

## A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO MANAGEMENT OF FAMILY VIOLENCE AVAILABLE AS FREE FULL-TEXT

Selection of readings made by A/Prof Goh Lee Gan

### READING 1 – Domestic violence against women

**Flury M, Nyberg E, Riecher-Rössler A. Domestic violence against women: Definitions, epidemiology, risk factors and consequences. Swiss Med Wkly. 2010 Sep 2;140:w13099. doi: 10.4414/smww.2010.13099.**

URL: <http://www.smw.ch/for-readers/content/smw-2010-13099/>

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#### ABSTRACT

**BACKGROUND:** Domestic violence is considered one of the most common forms of gender-related violence, and various studies estimate that between 10 and 35% of women experience domestic violence at some point in their lives. Nevertheless, it is a frequently neglected problem in crisis intervention centres, emergency wards, and obstetrics and gynaecological emergency rooms. This paper contributes to clarifying the definition, epidemiology, risk factors and consequences of domestic violence against women as well as the psychopathological profile of victims with a focus on Central European countries. Although different studies on domestic violence report different risk factors, such as younger age, being unmarried, lower education, violence experienced during childhood and alcohol/drug abuse of the partner or the victim herself, the results show no overall consistency. There seems to be neither a definite risk profile nor a specific association with a psychopathological profile. Women who have been victimized find it hard to share their experiences and seek help. It is often difficult for medical personnel who encounter these women to recognise violence and discuss this problem with them, just as it is difficult to offer adequate help. Medical personnel should be alerted to this subject and prepare guidelines for the further management and treatment of abused women. Information and support for medical staff can help to identify domestic violence, and encourage communication about this problem, thereby leading to a better and more efficient use of available services and resources.

PMID: 20853195 [PubMed - indexed for MEDLINE]

### READING 2 – Intimate partner violence

**Thackeray JD, Hibbard R, Dowd MD; Committee on Child Abuse and Neglect; Committee on Injury, Violence, and Poison Prevention. Intimate partner violence: the role of the pediatrician. Pediatrics. 2010 May;125(5):1094-100. Epub 2010 Apr 26.**

URL: <http://pediatrics.aappublications/cgi/content/full/125/5/1094>

Collaborators: Jenny C, Christian C, Crawford J, Flaherty E, Hibbard R, Kaplan R, MacMillan H, Saul J, Thackeray JD, Hurley TP, Gardner HG, Baum CR, Dowd MD, Durbin D, Ebel B, Lichenstein R, Limbos MA, O'Neil J, Quinlan KP, Parker K, Scholer S, Sege RD, Turner MS, Weiss JC, Gilchrist J, Haverkos LJ, Midgett JD, Roche L, Sinclair AS, Yanchar N, Kozial B.

#### ABSTRACT

The American Academy of Pediatrics and its members recognize the importance of improving the physician's ability to recognize intimate partner violence (IPV) and understand its effects on child health and development and its role in the continuum of family violence. Pediatricians are in a unique position to identify abused caregivers in pediatric settings and to evaluate and treat children raised in homes in which IPV may occur. Children exposed to IPV are at increased risk of being abused and neglected and are more likely to develop adverse health, behavioral, psychological, and social disorders later in life. Identifying IPV, therefore, may be one of the most effective means of preventing child abuse and identifying caregivers and children who may be in need of treatment and/or therapy. Pediatricians should be aware of the profound effects of exposure to IPV on children.

PMID: 20421260 [PubMed - indexed for MEDLINE]

**READING 3 – Domestic violence -- longitudinal histories as predictors**

**Reis BY, Kohane IS, Mandl KD. Longitudinal histories as predictors of future diagnoses of domestic abuse: modelling study. BMJ. 2009 Sep 29;339:b3677. doi: 10.1136/bmj.b3677.**

URL: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC19789406/?tool=pubmed>

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**ABSTRACT**

**OBJECTIVE:** To determine whether longitudinal data in patients' historical records, commonly available in electronic health record systems, can be used to predict a patient's future risk of receiving a diagnosis of domestic abuse.

**DESIGN:** Bayesian models, known as intelligent histories, used to predict a patient's risk of receiving a future diagnosis of abuse, based on the patient's diagnostic history. Retrospective evaluation of the model's predictions using an independent testing set.

**SETTING:** A state-wide claims database covering six years of inpatient admissions to hospital, admissions for observation, and encounters in emergency departments. Population All patients aged over 18 who had at least four years between their earliest and latest visits recorded in the database (561,216 patients).

**MAIN OUTCOME MEASURES:** Timeliness of detection, sensitivity, specificity, positive predictive values, and area under the ROC curve.

