepworth, Ellie and Melendez-Torres, G.

Publication Date: 2026

Journal: Violence Against Women , pp. 10778012261486427

Abstract: The Behavior Change Independent Domestic Violence Advisor Program is a

Domestic Abuse Perpetrator Program operating in England. This evaluation drew upon semistructured interviews with program professionals (*n* = 7), perpetrators (*n* = 7) and victims/survivors (*n* = 5) to develop a realist model of how perpetrator behavior change is thought to be enabled through this program. Key contextual factors were identified which moderate program delivery and lead to the conditions required to initiate six mechanisms of change which could lead to outcomes of a reduction in abusive behaviors, reoffending, and harm to victims/survivors.

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10. **Deception in care giving: legal and ethical complexities in the administration of covert medication**

Authors: Glover-Thomas, Nicola

Publication Date: 2026

Journal: International Journal of Law and Psychiatry 110, pp. 102279

Abstract: Covert medication (CM) - the surreptitious administration of drugs in food or drink is often framed as a 'moral gamble' and remains a pervasive yet controversial necessity in the care of older people with cognitive impairments. As global populations age and neurodegenerative conditions increase, the clinical reliance on CM has become structurally entrenched. This article evaluates the practice within the legal jurisdiction of England and Wales, specifically through the dual lenses of the Mental Capacity Act 2005 (MCA 2005) and the European Convention on Human Rights (ECHR). It provides an original contribution to the literature by synthesising the clinical application of CM with the statutory duty of candour under Regulation 20, proposing a 'tripartite test' of Imminence, Gravity and Exhaustion to bridge the current regulatory dissonance. It explores the fundamental tension between the clinical duty of beneficence and the patient's right to bodily integrity, specifically addressing the tension between the statutory duty of candour and clinical strategies predicated on concealment. By distinguishing between the physiological risks of overt coercion and the 'quiet deception' of CM, the paper rebuts deontological claims that CM constitutes an irreconcilable violation of rights. Instead, applying a rule-utilitarian framework, it argues that CM is a benevolent necessity when used to prevent certain physiological harm and preserve residual dignity. Furthermore, the article analyses judicial responses, integrating recent precedents such as Re A (2022) and An NHS Trust v XB (2020), to define a framework of necessity required to legitimise the practice. Ultimately, the paper concludes that while CM carries a significant moral and relational cost, it remains an ethically justifiable measure of last resort within a transparent English and Welsh legal architecture that prioritises accountability and consultation over administrative convenience.

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11. **Four years of free orthodontic care for vulnerable children: a community case study from the Caritas Dental Clinic in Rome**

Authors: Grippaudo, Cristina;Tucci, Ilaria;Gimondo, Elena;Russo, Elisa and Vozza, Iole

Publication Date: 2026

Journal: Frontiers in Dental Medicine 7, pp. 1863855

Abstract: Background Access to orthodontic treatment remains limited for many socially vulnerable children and adolescents due to financial, administrative, and social barriers. Despite the high prevalence of malocclusion and its potential impact on oral health and quality of life, few reports have described practical models aimed at improving access to orthodontic care for underserved populations. This study describes a community-based model developed at the Caritas Dental Clinic in Rome to provide free orthodontic treatment to vulnerable minors. Methods This Community Case Study reports the implementation of a free orthodontic care pathway between January 2022 and December 2025. Patients were referred through Caritas social services, family homes, and therapeutic communities. Orthodontic treatment was provided free of charge through collaboration between volunteer orthodontists, postgraduate students, Caritas staff, and partner dental laboratories. Descriptive statistics were used to summarize patient characteristics and treatment activity. Results A total of 133 patients were assessed for eligibility, and 93 initiated orthodontic treatment. The mean age of treated patients was 12.5 years; 55.9% were male and 44.1% female. Most patients were foreign-born (74.2%), while 25.8% were Italian. Forty patients (30.1%) did not proceed to treatment, mainly because of missed appointments and difficulties in maintaining regular follow-up. Fixed appliances represented the most frequently used treatment modality, often combined with interceptive and orthopedic approaches. Conclusions The experience of the Caritas Dental Clinic demonstrates the feasibility of a community-based model for delivering free orthodontic care to socially vulnerable children and adolescents. Collaboration among healthcare professionals, volunteers, educational institutions, and social services may help reduce barriers to orthodontic treatment and improve access to care for underserved populations. Further studies are needed to evaluate long-term clinical outcomes and the broader impact of similar programs.

