

# Safeguarding

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### March 2025

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### 1. Let's "game" it!: Dangerous games, a new health challenge

**Authors:** Afonso, Laetitia;Voyer, Mélanie;Sapanet, Michel;Harika-Germaneau, Ghina and Delbreil, Alexia

**Publication Date:** 2025

**Journal:** Legal Medicine 72, pp. N.PAG

**Abstract:** • Many children and adolescents play dangerous games via social networks. • There is little epidemiological and forensic data in this area. • We report the case of suspected child abuse which turned out to be participation in the deodorant challenge. • This challenge causes serious burns that can leave permanent damage to the children's bodies. In the past several years, children and adolescents have increasingly been enticed into playing dangerous and challenging games, particularly through social networks. Epidemiological data regarding this phenomenon are particularly difficult to come by, as is information regarding the somatic and psychological consequences of these activities, which can end up having fatal outcomes. We here report the case of a suspicion of child abuse that turned out to be due to participation in a challenge game known as "The Deodorant Challenge" by a 10-year-old child who presented with burn-like lesions. Collaboration with the police and assessment of the psychopathological profile of the child allowed the self-inflicted nature of the injuries to be identified, thereby allowing intrafamilial abuse to be ruled out as the cause of the injuries.

## 2. An innovative nurse practitioner-led service for children from families living in housing instability

**Authors:** Bell, Alicia;Parry, Yvonne K.;Ankers, Matthew;Sivertsen, Nina;Willis, Eileen;Kendall, Sally and Yin, Huahua

**Publication Date:** 2025

**Journal:** Primary Health Care Research & Development 26, pp. e22

**Abstract:** Aim: To report on the design and results of an innovative nurse practitioner (NP)-led specialist primary care service for children facing housing instability.; Background: During 2017-2018, children aged 0-14 years represented 23% of the total population receiving support from specialist homeless services in Australia. The impact of housing instability on Australian children is considerable, resulting in disengagement from social institutions including health and education, and poorer physical and mental health outcomes across the lifespan. Current services fail to adequately address health and educational needs of children facing housing insecurity. Research identifies similar circumstances for children in other high-income countries. This paper outlines the design, and reports on results of, an innovative NP-led primary care service for children facing housing instability introduced into three not-for-profit faith-based services in one Australian state.; Methods: Between 2019 and 2021, 66 children of parents experiencing housing instability received standardized health assessment and referral where appropriate by a NP. Data from the standardized tool, such as condition and severity, were recorded to determine common conditions. In addition, comprehensive case notes recorded by the NP were used to understand potential causes of conditions, and referral needs, including potential barriers.; Findings: The 66 children assessed were aged between 7 weeks to 16 years. Developmental delay, low immunization rates, and dental caries were the most common conditions identified. Access to appropriate services was inhibited by cost, disengagement, and COVID-19.; Conclusion: Given their advanced skills and knowledge, embedding NPs in specialist homeless services is advantageous to help vulnerable children.

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## 3. The Health and Well-Being of Women and Girls Who Are Refugees: A Case for Action

**Authors:** Chalouhi, Jinane;Currow, David C.;Dumit, Nuha Yazbik;Sawleshwarkar, Shailendra;Glass, Nancy;Stanfield, Sophie;Digiacomio, Michelle and Davidson, Patricia M.

**Publication Date:** 2025

**Journal:** International Journal of Environmental Research and Public Health 22(2)

**Abstract:** The plight of displaced people is an escalating global challenge. No longer solely the domain of individuals working in humanitarian settings, the plight of refugees is now a very visible aspect in mainstream health and social services. Refugee women and girls face serious and interconnected health challenges due to forced displacement, limited access to healthcare, gender-based violence, exploitation, and other factors affecting their health and well-being, particularly social determinants of health. These experiences are often built upon intergenerational forms of abuse such as enduring colonial and patriarchal models where there are fundamental power imbalances and impediments to economic and political stability and as

a consequence health and well-being. One in five displaced women and girls experiences sexual violence, which has lasting effects on their physical and mental health. Moreover, financial instability and uncertainty in migration status can further push women and girls into exploitative circumstances, such as modern slavery and survival sex. This paper presents a scoping review using a gender-based lens aimed at analyzing the social determinants impacting the health and well-being of refugee women and girls. The environmental, socio-economic, cultural, and gender-specific drivers of security are described. Advocating for strategies to promote health equity, protection, resilience, and empowerment for refugee women and girls is important for their health and well-being. Achieving this is critical in contributing towards building stronger, healthier, and resilient communities, and creating a buffer to the escalating numbers of people being driven from their homes worldwide.