**RESULTS:** 1.04% (5829) of the patients met the narrow case definition for abuse, while 3.44% (19,303) met the broader case definition for abuse. The model achieved sensitive, specific (area under the ROC curve of 0.88), and early (10-30 months in advance, on average) prediction of patients' future risk of receiving a diagnosis of abuse. Analysis of model parameters showed important differences between sexes in the risks associated with certain diagnoses.

**CONCLUSIONS:** Commonly available longitudinal diagnostic data can be useful for predicting a patient's future risk of receiving a diagnosis of abuse. This modelling approach could serve as the basis for an early warning system to help doctors identify high risk patients for further screening.

PMCID: PMC2755036 PMID: 19789406 [PubMed - indexed for MEDLINE]

**READING 4 – Child abuse as a life-course social determinant**

**Greenfield EA. Child abuse as a life-course social determinant of adult health. Maturitas. 2010 May;66(1):51-5. Epub 2010 Mar 6.**

URL: [http://linkinghub.elsevier.com/retrieve/pii/S0378-5122\(10\)00052-6](http://linkinghub.elsevier.com/retrieve/pii/S0378-5122(10)00052-6)

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**ABSTRACT**

Despite prevention efforts worldwide, many children today continue to experience abuse within close relationships, and many adults carry with them histories of abuse. This narrative review focuses on the growing body of research regarding the long-term health consequences of child abuse. First, the review presents a brief introduction to the phenomenon of child abuse, as well as a discussion of theoretical approaches to describing processes through which child abuse can jeopardize later adult health. The review then provides an integrative summary of studies based on community samples that examine associations between physical, psychological, and sexual abuse in childhood and adult mental and physical health. The article concludes with a discussion of conceptualizing child abuse as a life-course social determinant of adult health for both clinical and public health purposes and calls for translational research that can inform efforts to promote the health of diverse individuals and populations with histories of child abuse. PMID: 20207088 [PubMed - indexed for MEDLINE]

## READING 5 – Child physical maltreatment experiences

**Shen AC. Long-term effects of interparental violence and child physical maltreatment experiences on PTSD and behavior problems: a national survey of Taiwanese college students. *Child Abuse Negl.* 2009 Mar;33(3):148-60. Epub 2009 Mar 26.**

URL: [http://linkinghub.elsevier.com.libproxy1.nus.edu.sg/retrieve/pii/S0145-2134\(09\)00032-5](http://linkinghub.elsevier.com.libproxy1.nus.edu.sg/retrieve/pii/S0145-2134(09)00032-5)

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### ABSTRACT

**OBJECTIVES:** This study investigated the joint long-term impact of witnessing interparental violence and experiencing child physical maltreatment on young adults' trauma symptoms and behavior problems. It also explored Chinese traditional beliefs as a possible contributor to young adults' trauma and behavior.

**METHODS:** This study used self-reporting measures to collect data from a national proportionate stratified sample of 1,924 college students in Taiwan. The sample was divided into four groups: no violence; interparental violence only; child physical maltreatment only and dual violence, to compare the combined effect of dual violence on long-term outcome with the no violence group and the one type of violence group.

**RESULTS:** The results indicated a significant association of interparental violence and child physical maltreatment, and 11.3% of participants reported witnessing partner violence between parents and experiencing physical maltreatment during childhood. Participants experiencing dual violence reported more trauma symptoms and behavior problems than did those experiencing only one form of violence or none at all. Exposure to both interparental violence and child physical maltreatment during childhood is a significant predictor of young adults' trauma symptoms and behavior problems, after controlling for other potentially confounding risk factors. Cultural factors also play a significant role in predicting young adults' trauma symptoms and internalizing behavior problems, after accounting for control variables and violence-related variables. Moreover, cultural factors interact significantly with dual violence experiences in predicting young adults' externalizing behavior problems.

**CONCLUSIONS:** This study extended Western co-occurrence study findings with large Taiwanese community samples. The results demonstrated that dual violence experiences during childhood have long-term detrimental impact on young adults' trauma symptoms and behavior problems. Cultural beliefs and their interaction with dual violence experiences play a significant role in young adults' trauma symptoms and behavior problems as well.

**PRACTICE IMPLICATIONS:** The present findings underscore the need for interventions for young adults exposed to childhood dual violence. Moreover, the findings highlight the need for culturally sensitive interventions to address the cultural factor impact on young adults' trauma symptoms and behavior problems.

PMID: 19327836 [PubMed - indexed for MEDLINE]

## READING 6 – Predictors of parental physical abuse

**Medley A, Sachs-Ericsson N. Predictors of parental physical abuse: the contribution of internalizing and externalizing disorders and childhood experiences of abuse. *J Affect Disord.* 2009 Mar;133(3):244-54. Epub 2008 Jul 7.**

URL: <http://www.ncbi.nlm.nih.gov/pubmed/18603302>

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### ABSTRACT

**BACKGROUND:** The deleterious effects of childhood abuse have been a focus of much research; however, the causes of parental physical abuse are less well documented. Research with clinical samples suggests that individuals who display abusive behaviors are more likely to have a history of childhood abuse and higher rates of internalizing

and externalizing disorders. Whether childhood abuse and psychopathology contribute independently to parental abusive behaviors or if the association between childhood abuse and the parental physical abuse is mediated by the individual's psychopathology has not been studied empirically.