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12. **Algorithmic Opacity, Clinical Justification, and the Duty of Candour in AI-Assisted Care**

Authors: Ibrahim, Hanan and Hudson, Zack

Publication Date: 2026

Journal: Cureus 18(7), pp. e113364

Abstract: Artificial intelligence (AI) systems are becoming increasingly embedded within NHS clinical systems, including areas such as emergency department triage, diagnostic support, and risk stratification. Many high-performing systems rely on complex machine learning architectures that are difficult or even impossible for clinicians to interpret at the point of care. This paper aims to examine the ethical implications of deploying uninterpretable AI systems in high-risk clinical environments. Utilising a constructed, however clinically plausible, vignette of sepsis misclassification, we argue that algorithmic opacity may undermine clinicians' ability to satisfy justificatory obligations within the professional and legal framework of the UK Duty of Candour. We distinguish between ordinary clinical uncertainty and structural opacity arising from system design, arguing that the latter generates a distinctive ethical problem by weakening traceability, accountability, and meaningful explanation after patient harm. We further argue that interpretability should be treated as a safety-relevant ethical requirement in high-risk clinical contexts, rather than as an optional technical feature subordinate to predictive performance alone.

13. **The Longitudinal Relationship Between Housing Instability, Instrumental Social Support, and Child Maltreatment**

Authors: Jeon, Jeesoo

Publication Date: 2026

Journal: Child & Adolescent Social Work Journal 43(4), pp. 1317–1330

Abstract: Housing instability affects millions of families and has been linked to increased child maltreatment risk, yet the mechanisms underlying this relationship remain poorly understood. Using data from the Future of Families and Child Wellbeing Study (N = 4,588), structural equation modeling was employed to test the mediating effect of instrumental social support in the relationship between housing instability (year 1) and different types of child maltreatment (year 5). Housing instability at year 1 was negatively associated with instrumental social support at year 3 (β = − 0.066, p <.001). Social support showed differential associations with maltreatment types: positive associations with physical abuse (β = 0.050, p <.01) and psychological aggression (β = 0.054, p <.05), but a negative association with neglect (β = − 0.049, p <.01). Significant indirect effects were found for all three maltreatment types, though effect sizes were small. Findings suggest that housing instability erodes instrumental social support networks over time, with complex implications for different types of maltreatment. Results highlight the need for interventions that address both housing instability and the quality of social support networks, recognizing that some sources of support may transmit harmful parenting norms while providing material assistance.

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14. **Support for children living with parental mental health difficulties: a narrative review**

Authors: Keeler, Jessica and Chapman, Hazel

Publication Date: 2026

Journal: Children & Youth Services Review 189, pp. N.PAG

Abstract: Many adults living with mental health difficulties are parents, their children live with their own difficulties and are recognised as a vulnerable group. This review examines targeted support strategies from peer groups, mental health education, interagency programmes, professional interventions and online support. Papers describing psychological, social and educational impacts upon children living with parental mental health difficulties and experiences of professionals working with them were examined. Identified outcomes of the support strategies were reduced mental health stigma, improved emotional well-being and increased resilience. A narrative literature review was conducted in March 2023. Using the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA), searches of five databases were carried out (Child development and adolescent studies, CINAHL Plus with Full Text, MEDLINE, PsychINFO and SocIndex). Papers included were published between January 2017-January 2023, in English, peer reviewed and relating to support and interventions for children aged between 4 and 18 years living with parental mental health difficulties, some selected papers were adult children reflecting on their childhoods. The data extraction process of 15 papers describing differing interventions and support produced

findings in three themes. The silencing effects of mental health stigma had influence on professionals, parents and children's communication; peer group intervention was seen to reduce self-stigma in children. The use of education to reduce transmission saw beneficial outcomes from family focused work, mental health education for children and parents, family education for adult mental health staff and peer groups. The challenges and benefits of peer support saw often difficult circumstances of children navigating friendships when they have a parent with mental health difficulties. Formal peer group interventions provided socialisation which felt safe, improved participant's self-confidence and social skills. Limitations to be considered are, the concern with presenting an overview of the support available meant the quality of the papers was not assessed, and the variety of methods, participants and settings did not allow direct comparisons. Further research is needed, including longitudinal studies to evaluate the impact of peer support groups on resilience, and mental health education interventions on reducing stigma. The design and benefits of online mental health literacy resources and interagency working for the benefits of vulnerable children and parents effected by mental health difficulties need further exploration. Where support is available, research into whether the beneficial impact for children has a beneficial impact upon their parents' mental health would be of value to improving the lives children and parents living with mental health difficulties.