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#### **4. An analysis of domestic homicide review recommendations for adult safeguarding in England**

**Authors:** Chantler, Khatidja; Baker, Victoria; Gunby, Clare and Heyes, Kim

**Publication Date:** 2025

**Journal:** Journal of Adult Protection 27(1), pp. 53–66

**Abstract:** Purpose: The purpose of this paper is to analyse recommendations made in domestic homicide reviews (DHRs) in England relating to adult safeguarding – largely focussing on those aged 66+ – to identify key areas for learning and how equality, diversity and inclusion issues (EDI) are considered in DHRs. Design/methodology/approach: A mixed methods approach was used to analyse 24 DHRs spanning 2015–2018. A qualitative template was created to extract information, followed by a critical thematic analysis. A quantitative matrix was then developed, enabling a descriptive quantitative analysis, identifying the most prevalent types of recommendations. An additional descriptive quantitative analysis of the 24 DHRs was undertaken for context. Findings: Intimate partner homicide comprised half the homicides (12); adult family homicide comprised 11; and one homicide was an amicide. DHRs recommended improvements in: information management/multi-agency working (83%); targeted domestic abuse training (67%); developing/abiding by policies (67%); enhancing professional practice (54%); improved domestic abuse risk and carers assessments (50%). EDI was seldom considered. Originality/value: New analysis is provided on the different types and contexts of domestic homicides involving older adults, the need for strengthened guidance regarding DA and adult safeguarding, tailored DA training and challenging "blind spots" relating to ageist assumptions, the invisibility of familial abuse, a lack of service oversight where care is self-funded and limited consideration of EDI.

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#### **5. Contemporary Treatment of Crime Victims/Survivors: Barriers Faced by Minority Groups in Accessing and Utilizing Domestic Abuse Services**

**Authors:** Cole, Terri; Harvey, Orlanda; Healy, Jane C. and Smith, Chloe

**Publication Date:** 2025

**Journal:** Behavioral Sciences (Basel, Switzerland) 15(2)

**Abstract:** This research explored the experiences of LGBTQIA+, black and ethnic minority (BME), and disabled victims of domestic abuse due to the frequency of abuse in these populations and bespoke needs they may have. Data were collected via an online survey (n = 317), a focus group with professionals (n = 2), and interviews with victims/survivors of domestic abuse (n = 2). Many victims/survivors articulated difficulties in accessing support for many reasons, including individual and structural barriers such as embarrassment, stigma, shame, fear and not being aware of what support is available. Whilst good practice was reported, examples of secondary victimization towards victims/survivors by individuals, professionals and organizations were recounted. Many barriers were identified; for example, there was inappropriate provision in refuges or shelters for LGBTQIA+ groups or disabled people. Disabled victims experienced additional barriers if their abuser was also their carer. BME groups may have additional language difficulties as well as cultural stigma and pressure to stay with their abuser. Recommendations for practice include the need for enhanced multi-agency training and recognition of abuse; crime against victims/survivors being supported by someone with the same cultural background; easier access to interpreters; and more appropriate refuge or alternative housing options.

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## 6. Duty of Candour Following Avoidable Harm

**Authors:** de Silva, Prasanna Nemichandra

**Publication Date:** 2025

**Journal:** British Journal of Hospital Medicine (London, England : 2005) 86(2), pp. 1–6

**Abstract:** Duty of candour has emerged as the key expectation in health care at the ongoing judge-led statutory inquiries, including those conducted by Thirlwall and Lampard. Despite legal requirements in Health and Social Care legislation, backed up by the General Medical Council (GMC) and Nursing and Midwifery Council (NMC), both clinicians and National Health Service (NHS) managers have been reluctant to comply with this obligation. This article examines the pressures not to avoid transparency following avoidable harm, and suggests a more preventative approach through ongoing dialogue during care delivery including consulting on potential risks pre-treatment and providing feedback following interventions which have been less than successful.

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## 7. Identifying and responding to domestic abuse in cancer care: A mixed methods service evaluation of a training and support intervention

**Authors:** Dheensa, Sandi;Hendy, Ruth;Finn, Linda;Goodchild, Marion and Barbosa, Estela Capelas

**Publication Date:** 2025

**Journal:** European Journal of Oncology Nursing 74, pp. N.PAG

**Abstract:** This article reports on a service evaluation of a domestic abuse intervention for hospital-based cancer professionals in two sites. The core component was a training and monitoring process, which hospital-based domestic abuse coordinators led. This role was