**METHODS:** The current study is based on data from a representative sample (N=4141). Lifetime psychiatric diagnoses, childhood experiences of sexual and physical abuse, and physically abusive behaviors exhibited towards children were assessed. **RESULTS:** Internalizing and externalizing disorders partially mediated the association between childhood abuse and parental abuse. Nonetheless, the participant's internalizing disorders, externalizing disorders, and previous experiences of childhood abuse each independently predicted parental abuse. Further, the influence of childhood abuse was greater for women than men.

**LIMITATIONS:** The data is cross-sectional, thus clear conclusions regarding causality cannot be made.

**CONCLUSIONS:** There are multiple pathways in the etiology of parental abusive behaviors. Previous experiences of childhood abuse, internalizing disorders, and externalizing disorders each contribute to parental abuse. Individuals with psychiatric disorders or a history of childhood abuse are at an increased risk for abusive behaviors towards children in their care. Identifying such high-risk parents and providing parent training programs may be effective in lowering rates of child abuse.

PMID: 18603302 [PubMed - indexed for MEDLINE]

## READING 7 – Child protection medical assessments

**Kirk CB, Lucas-Herald A, Mok J. Child protection medical assessments: why do we do them? Arch Dis Child. 2010 May;95(5):336-40. Epub 2009 Oct 21.**

URL: <http://adc.bmj.com/content/95/5/336.full.pdf>

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Comment in:

Arch Dis Child. 2010 Dec;95(12):1070.

**INTRODUCTION:** Child protection guidelines highlight the importance of medical assessments for children suspected of having been abused.

**AIM:** To identify how medical assessments might contribute to a diagnosis of child abuse and to the immediate outcome for the child.

**METHOD:** Review of all notes pertaining to medical assessments between January 2002 and March 2006.

**RESULTS:** There were 4549 child protection referrals during this period, of which 848 (19%) proceeded to a medical examination. 742 (88%) case notes were reviewed. Of the medical examinations, 383 (52%) were for alleged physical abuse, 267 (36%) for sexual abuse and 20 (3%) for neglect. 258 (67%) of the physical abuse cases were considered to have diagnostic or supportive findings as compared to 61 (23%) of the sexual abuse cases ( $\chi^2=146.31$ ,  $p<0.001$ ). In diagnostic or supportive examinations or where other potentially abusive concerns were identified, 366 (73%) proceeded to further multi-agency investigation and 190 (41%) to case conference. 131 (69%) of these resulted in the registration of the child on the child protection register. Other health concerns were identified in 121 (31%) of physical and 168 (63%) of sexual abuse cases.

**CONCLUSION:** In this case series, 465 (63%) out of 742 examinations showed signs diagnostic or supportive of alleged abuse or highlighted other abusive concerns. This endorses the view that medical examination is an important component in the assessment of child abuse as it provides information to support or refute an allegation and helps to identify the health and welfare needs of vulnerable children.

PMID: 19846995 [PubMed - indexed for MEDLINE]

**READING 8 – Child abuse -- Patterns of skeletal fractures**

**Kemp AM, Dunstan F, Harrison S, Morris S, Mann M, Rolfe K, Datta S, Thomas DP, Sibert JR, Maguire S. Patterns of skeletal fractures in child abuse: systematic review. BMJ. 2008 Oct 2;337:a1518. doi: 10.1136/bmj.a1518.**

URL: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC18832412/?tool=pubmed>

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Comment in:

BMJ. 2008;337:a1398.

BMJ. 2008;337:a2279.

### ABSTRACT

**OBJECTIVES:** To systematically review published studies to identify the characteristics that distinguish fractures in children resulting from abuse and those not resulting from abuse, and to calculate a probability of abuse for individual fracture types.

**DESIGN:** Systematic review.

**DATA SOURCES:** All language literature search of Medline, Medline in Process, Embase, Assia, Caredata, Child Data, CINAHL, ISI Proceedings, Sciences Citation, Social Science Citation Index, SIGLE, Scopus, TRIP, and Social Care Online for original study articles, references, textbooks, and conference abstracts until May 2007.

**STUDY SELECTION:** Comparative studies of fracture at different bony sites, sustained in physical abuse and from other causes in children <18 years old were included. Review articles, expert opinion, postmortem studies, and studies in adults were excluded. Data extraction and synthesis Each study had two independent reviews (three if disputed) by specialist reviewers including paediatricians, paediatric radiologists, orthopaedic surgeons, and named nurses in child protection. Each study was critically appraised by using data extraction sheets, critical appraisal forms, and evidence sheets based on NHS Centre for Reviews and Dissemination guidance. Meta-analysis was done where possible. A random effects model was fitted to account for the heterogeneity between studies.