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15. **Recalibrating deprivation of liberty: The Supreme Court, Article 5 ECHR and the Mental Capacity Act (Northern Ireland) 2016**

Authors: Kerr, Steph;McIlroy, Danielle and Davidson, Gavin

Publication Date: 2026

Journal: International Journal of Law and Psychiatry 109, pp. 102267

Abstract: The Supreme Court's decision in Reference by the Attorney General for Northern Ireland 2026] UKSC 16 represents the most significant development in deprivation of liberty jurisprudence since P v Cheshire West and Chester Council; P and Q v Surrey County Council 2014] UKSC 19. Whilst the proceedings arose from a challenge to proposed revisions to the Northern Ireland Deprivation of Liberty Safeguards (DoLS) Code of Practice under the Mental Capacity Act (Northern Ireland) 2016 (MCA (NI) 2016), the judgment extends considerably beyond the issue of consent that formed the basis of the Attorney General's reference. Instead, it reformulates the domestic approach to determining when Article 5 of the European Convention on Human Rights (ECHR) is engaged, moving beyond an exclusively threshold-based analysis to a multi-factorial assessment of the individual's circumstances. This article examines the legal and practical implications of that recalibration for deprivation of liberty safeguards under the MCA (NI) 2016. It argues that the judgment restores proportionality to the assessment of deprivation of liberty by requiring consideration of the purpose, normality, duration and effects of care arrangements, together with the person's wishes and feelings, the presence or absence of objection, and whether the circumstances amount to confinement in the autonomous Convention sense. In doing so, the Supreme Court moves beyond the binary application of the Cheshire West acid test whilst maintaining the fundamental protections afforded by Article 5 ECHR. Drawing upon human rights jurisprudence, the reasoning of the Supreme Court and the operational realities of implementing the MCA (NI) 2016, the article considers the implications of the judgment for professional decision-making, documentation,

governance and the future operation of deprivation of liberty safeguards. It concludes that the judgment does not weaken Article 5 protections but provides a more proportionate and context-sensitive framework through which they should be applied. The principal challenge now lies not in redefining deprivation of liberty, but in translating the Supreme Court's reformulated approach into consistent and legally robust practice.

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16. **Experiences of online sexual exploitation among child survivors of sexual abuse**

Authors: Kudalkar, Kavya;Singh, Sachika S.;Otiocha, Ony;Folger, Alonzo;Helton, Stephanie and Makoroff, Kathi

Publication Date: 2026

Journal: Child Abuse & Neglect 180, pp. 108257

Abstract: Background Children's increasing use of digital platforms elevates their risk for online sexual exploitation (OSE), especially among those with sexual abuse histories. Despite known risk, data on prevalence and related characteristics remain limited. Digital safety screening (DSS) offers child abuse professionals a tool to assess risk or prior exploitation but is not standardized. Objective To examine age-related variation in OSE disclosure within a clinically relevant population and characterize how DSS is applied in this clinical setting. Participants and Setting A retrospective chart review was conducted of 307 patients aged 10-18 years who received forensic interviews (FIs) for evaluation for suspected sexual abuse by a single social worker between 2022 and 2024 at a Child Advocacy Center in the Midwestern United States. Methods FI notes were analyzed through content analysis to characterize the utilization of DSS and patient disclosure or denial of OSE. Descriptive statistics revealed prevalence: logistic regression examined associations between patient age and OSE. Results Of 307 patients, 96.1% received DSS. Among 299 who discussed OSE, 41.5% reported at least one experience. Odds of reporting increased with age, beginning at 12.0% at age 10, 27.3% at 11, and increasing to 60.0% at age 16. Conclusions OSE exposure likely increases with age and may vary by sex assigned at birth. Findings underscore the need for routine, standardized DSS validated across developmental stages and languages, as well as further research on prevalence and risk and prevention and response strategies.

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17. **The Invisible Abuser: Attachment, Victimization, and Perpetrator Perception in Repeat Abuse**

Authors: Lesiak, Mags and Gelsthorpe, Loraine

Publication Date: 2026

Journal: Violence Against Women 32(11), pp. 4195–4214

Abstract: Current models of trauma bonding often understate the perpetrator's role in shaping victims' emotional attachment, risking both victim-blaming and conceptual distortion. This study addresses that gap through interviews with 18 women who experienced repeat domestic abuse and sustained attachment to their perpetrators. The analysis identifies *attachment weaponisation* as a core mechanism of coercive control. Through grooming, trauma-sharing,

and alternating cruelty with care, abusers deliberately manufacture emotional entrapment. These cycles don't merely mimic intimacy - they weaponise it, turning affection into a mechanism of control that binds victims to their perpetrators without the need for force or visible constraint. The findings also indicate a distinct perpetrator profile marked by volatility, manipulativeness, and performative vulnerability. The paper shows that trauma bonding isn't a symptom of weakness - it's a strategy of control. Abusers create attachment through manipulation, turning love into a tool of domination.

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18. **Latent Classes of Typical and Atypical Speech Development in Low-Income Children: A Longitudinal Study From Early Childhood to Adolescence**

Authors: Liu, Qingyang;Tumanova, Victoria and Razza, Rachel A.

