Safeguarding
Current Awareness Bulletin
December 2018

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Title: Confidentiality has limits in domestic abuse cases

Citation: BMJ : British Medical Journal (Online); Nov 2018; vol. 363
Author(s): Gibson, Jeremy C

Title: Abuse and older lesbian, gay bisexual, and trans (LGBT) people: a commentary and research agenda.

Citation: Journal of elder abuse & neglect; Nov 2018 ; p. 1-18
Author(s): Westwood, Sue

Abstract: With increasing visibility of older lesbian, gay, bisexual and trans (LGBT) people, there is an urgent need to understand abuse in their lives. This is an under-researched area, which this scoping study (based on a literature review and a small subset of data taken from a larger project) serves to demonstrate. The content of this article formed the basis of a paper presented at a workshop on 'LGBT Elder Abuse' held at Keele University(UK) in 2017, convened and chaired by the author. It considers LGBT elder abuse in terms of polyvictimisation, intersectionality and the abuse of power. The identifies knowledge gaps, proposes a research agenda, and explains why such an agenda matters. In particular, the need for researchers of elder abuse, LGBT domestic abuse and organisational abuse to cut across their traditional boundaries of inquiry in order to address how the abuse of older LGBT people intersects with each domain.

Title: Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings.

Citation: Journal of Adolescent Health; Dec 2018; vol. 63 (no. 6); p. 745-752
Author(s): Greenbaum, V. Jordan; Livings, Michelle S.; Lai, Betty S.; Edinburgh, Laurel; Baikie, Peggy; Grant, Sophia R.; Kondis, Jamie; Petska, Hillary W.; Bowman, Mary Jo; Legano, Lori; Kas-Osoka, Oriaku; Self-Brown, Shannon

Purpose: Estimate the prevalence of child sex trafficking (CST) among patients seeking care in multiple healthcare settings; evaluate a short screening tool to identify victims in a healthcare setting.

Methods: This cross-sectional observational study involved patients from 16 sites throughout the U.S.: five pediatric emergency departments, six child advocacy centers, and five teen clinics. Participants included English-speaking youth ages 11–17 years. For emergency department sites, inclusion criteria included a chief complaint of sexual violence. Data on several domains were gathered through self-report questionnaires and examiner interview. Main outcomes included prevalence of CST among eligible youth; sensitivity, specificity, positive/negative predictive values, and positive/negative likelihood ratios for a CST screening tool.

Results: Eight hundred and ten participants included 91 (11.52%) youth from emergency departments, 395 (48.8%) from child advocacy centers, and 324 (40.0%) from teen clinics. Overall prevalence of CST was 11.1%: 13.2% among emergency department patients, 6.3% among child advocacy center patients, and 16.4% among teen clinic patients, respectively. The screen had a sensitivity, specificity, and positive likelihood ratio of 84.44% (75.28, 91.23), 57.50% (53.80, 61.11), and 1.99% (1.76, 2.25), respectively.
Conclusions: This study demonstrates a significant rate of CST among patients presenting to emergency departments (for sexual violence complaints), child advocacy centers, and teen clinics. A six-item screen showed relatively good sensitivity and moderate specificity. Negative predictive value was high. Intervention for a “positive” screen may identify victims and help prevent high-risk youth from becoming victimized. This is one of the first CST screening tools specifically developed and evaluated in the healthcare setting.

Sources Used:
The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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