Child Abuse

Preer G, Sorrentino D, Ryznar E, Newton AW.
Child maltreatment: promising approaches and new directions.
Curr Opin Pediatr. 2013 Apr;25(2):268-74. PMID: 23429709
Review summarizing the key articles in the field of child maltreatment during the past year.

Dinis-Oliveira RJ, Magalhães T.
Children intoxications: what is abuse and what is not abuse.
Trauma Violence Abuse. 2013 Apr;14(2):113-32. PMID: 23271430
Child poisoning - “A practical strategy is presented that aims to alert health, forensic, and law enforcement professionals to this problem and to demystify the preconception that it is a rare form of abuse or neglect.”

Weitzman M, Baten A, Rosenthal DG, et. al.
Housing and child health.
Discussion of the importance of various parameters of “home” and child health, with a need to include domestic violence and the presence of guns in the home.

Farst K, Ambadwar PB, King AJ, Bird TM, Robbins JM.
Using a national inpatient database, hospitalization rates for children injured from abuse showed no significant change 1997-2009. Children under age 1 were 6 times more likely to have been admitted for abuse injury than those aged 1-3.

Selassie AW, Borg K, Busch C, Russell WS.
Abusive head trauma in young children: a population-based study.
Authors contend that improved public health surveillance of high-risk children requires attention to both inpatient and ED head trauma data together. In this review, intracranial bleeding was 11 times more likely in abusive than non-abusive head trauma.

Arias JJ, Weise KL.
Pediatric end-of-life decisions when abuse is suspected.
Virtual Mentor. 2012 Oct 1;14(10):767-70. PMID: 23351853
Discussion of the legal and ethical issues when suspected abusive parents may have biased motives for end-of-life decisions.

Adult Manifestations of Child Abuse

Heim CM, Mayberg HS, Mletzko T, et. al.
Decreased cortical representation of genital somatosensory field after childhood sexual abuse.
“Exposure to childhood sexual abuse was specifically associated with pronounced cortical thinning in the genital representation field of the primary somatosensory cortex” (decreased nervous system connections in the part of the brain relating to the genital area) which “may underlie the development of... sexual dysfunction, later in life.”

Fuller-Thomson E, Filippelli J, Lue-Crisostomo CA.
Gender-specific association between childhood adversities and smoking in adulthood: findings from a population-based study.
Public Health. 2013 May;127(5):449-60. PMID: 23465733
In this survey of almost 20,000 Canadians, childhood physical abuse was associated with adult smoking for both men and women; childhood verbal and sexual abuse were associated with adult smoking in women, but not in men.

For 40 women post-surgery for breast cancer, a history of child maltreatment was associated with greater perceived stress, worse quality of life, and lower levels of natural killer cell activity "at a critical time when this immune-effector mechanism is most effective at halting tumor seeding."

Childhood trauma was significantly associated with elevated inflammatory markers in 90 British cancer patients.

In a study following 98.7% of children born during one week in 1958 in England, Wales, and Scotland, 8.4% developed irritable bowel syndrome by age 42. Being female and having a history of prior mental health issues were associated with development of IBS, but no association with a history of childhood adversity was found.

A review of reviews, covering over 3 million subjects from 171 studies concluded “There is evidence that child sexual abuse is a significant, although general and nonspecific, risk factor for anxiety disorders, especially posttraumatic stress disorder, regardless of gender of the victim and severity of abuse.”

Review article on the type, severity and timing of early childhood adversity relative to later life development of mood disorders, anxiety, substance abuse and PTSD.

Pre- and post-Marine recruit training risk factors for suicide were examined 10 years following recruit training. Childhood abuse, sexual abuse at any age, and pre-recruit training suicide attempts were strong risk factors for post-recruit suicide attempts.

For 495 adult Detroit female residents, carriers of a certain type of a gene relating to PTSD who also experienced childhood maltreatment, were more likely to have developed PTSD and have more severe PTSD symptoms, but were not more likely to have experienced depression.

Of 239 women attending an Australian pregnancy clinic, more than one quarter were obese prior to pregnancy. Those who self-reported moderate to severe emotional or physical abuse in childhood were almost 2.5 times more likely to be obese at the start of pregnancy.