Publication Date: 2026

Journal: Journal of Speech, Language & Hearing Research 69(8), pp. 3690–3706

Abstract: Purpose: This study aimed to identify distinct latent classes of speech development by differentiating typical and atypical developmental trajectories from early childhood through adolescence in children from low-income families. It also examined demographic predictors of these latent classes and explored their associations with early infant temperament. Method: We used five waves of longitudinal data from the Future of Families and Child Wellbeing Study, with families from low-income backgrounds below 200% of the federal poverty line (N = 2,802). First, we conducted a longitudinal latent class analysis (LLCA) on six indicators of speech problems and stuttering reported by mothers at 3, 5, 9, and 15 years of age. Second, we examined demographic predictors to distinguish longitudinal latent class membership. Third, we assessed early infant temperament to predict longitudinal latent class membership. Results: LLCA identified three distinct speech development classes: typical speech development (n = 2,383, 85%); speech problem, not stuttering (n = 322, 11.5%); and persistent stuttering (n = 97, 3.5%). Compared to the typical speech development class, boys had a higher likelihood of belonging to the speech problem, not stuttering class or the persistent stuttering class. Children in the speech problem, not stuttering class exhibited greater levels of emotionality than did children in the typical speech development class. Conclusion: Findings highlight the need for early identification and intervention for low-income children at risk of early speech problems and the necessity to adopt comprehensive and multilayer intervention across developmental transition stages.

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19. **Using Natural Language Processing to Examine State Child Maltreatment Policies and Associations With Outcomes: Multistate Cross-Sectional Study**

Authors: Luo, Zhidi;Epstein, Richard A.;Sambamoorthi, Nethra;Muhammad, Lutfiyya N. and Jordan, Neil

Publication Date: 2026

Journal: JMIR Public Health and Surveillance 12, pp. e99643

Abstract: Background Child maltreatment is a major public health issue in the United States,

with substantial variation in how states define, report, and respond to abuse and neglect. While prior research has examined individual policy components, less is known about how multiple policies jointly shape broader policy environments and relate to maltreatment outcomes. Objective This study used natural language processing (NLP) to characterize state child maltreatment policy environments and examine their associations with maltreatment incidence, recurrence, and fatalities across US jurisdictions. Methods A cross-sectional study was conducted using 2021 data from 50 US states, the District of Columbia, and Puerto Rico (N=52). A total of 411 state maltreatment policy items were derived from the State Child Abuse & Neglect Policies Database. A total of 6 NLP models (bidirectional and auto-regressive transformer BART], bidirectional encoder representations from transformers BERT], robustly optimized BERT approach RoBERTa], decoding-enhanced BERT with disentangled attention DeBERTa], Copilot, and LLaMA 3.1) were applied using a zero-shot classification framework to quantify policy characteristics. Models were evaluated using intrinsic (category consistency and semantic alignment) and extrinsic (factor analysis and clustering performance) metrics. Exploratory factor analysis was used to identify latent policy domains, and k-means clustering was applied to group jurisdictions with similar policy profiles. Maltreatment outcomes, including incidence, recurrence, and fatalities, were obtained from the National Child Abuse and Neglect Data System. Outcome differences across clusters were assessed using ANOVA with post hoc pairwise comparisons. Results The study population included 72,838,819 children and 3,774,528 maltreatment reports, of which 751,283 were substantiated or indicated cases. Across 6 NLP models, DeBERTa demonstrated the best overall performance. Exploratory factor analysis identified 3 primary policy domains: maltreatment definition, mandated reporting, and alternative response. A total of 4 policy clusters were identified. Jurisdictions with weaker reporting requirements and fewer penalties (cluster 2) had the highest incidence of maltreatment (mean 17.51, SD 6.13 vs mean 9.65, SD 4.10; mean 10.28, SD 6.47; and mean 11.74, SD 6.47 per 1000 children; P=.07) and recurrence (mean 1.74, SD 0.87 vs mean 0.52, SD 0.44; mean 0.66, SD 0.52; and mean 0.68, SD 0.43 per 1000 children; P<.001). Jurisdictions with stronger reporting requirements, broader definitions, and greater use of alternative response systems (cluster 1) had the lowest incidence and recurrence. No statistically significant differences in maltreatment fatalities were observed across clusters (P=.89). However, in a subanalysis of 18 fatality-related policy items, clusters differed significantly in fatality rates, with jurisdictions characterized by less clearly defined fatality policies exhibiting higher fatality rates (mean 47.91, SD 8.35 vs mean 22.64, SD 11.82; mean 25.63, SD 18.62; and mean 19.03, SD 11.64 per 1,000,000 children; P=.03). Conclusions State child maltreatment policies form distinct, multidimensional patterns associated with maltreatment outcomes. The findings highlight the importance of evaluating integrated policy frameworks rather than isolated components and demonstrate the use of NLP for large-scale, data-driven policy analysis.