**RESULTS:** In total, 32 studies were included. Fractures resulting from abuse were recorded throughout the skeletal system, most commonly in infants (<1 year) and toddlers (between 1 and 3 years old). Multiple fractures were more common in cases of abuse. Once major trauma was excluded, rib fractures had the highest probability for abuse (0.71, 95% confidence interval 0.42 to 0.91). The probability of abuse given a humeral fracture lay between 0.48 (0.06 to 0.94) and 0.54 (0.20 to 0.88), depending on the definition of abuse used. Analysis of fracture type showed that supracondylar humeral fractures were less likely to be inflicted. For femoral fractures, the probability was between 0.28 (0.15 to 0.44) and 0.43 (0.32 to 0.54), depending on the definition of abuse used, and the developmental stage of the child was an important discriminator. The probability for skull fractures was 0.30 (0.19 to 0.46); the most common fractures in abuse and non-abuse were linear fractures. Insufficient comparative studies were available to allow calculation of a probability of abuse for other fracture types.

**CONCLUSION:** When infants and toddlers present with a fracture in the absence of a confirmed cause, physical abuse should be considered as a potential cause. No fracture, on its own, can distinguish an abusive from a non-abusive cause. During the assessment of individual fractures, the site, fracture type, and developmental stage of the child can help to determine the likelihood of abuse. The number of high quality comparative research studies in this field is limited, and further prospective epidemiology is indicated.

PMCID: PMC2563260 PMID: 18832412 [PubMed - indexed for MEDLINE]

## READING 9 – Elder mistreatment -- perspectives from care recipients, family members, home care workers

**Ayalon L. The perspectives of older care recipients, their family members, and their round-the-clock foreign home care workers regarding elder mistreatment. *Aging Ment Health*. 2010 May;14(4):411-5.**

URL: <http://www.informaworld.com/openurl?genre=article&doi=10.1080/13607860903586110&magic=pubmed||1B69BA326FFE69C3F0A8F227DF8201D0>

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### ABSTRACT

**OBJECTIVES:** This study evaluated attitudes toward elder mistreatment from the perspective of older care recipients; their foreign home care workers, and their family members.

**METHODS:** Overall, 88 older care recipients, 142 family members, and 127 foreign home care workers responded to a hypothetical case vignette querying about the appropriate care of an older woman who suffers from neuropsychiatric symptoms in dementia.

**RESULTS:** Foreign home care workers tended to be more lenient toward elder mistreatment relative to older adults and their family members and to view as effective techniques that would non-equivocally be considered abusive and ineffective by current standards.

**CONCLUSIONS:** Interventions should inform these stakeholders about what constitutes elder mistreatment and should be particularly geared toward addressing cultural differences in the perception of elder mistreatment.

PMID: 20455116 [PubMed - indexed for MEDLINE]

## READING 10 – Suspected elderly mistreatment -- Epidemiology

**Phua DH, Ng TW, Seow E. Epidemiology of suspected elderly mistreatment in Singapore. *Singapore Med J*. 2008 Oct;49(10):765-73.**

URL: <http://smj.sma.org.sg/4910/4910a1.pdf>

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### ABSTRACT

**INTRODUCTION:** In our Asian society, respect for our elderly is deeply entrenched and highly valued. However, a previous study had shown that physical mistreatment of the elderly exists in the local population. This present descriptive study aims to evaluate the other types of elderly mistreatment and epidemiology of suspected victims in the local population.

**METHODS:** Over a period of 12 months, from June 2005 to May 2006, doctors of the Emergency Department (ED) were trained to look for clinical features of mistreatment in patients aged 65 years and above. A specially-developed evaluation form was used to help the staff in assessing suspected cases; these were then referred to medical social workers for further evaluation.

**RESULTS:** 42 cases of suspected mistreatment were detected, with almost three times more female than male patients. The average age of suspected victims was 78.8 years. There were 27 cases of possible physical mistreatment, 25 of possible neglect, six of possible psychological mistreatment, two of possible financial mistreatment, one of possible abandonment and one of possible self-neglect. Most suspected perpetrators were family members, and more than half were the victims' sons. 37 suspected victims had to be warded after ED consultation and eight died within six months of presentation.

**CONCLUSION:** Mistreatment of the elderly in the local population is more prevalent than expected and victims can suffer adverse outcomes. Understanding of this problem is still incomplete and more research is required. Increased awareness of this problem in the community and the medical fraternity can better identify such patients.

PMID: 18946608 [PubMed - indexed for MEDLINE]