In 51 pairs of adult identical twins, where one twin had experienced childhood sexual abuse, the abused twin showed a 1.63-fold average increase in micronuclei (a genetic marker of chromosomal instability), not attributable to genetic or environmental factors. Effects were more pronounced with older age, suggesting that biological effects may be cumulative.

From a survey of 370 adult female ob/gyn patients, all forms of childhood trauma, particularly witnessing violence and emotional abuse, were significantly associated with compulsive buying.
Adolescents


Analyzing data from almost 20,000 moderate and high risk juvenile offenders in Washington State, even after controlling for a wide range of variables, repeat offending was highly associated with parental neglect.


Of 77 Canadian female adolescent sexual abuse survivors, 64% had considered suicide. Depression, PTSD and hopelessness were significant risk factors for suicidality.


For 93 Canadian young adults, internal resilience served as a protective factor and was associated with involvement in religion and the community, less smoking, and less symptoms of depression.

Domestic Violence – Effects on Children


For almost 11,000 women enrolled in the Nurse Family Partnership, with intense nurse home visitation during pregnancy and up to age 2 of child, rates of IPV were 8.1% in the 12 months prior to pregnancy, 4.7% during pregnancy, and 12.4% for 12 months after delivery. IPV was not associated with perinatal outcomes such as premature delivery or low birth weight (thought to possibly be due to the impact of the nursing program), but was associated with reduced use of contraception and rapid repeat pregnancy.

Viellas EF, Gama SG, Carvalho ML, Pinto LW. Factors associated with physical aggression in pregnant women and adverse outcomes for the newborn. J Pediatr (Rio J). 2013 Jan-Feb;89(1):83-90. PMID: 23544815

In a cross-sectional study of 8961 mothers in Rio de Janeiro, 5.0% of adolescents and 2.5% of young adult women suffered physical violence during pregnancy. The children born of abused mothers had a two-fold increased chance of neonatal death, and three-fold increased chance of post-neonatal death.


In this small study from China, the cord blood of babies at delivery of mothers who had experienced IPV during pregnancy showed higher levels of stress markers than cord blood from babies of women who had not experienced IPV.


For 705 low-income rural families, higher levels of IPV were associated with increased maternal depressive symptoms, which in turn were associated with increased maternal harsh parenting.

Domestic Violence – Physical Health


In a sample of injection drug users in Washington DC at risk for HIV/AIDS, women were more likely than men to have been physically or emotionally abused (66.1 % vs. 16.1 %), to report childhood sexual abuse (42.7 % vs. 4.7 %), and pressured or forced to have sex (62.8 % vs. 4.0 %).

- Review of physical, reproductive, and psychological health consequences of sexual violence against women.

### Domestic Violence – Mental Health

Wood RL, Thomas RH. **Impulsive and episodic disorders of aggressive behavior following traumatic brain injury.** Brain Inj. 2013;27(3):253-61. PMID: 23438346

- Review of impulsivity and episodic aggression as the “frequent legacy of traumatic brain injury and a major obstacle to psychosocial recovery.”

### Cultural Issues


- Comparing surveys of college students in Beijing, Hong Kong, Newark and Detroit, male dominance ideology, perceptions of IPV causation, and tolerance of IPV all influence attitudes toward public response to IPV more than demographic variables.


- In a cross-sectional study of 251 married women in Iran, the prevalence of overall violence (including emotional abuse) was 78.1%. The two most important risk factors for abuse were husbands’ drug abuse and women’s higher level of education compared to their husbands.


- From a sample of California residents ages 18-70, lifetime and 1 year IPV prevalence was 3-4 times higher in bisexual women, and 2.5 times higher in gay men compared to heterosexuals.

### Elder/Dependent Adult Abuse


- Discussion of the conflict between domestic violence programs and Adult Protective Services in Virginia around the issue of mandated reporting.


- British nursing article discussing how to differentiate the fine line between poor care and neglect.

Meeks-Sjostrom DJ. **Clinical decision making of nurses regarding elder abuse.** J Elder Abuse Negl. 2013;25(2):149-61. PMID: 23473297

- Analysis of nurses’ ability of evaluate possible elder abuse in this study showed a correlation with applied knowledge and years of nursing experience, but not with specific educational training.