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20. **Debate: Is ACE screening doing more harm than good? Beyond the ACE score - towards more personalised approaches to risk prediction**

Authors: Meehan, Alan J.;Lewis, Stephanie J. and Danese, Andrea

Publication Date: 2026

Journal: Child and Adolescent Mental Health

Abstract: Adverse childhood experiences (ACEs) are strongly associated with later mental and physical health problems, prompting growing interest in ACE screening to identify vulnerable children and adults who may benefit from interventions to prevent or mitigate these outcomes. However, evidence supporting routine ACE screening in clinical practice remains limited. Although cumulative ACE scores demonstrate robust population-level associations with health outcomes, their individual predictive accuracy is consistently poor, with substantial false-positive and false-negative classifications and potential for inequitable outcomes across demographic groups. Existing screening approaches also fail to capture important contextual differences among reported ACEs, as well as factors that may promote resilience. Furthermore, positive screening results are not currently linked to clearly established, evidence-based clinical pathways, raising wider concerns around labelling stigma and missed needs. Therefore, widespread implementation of ACE screening in its current form cannot be recommended to prevent poor health. However, future approaches that move beyond cumulative adversity counts towards more nuanced, personalised and proportionate ACE measures, which also consider broader developmental, social and protective factors, have the potential to inform more personalised risk assessment following childhood adversity.

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21. **Emotion Regulation and Empathy in Child Abuse Potential: Gender Differences in Parents**

Authors: Miragoli, Sarah;Milani, Luca and Camisasca, Elena

Publication Date: 2026

Journal: Journal of Interpersonal Violence 41(17), pp. 6332–6356

Abstract: The Social Information Processing model suggests that impairments in parental characteristics (cognitive and affective) can lead to important dysfunctions in parenting. This study aimed to investigate the relationships among risk of maltreatment (Child Abuse Potential, CAP), emotional regulation, and empathy, exploring gender differences for the possible moderating role of empathy in the relationship between emotion regulation and CAP. A community sample of 110 fathers and 149 mothers of Italian children, aged 6 to 14 years (M = 9.6; standard deviation SD] = 2.3), was recruited. Correlational analyses showed that risk of child maltreatment was related to various difficulties in emotion regulation and empathy, with gender difference that played a different role in the moderation models. Specifically, in fathers, the lack of perspective-taking moderated the effects of difficulties in controlling impulsive behaviours and CAP. In mothers, empathic concern moderated the effects of difficulties in recognizing emotions and lack of emotional awareness on CAP. Clinical implications were discussed.

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22. **Welfare paternalism and the paradox of protection: towards a rights-based framework to mediate the deprivation of liberty of children**

Authors: Ó Néill, Clayton

Publication Date: 2026

Journal: Medical Law Review 34(3)

Abstract: This article examines the acute ambiguity in the law governing the deprivation of liberty of children in England and Wales, where protective interventions often rely on judicial direction and on unclear statutory safeguards. It is argued that the current framework is reactive, welfare-driven, and lacking in procedural coherence. Drawing upon Fineman's theory of vulnerability, Fraser's parity of participation, and Lundy's analysis of children's agency in relation to the participatory guarantees of Article 12 of the United Nations Convention on the Rights of the Child, the article reconceptualizes vulnerability and rejects the paternalistic protection ethos of the status quo. The article exposes structural gaps in the light of a shifting legal landscape. This backdrop includes the Supreme Court's recent 2026 move away from the rigid, single-determinant tests for confinement towards contextual, multifactorial assessments. It proposes an original statutory architecture: the Children's Liberty Protection Framework (CLPF) that establishes statutory mechanisms of advocacy, review, and oversight at Tribunal level. The CLPF transforms vulnerability from being a control-based condition into a procedural right to participate. As such, it offers a coherent legal pathway for reconciling the challenges posed by the right to liberty and the need to protect children within a supportive and responsive state.

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23. **Nurses' knowledge levels regarding shaken baby syndrome: A scale development study**

Authors: Özakar Akça, Selen;Çelik, Şeyda;Ballıklıoğlu, Sinem;Caferoğlu, Büşra;Turan İriş, Ahu Pınar and Bıyıkoğlu Alkan, Işın

Publication Date: 2026

Journal: Journal of Pediatric Nursing 91, pp. 495–503

Abstract: Introduction Shaken Baby Syndrome (SBS) is a preventable form of child abuse that can cause severe neurological injury and death in infants. Nurses play a critical role in the early recognition, prevention, and management of SBS due to their close interaction with infants and families. However, the literature highlights a lack of standardized and psychometrically sound instruments specifically designed to assess nurses' knowledge regarding SBS. Aim This study aimed to develop a valid and reliable scale to assess nurses' knowledge levels regarding Shaken Baby Syndrome. Methods This methodological study was conducted between January and May 2025 with 318 nurses working in the province of Türkiye. An initial 30-item item pool was created based on a comprehensive literature review. Content validity was evaluated by 10 experts, after which the scale was reduced to 25 items and administered to participants. Data were analyzed using item analysis, exploratory factor analysis (EFA), confirmatory factor analysis (CFA), and Cronbach's alpha to evaluate validity and reliability. Results EFA resulted in the removal of one item, producing a 24-item scale with three subscales. The model demonstrated acceptable goodness-of-fit indices, and Cronbach's alpha values ranged from 0.80 to 0.89 for the subscales and 0.92 for the overall scale, indicating high internal consistency. Conclusion The developed scale provides preliminary evidence of validity and reliability for assessing nurses' knowledge of SBS within the studied context. While it shows promise for clinical assessment and educational programming, further multi-center validation is required to confirm its broader applicability across different regions.