adapted from a generic hospital role to be cancer specific. Pre-training preparedness to identify and respond to domestic abuse, domestic abuse identifications, and changes ~6 months post-training are presented. We used an explanatory sequential design including a survey pre-training (Time 1), immediately post-training (Time 2) (with follow-up semi-structured interviews) and ~6 months post-training (Time 3). Sites were asked to share domestic abuse identification numbers pre- and post-coordinator hire. Coordinators trained 1080 staff (17% of staff across two sites). Survey 1 (Time 1 & 2) response rate was 44.9% (n = 485) and survey 2 8.8% (n = 95) (Time 3). All confidence scores significantly increased from pre- (Time 1) to post-training (Time 2). Time 3 also saw significant gains. There were also highly significant decreases in the perception of most barriers to asking about and responding to domestic abuse post-training. We were unable to determine Site 2's identification rate but Site 1's increased. Qualitative findings shed light on key moderators between intervention components and outcomes, and additional components needed to change practice. Our evaluation contributes further evidence of the benefit of hospital-based domestic abuse coordinator roles; contributes new evidence for the feasibility of adapting the role for a specific context; and illustrates the need for a domestic abuse response in the cancer setting. • Cancer and domestic abuse frequently co-occur. • Hospital-based cancer staff want domestic abuse training. • A training and support intervention increased confidence around domestic abuse. • It reduced perceptions of barriers to identifying and responding to domestic abuse. • It increased the rate of domestic abuse identifications.

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## **8. Determinants influencing the implementation of child abuse and neglect and domestic violence guidelines: A systematic review**

**Authors:** Dubbeldeman, Eveline M.;van der Kleij, Rianne M. J. J.;Sprenger, Merel;Aslam, Ahmed S.;Kieft-de Jong, Jessica C. and Crone, Mathilde R.

**Publication Date:** 2025

**Journal:** Children & Youth Services Review 169, pp. N.PAG

**Abstract:** • Available resources, knowledge, and self-efficacy and skills are key to CAN and DV guideline implementation. • Exploring contextual differences and applying mixed methods is needed in implementation research. • More research required to explore determinant interrelationships in implementation. Despite ongoing effort, the implementation of child abuse and neglect, as well as domestic violence guidelines by care professionals, remains challenging. Various determinants influence guideline implementation, which may vary depending on research methods, guideline objectives, and contextual factors such as organization type or discipline of the implementer. The primary aim of this systematic review is to identify determinants influencing the implementation of child abuse and neglect and domestic violence guidelines. The secondary aim is to identify (differences in) determinants across specific contexts, guideline objectives, and research methods. Furthermore, we aim to assess the relative importance of identified determinants. Seven electronic databases were searched for papers on determinants influencing child abuse and neglect as well as domestic violence guidelines implementation by care professionals Data extraction was guided by the Consolidated Framework for Implementation Research. We utilized a star score system and evidence index to evaluate the relative importance of identified determinants. Sixteen papers met the inclusion criteria, with nine employing quantitative research methods, six using

qualitative methods, and one employing a mixed-method approach. Overall, the quality of the included papers was moderate. Due to the diverse organization types and disciplines represented in the studies, creating meaningful comparable groups was challenging. Furthermore, within the studies, data from various perspectives were combined during the analysis, which made it challenging to stratify and explore contextual differences. We stratified the results by guideline objective and research method. Availability of resources, knowledge about the innovation, self-efficacy and skills, complexity, and interorganizational networks were identified as the most important determinants influencing guideline implementation. Our findings emphasize the need for further research on contextual differences, as they are rarely considered. The determinants identified differed between quantitative and qualitative methods. Mixed methods are needed to better understand which determinants, in which contexts, and to what extent, influence guideline implementation. Understanding what influences guideline implementation is an essential step toward developing tailored implementation strategies, which, in turn, may improve implementation performance.

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## **9. Did the First COVID-19 National Lockdown Lead to an Increase in Domestic Abuse in the U.K.'s Capital City of London?**

**Authors:** Gray, Chelsea and Hansen, Kirstine

**Publication Date:** 2025

**Journal:** Journal of Interpersonal Violence 40(5), pp. 1296–1324

**Abstract:** On March 23, 2020, the United Kingdom went into national lockdown to stop the spread of COVID-19. In this paper, we examine whether a policy aimed at minimizing the health consequences of the pandemic had unintended negative consequences for domestic abuse. Using data from the Metropolitan Police in England we estimate the impact of lockdown on domestic abuse in the 32 boroughs that make up the London metropolitan area. Using a before and after approach, and controlling for other factors, we show an increase in the probability of being a victim of domestic abuse during lockdown similar in magnitude to the increase experienced over the Christmas holidays. However, the overall picture masks inequalities across groups: with women, younger and older people, and people of Asian, Arab, and Middle Eastern ethnicity subject to the highest increases, reflecting vulnerabilities and existing inequalities. Of the domestic abuse-related crimes, it is the most violent crimes that saw the greatest increases during lockdown. Once lockdown restrictions are eased, rates decline but remain slightly higher than prior to lockdown up to 3 months later. The results present a clear message for policy makers: a policy adopted to alleviate one problem, even in times of crisis, must factor in the impact this may have in other areas. Failure to do so in this situation, despite existing evidence linking domestic abuse to stress, confinement, and crisis situations prior to lockdown, has resulted in an increase in domestic violence in the U.K.'s capital city, during lockdown and beyond.