### Perpetrators

Dolan M, Whitworth H. **Childhood sexual abuse, adult psychiatric morbidity, and criminal outcomes in women assessed by medium secure forensic service.** J Child Sex Abus. 2013;22(2):191-208. PMID: 23428151

- Of 225 British incarcerated women, over half had a history of childhood sexual abuse (CSA). CSA was associated with later relationship, educational, and occupational difficulties; and personality disorder, self-harm and substance misuse. “Treating services need to recognize the potential importance of childhood sexual abuse in their models of care….and its impact on successful rehabilitation.”

### Police and Court Systems

Authors suggest that re-educating often misinformed jurors about the general and situational factors inherent in elder financial abuse may enhance prosecutions.

Description of an Australian DV forensic unit (similar to a forensic rape team), working closely with police and courts.

![Bar chart showing cases dismissed, convicted, guilty before plea, pleading guilty]

From a survey of British patients seen in a genitourinary medicine clinic, 12% of men and 29% of women reported that they had ever been abused by a partner.

Nursing students at a southern university who had received IPV training prior to graduate school had significantly higher knowledge and perceived preparation. Also, 40% of nursing students surveyed had personally experienced some type of domestic violence.

Discussion of treatment options for childhood incest, including group therapy.

Prevention

Summary of 191 published studies looking at factors involved in sexual violence perpetration, including significant influence in the community of “the presence and acceptance of violence and unhealthy sexual behaviors, experiences, or attitudes—that had consistent significant associations with sexual violence but are not typically addressed in prevention programs.”

Researchers

Messing JT, Thaller J.
The average predictive validity of intimate partner violence risk assessment instruments.

“This study examines the average predictive validity weighted by sample size of five stand alone IPV risk assessment instruments that have been validated in multiple research studies.”

Other of Interest

Middleton W.

Article describes 44 cases from 24 countries of incest extending into adult years in popular English-language press, suggesting that enduring incest is not rare and typically incorporates decades of abuse, pregnancies, violence and death threats. However there is minimal coverage of this issue in the professional literature.

Feder G, Wathen CN, MacMillan HL.
An evidence-based response to intimate partner violence: WHO guidelines.
JAMA. 2013 Aug 7;310(5):479-80. PMID: 23925614

Brief review of the World Health Organization release of “Responding to intimate partner violence and sexual violence against women: Clinical and policy guidelines”.

Table. Summary of Selected Intimate Partner Violence Recommendations From the World Health Organization

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendation</th>
<th>Quality of Evidence</th>
<th>Strength of Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman-centered care</td>
<td>Women who disclose any form of violence by an intimate partner (or other family member) should be offered immediate support by clinicians, at a minimum. If clinicians are unable to provide this first-line support, they should ensure that someone else (within their health care setting or that is easily accessible) is immediately available to do so.</td>
<td>Indirect</td>
<td>Strong</td>
</tr>
<tr>
<td>Identification of survivors</td>
<td>Universal screening not recommended. Ask about exposure to IPV when assessing conditions that may be caused or complicated by abuse. Written information about IPV should be available in all health care settings.</td>
<td>Low-moderate</td>
<td>Conditional</td>
</tr>
<tr>
<td>Care for survivors</td>
<td>Women with a preexisting diagnosis or IPV-related mental disorders should receive mental health care delivered by health care professionals with a good understanding of violence against women. Cognitive behavioral therapy or eye movement desensitization and reprocessing interventions, delivered by health care professionals with a good understanding of violence against women.</td>
<td>Indirect</td>
<td>Strong</td>
</tr>
<tr>
<td>Training of clinicians</td>
<td>Women who have spent at least 1 night in a shelter, refuge, or safe house should be offered a structured program of advocacy, support, and/or empowerment. Pregnant women should be offered brief-to-medium-duration empowerment counseling (by counselors with specific training about IPV and IPV advocacy/support, including a safety component). Clinicians offering care to women should receive in-service training integrated with training on managing sexual assault.</td>
<td>Low</td>
<td>Conditional</td>
</tr>
<tr>
<td>Health care policy</td>
<td>Care for women experiencing IPV should be integrated into existing health services rather than as a stand-alone service.</td>
<td>Low-moderate</td>
<td>Strong</td>
</tr>
<tr>
<td>Mandatory reporting</td>
<td>Mandatory reporting to the police by the clinicians is not recommended; clinicians should offer to report the incident to the appropriate authorities (including the police) if the woman wants this and is aware of her rights.</td>
<td>Very low</td>
<td>Strong</td>
</tr>
</tbody>
</table>