24. **Working with DOMESTIC ABUSE: Specialist training is essential if therapists are to practise responsibly and effectively**

Authors: Roddy, Jeannette

Publication Date: 2026

Journal: Healthcare Counselling & Psychotherapy Journal , pp. 24–27

Abstract: The article focuses on the critical need for specialist training among mental health professionals to effectively support clients experiencing domestic abuse, as general practitioners often miss the connection between abuse and mental health distress. Domestic abuse, defined by the UK Domestic Abuse Act 2021 as abusive behavior between personally connected individuals aged 16 or over, is widespread and significantly impacts victims' mental health, including increased risks of depression, anxiety, and complex trauma. The article highlights a training program developed to equip therapists with the skills to recognize abuse, build trust, and address trauma within a longer therapeutic framework, emphasizing the importance of understanding power dynamics, attachment issues, and cultural contexts. It also stresses the necessity of managing safeguarding, confidentiality, and self-care to prevent therapist burnout.

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25. **Reassessment of two finite-element studies of infant head trauma: limits of the modelling evidence for shaking-induced bridging-vein rupture and protection by enlarged subarachnoid spaces**

Authors: Rossant, Cyrille and Button, Keith D.

Publication Date: 2026

Journal: Frontiers in Bioengineering and Biotechnology 14, pp. 1853681

Abstract: Introduction Finite-element (FE) models are often invoked to study infant head trauma where direct experimentation is impossible, but their evidentiary value depends on credible geometry, loading, constitutive assumptions, verification, and validation. We present a biomechanical reassessment of two influential FE studies published in 2007 and 2008 that concluded, respectively, that shaking without impact can produce bridging-vein loading comparable to impact and that benign enlargement of the subarachnoid space (BESS) protects against subdural hemorrhage. Methods Treating these papers as modelling evidence, we re-examined their reported geometry, loading, vein representation, and inferential logic in light of later work on infant head kinematics, bridging-vein morphology and mechanics, and pediatric FE credibility. Results Neither paper reported mesh or parameter sensitivity, validated brain motion or venous response, or demonstrated that the implemented loads reproduced the head kinematics of the surrogate experiments used to justify them. The shaking input was inherited from a worst-case surrogate with a resistance-free sagittal hinge neck, whereas the comparison impact was a lower-severity, non-rotational loading condition. Bridging veins were represented as straight linear springs, and the BESS analysis depended on a zero pre-strain assumption that is not biologically valid. Discussion These limitations mean that the two studies do not provide robust modelling support for the claims that shaking alone produces

impactequivalent bridging-vein loading or that enlarged subarachnoid spaces protect against subdural hemorrhage. We conclude by identifying minimum credibility requirements for pediatric FE studies used to support forensic or clinical inference.

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26. **Beyond the Spiral: Identifying Abuse-Related Pediatric Fractures**

Authors: Shapiro, Sandra D.;Thomas, Rachel McMahan and Trotter, Michelle U.

Publication Date: 2026

Journal: The American Journal of Nursing 126(9), pp. 28–33

Abstract: Abstract Pediatric fractures are a common reason for ED visits, yet distinguishing accidental injuries from those caused by child physical abuse (CPA) remains an important and complex clinical challenge. This article clarifies common misconceptions, such as that all spiral fractures are inherently suspicious, by situating them within the broader evidence base related to pediatric orthopedic injury. Delineating fracture types and circumstances with high, moderate, and low specificity for CPA can help the nurse to evaluate each injury within the context of the child's developmental stage, reported cause, and associated findings. Key nursing responsibilities include comprehensive history taking, thorough physical assessment, meticulous documentation, and adherence to mandated reporting laws when CPA is suspected. By deepening nurses' understanding of orthopedic injury patterns and red flags for CPA, this article aims to avoid misassignment of child abuse in cases of accidental spiral fractures and to enhance accurate assignment of child abuse.

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27. **Early Childhood Cumulative Risk and Temperament Predict Preadolescent Appraisal and Coping and Adolescent Psychopathology**

Authors: Smith, Michele R.;Stavish, Caitlin;Eo, Autumn;Gonzalez, Ana Funes;Parrish, Krystal H.;Thompson, Stephanie;McLaughlin, Katie A. and Lengua, Liliana J.

Publication Date: 2026

Journal: Clinical Psychological Science : A Journal of the Association for Psychological Science 14(5), pp. 709–730

Abstract: This study tested a model of early childhood adversity, temperament, and their interaction predicting appraisal (threat) and coping (active, avoidant) styles that increase risk for psychopathology (n = 306). Temperament was assessed at 3-5.5 years, appraisal and coping styles at 11-12 years, and internalizing and externalizing problems at 11-12 and 15-16 years. Threat was predicted by higher fear and cumulative risk x frustration interaction, which also predicted avoidance. High-frustration children demonstrated more threat and avoidance at lower levels of cumulative risk than children experiencing greater risk and those low in frustration. An effortful control x cumulative risk interaction predicted coping. Higher cumulative risk was related to more active and avoidant coping for low-effortful control children. Threat and coping were concurrently associated with preadolescent psychopathology, which predicted higher adolescent psychopathology. Such longitudinal models are critical to articulate the processes of risk for psychopathology in temperamentally vulnerable children

exposed to adversity.

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28. **Social marketing for the prevention of physical abuse, emotional abuse and neglect in children: a protocol for a scoping review on applications and strategies**

Authors: Sternberg-Rahenbrock, Fiona;Rasch, Lena;De Bock, Freia;Pischke, Claudia and Alayli, Adrienne

Publication Date: 2026

Journal: BMJ Open 16(8), pp. e118255

Abstract: Introduction Child maltreatment (CM) can have significant and long-lasting consequences over the life course. These include long-term physical injuries and an increased risk for mental illness. Preventive applications are critical to reduce maltreatment, promote early detection and initiate early interventions, and prevent further harm. Social marketing (SM) strategies offer a promising approach for the prevention of CM. They use commercial marketing principles to raise awareness and/or influence behaviour of populations for social welfare purposes. To date, there is no comprehensive overview of SM strategies and applications used for prevention, early detection and reduction of harms of physical and emotional child abuse and neglect. This study aims to address this gap by means of a scoping review mapping the national and international literature and to provide an understanding of how SM strategies have been conceptualised and implemented in CM prevention. We chose a scoping review to catalogue and organise the literature, define key constructs and identify gaps, instead of pooling effects. Methods and Analysis PubMed, Scopus, Web of Science, ERIC and PsycINFO will be searched for relevant existing literature published between 2010 and 2025 using a search string based on the Population, Concept and Context scheme. Empirical studies examining SM strategies for the prevention of physical and emotional abuse and neglect of all designs will be included.The results will be presented in both narrative and tabular formats. These tables will report on general study characteristics (eg, country, year of publication, study design), key characteristics of SM applications (eg, prevention aims, setting, components, target audiences) and strategies used (eg, media channels, communication formats and theories used). Where reported, we will also summarise evaluations of SM strategies used (eg, study design and outcome measures, main findings).The reporting of the review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews: Checklist and Explanation and PRISMA Statement for Reporting Literature Searches in Systematic Reviews. Ethics and Dissemination Literature is used as the only data source, therefore, no ethical approval is required. The findings will be disseminated through peer-reviewed publications and conference presentations. They will identify research gaps and will inform a research agenda on integrating SM strategies in the design of preventive applications regarding child physical/emotional abuse and neglect and future evaluations. Our findings can also inform the design of population-level prevention policies and strategies that use SM strategies to raise public awareness of CM and to promote preventive behaviours in everyday settings. Study Registration A protocol outlining the scoping review has been preregistered at the Open Science Framework (osf preregistration).

29. **Disproportionate Subgaleal Hemorrhage in an Infant: Abuse or Bleeding Disorder?**

Authors: Wang, Chih-Hao;Lin, Po-Chih and Hou, Jen-Yin

Publication Date: 2026

Journal: Diagnostics (Basel, Switzerland) 16(15)

Abstract: Subgaleal hemorrhage is uncommon in infants beyond the newborn period and, when disproportionate to the reported causal trauma, raises suspicion for child abuse. We describe a 9-month-old girl who developed a large right subgaleal and small epidural hematoma after a 50 cm fall. Initial abuse evaluation was negative, and standard coagulation tests were normal, although von Willebrand factor (vWF) activity was elevated. However, repeat testing 2 months later revealed markedly reduced vWF antigen and activity, suggestive of type 1 von Willebrand disease (vWD). This case highlights that disproportionate bleeding after minor head trauma should prompt evaluation for both non-accidental injury and occult bleeding disorders, and that variability in vWF levels necessitates repeat testing for accurate interpretation.

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30. **Adverse Childhood Experiences and Adolescent Early Non-Coital Sexual and Relationship Behaviors: A Latent Class Analysis**

Authors: Wang, Xiafei;Clear, Kirstin L. and Vasilenko, Sara A.

Publication Date: 2026

Journal: Journal of Early Adolescence 46(8), pp. 1101–1124

Abstract: Adverse childhood experiences (ACEs) are linked with risky sexual behaviors. However, we do not know how various ACE dimensions influence adolescent sexual behavior, especially behaviors that are precursors to early sexual intercourse. Using the data from the Adolescent Brain and Cognitive Development Study, we conducted LCA on 13 ACE measures assessed at ages 9–11 and analyzed how these latent classes relate to romantic relationships and early non-coital sexual behaviors (kissing and touching) at ages 11–12. We identified six distinct classes: Low ACEs (48.4%), Material Hardship and Community Violence (19.2%), Parental Dysfunction (18.6%), Parental Dysfunction and Criminal Justice Involvement (6.5%), Community and Peer Violence, Material Hardship, and Parental Dysfunction (6.4%), and Household Violence, Parental Dysfunction and Child Abuse (0.6%). The last three classes exhibited a higher likelihood of engaging in romantic and early non-coital sexual behaviors than adolescents in the Low ACEs class. The diverse impacts of ACE patterns suggest we should implement trauma-informed early sexuality education programs.

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31. **Association between parental awareness of child abuse and abuse-related cognitions: A cross-sectional study**

Authors: Yıldız, İlknur and Karamercimek, Nurcan

Publication Date: 2026

Journal: Journal of Pediatric Nursing 91, pp. 523–528

Abstract: Purpose This study was conducted to examine the relationship between parents' levels of awareness of child abuse and their cognitions regarding abuse. Method This descriptive study was conducted with 386 parents of children aged 4-6 years who visited 8 family health centers in Sivas province, Türkiye. Data were collected using the Demographic Information Form, the Child Neglect and Abuse Awareness Scale, and the Child Abuse Beliefs Scale, and were analyzed using descriptive statistics, t-tests, ANOVA, and Pearson correlation analysis in SPSS 23.0. Results While mothers constituted 80.8% of the participants, 70.5% of the parents had not previously received training on child neglect and abuse. The mean score on the Parental Abuse Awareness Scale was 53.69 ± 6.15, while the mean score on the Abuse-Related Cognitions Scale was 38.38 ± 8.93, indicating a moderate level. The awareness level showed a significant difference according to the number of children and place of residence, the cognition level showed a significant difference according to maternal and paternal educational status, the child's sex, income level, the mother's employment status, and previous training on child neglect and abuse ($p < 0.05$). Additionally, a weak positive significant correlation was found between awareness and cognition levels ($r = 0.249$; $p < 0.001$). Conclusion It was determined that parents' child abuse awareness and cognition levels are affected by various factors, and as abuse awareness increases, cognitive distortion levels also increase. Practice Implications It is recommended to organize training programs aimed at improving parents' awareness and cognition levels regarding abuse and neglect.

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32. **Adverse Childhood Experiences and Oral Health in Adulthood**

Authors: Ylitervo, Laura;Halt, Anu-Helmi;Niemelä, Mika;Pelkonen, Anna and Laitala, Marja-Liisa

Publication Date: 2026

Journal: Caries Research , pp. 1–21

Abstract: Objectives Adverse childhood experiences (ACEs), i.e. child abuse or challenging circumstances in the family, are associated with various negative health outcomes in adulthood, such as cancer and heart disease, and there is some evidence for an association with oral health. We aimed to investigate whether there was an association between ACEs and adulthood caries experience, periodontal health, erosive tooth wear, and related behavior among the participants from the Northern Finland Birth Cohort 1986 (NFBC1986). Methods The study population consisted of 1690 cohort members who participated in a clinical dental examination at the age of 33-35 years. Calibrated dentists performed clinical examinations including caries experience (ICDAS converted to DMFS-score), periodontal status (pocket depth and bleeding on probing), and erosive tooth wear (BEWE-score). Family dysfunction data was collected objectively from cohort follow-up studies at ages 15-16 and 33-35, and national health care registers, and analyzed as Sample 1 (family dysfunction). Child abuse data was collected at ages 20-26 by a specific self-report questionnaire (Trauma And Distress Scale); data from 244 participants (of the 1690 cohort members) was available and constituted Sample 2 (child abuse). Bivariate and multivariate tests were conducted to examine the association between ACEs, caries experience, bleeding on probing, periodontal pocket depth, erosive tooth wear, smoking, toothbrushing and frequency of snacks. Results In Sample 1,

participants with one or more family dysfunction factors had more caries experience (DMFS=19.4) than those with no family dysfunction (DMFS=16.6) and were more often smokers (26.1% vs 28.8%). In Sample 2, physical abuse was associated with increased bleeding on probing (43.9% vs 38.8%), smoking (26.0% vs 33.3%), insufficient toothbrushing (19.5% vs 33.3%) and increased frequency of snacks (14.3 vs 14.7). Conclusions The results suggest that ACEs are associated with higher levels of dental caries, higher risk for periodontal disease and more harmful oral health behavior in adulthood.

The following databases are used in the creation of this bulletin: CINAHL and Medline.

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