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## **10. Identifying, assessing and responding to perpetration of domestic abuse: practice guide for mental health professionals**

**Authors:** Greenfield, Philippa;Calcia, Marilia;McCree, Chris;Sahota, Maneek;Thomas, Holly;Kirkpatrick, Kyla;Vagi, Rebecca;Howard, Louise M.;Markham, Sarah and Bhavsar, Vishal

**Publication Date:** 2025

**Journal:** BJPsych Advances 31(1), pp. 8–19

**Abstract:** Domestic abuse - abusive behaviour perpetrated by an adult towards another adult to whom they are personally connected (e.g. partners, ex-partners or family members) - damages mental health, increases mental health service use and challenges clinical management. Training and guidance for mental health professionals on identifying and responding to patients exposed to domestic abuse are available, but there has been less development of resources for mental health professionals in identifying, assessing and responding to perpetrators of domestic abuse. In this article, we describe a framework for responding to domestic abuse perpetration in clinical settings in general adult mental health services, aimed at improving practice. This could support mental health professionals in sensitive enquiry and assessment for domestic abuse perpetration, and guide appropriate responses, as part of routine training and continuing professional development.; Competing Interests: None. (© The Author(s) 2024.)

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### **11. Bloodletting as Medical Child Abuse Revealed by Lack of Iron Accumulation Despite Multiple Erythrocyte Transfusions**

**Authors:** Hasle, Henrik;Frost, Lise;Johansen, Klaus Birkelund and Jørgensen, Gitte Hesthaven

**Publication Date:** 2025

**Journal:** Pediatric Blood & Cancer , pp. e31612

**Abstract:** The central venous line was used for feeding an infant with failure to thrive. He later developed unexplained severe transfusion-dependent anemia. Ferritin remained low despite more than 100 transfusions. The medical arguments mainly based upon iron physiology provided strong suspicion for intended bloodletting, which was documented by covert video. The mother was very active on social media lacking behavioral signs of Munchhausen by proxy during hospital contacts. Despite clear medical evidence of medical child abuse, the diagnosis was delayed by several years. (© 2025 The Author(s). Pediatric Blood & Cancer published by Wiley Periodicals LLC.)

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### **12. Risk Factors for Child-to-Parent Violence: A Scoping Review**

**Authors:** Junco-Guerrero, Mirian;Fernández-Baena, Francisco Javier and Cantón-Cortés, David

**Publication Date:** 2025

**Journal:** Journal of Family Violence 40(1), pp. 139–164

**Abstract:** Purpose: Child-to-parent violence (CPV) is a socially relevant domestic violence due to its exponential prevalence and negative individual, family, and social consequences. This scoping review aimed to analyze the risk variables involved in CPV and establish the



relationships between them and the differences in these factors depending on the sex of the victim and the aggressor. Methods: Studies from 2012 to 2022 were reviewed through the following databases: Scopus, Web of Science, Dialnet Plus, ERIC, PsycInfo, PsycArticles, Psychology Database and Pubmed. A total of fifty-two studies were included. Results: The risk factors found are individual (e.g., aggressor's personality characteristics), familial (e.g., the parents' educational style), and social (e.g., peer violence). The study indicates differences in risk variables depending on the sex of the aggressor and the victim, such as the aggressor's personality characteristics, the influence of child abuse, or dating violence in adolescents. Conclusion: Although the studies identified differences in risk factors for CPV depending on sex, further research is required to clarify the contradictory findings. This review has certain limitations, such as the predominance of cross-sectional studies and the focus on research carried out in Spain. Nonetheless, it carries practical implications as it expands our understanding of the risk factors associated with CPV. This knowledge can be utilized to develop educational and clinical prevention programs that take these factors into consideration.

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### **13. The role of nurses in child abuse situations: a systematic review**

**Authors:** Kim, Bomi and Choi, Sunyeob

**Publication Date:** 2025

**Journal:** Child Health Nursing Research 31(1), pp. 4–14

**Abstract:** Purpose: Nurses play a crucial role in cases of victims of child abuse; however, but there is a need for a comprehensive understanding of their specific roles, responsibilities, and best practices is needed.; Methods: This integrative review aims to synthesize existing evidence on the role of nurses in cases of victims of child abuse. A literature search was conducted using PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, and Scopus databases. A literature search was conducted using PubMed, CINAHL, PsycINFO, and Scopus databases. This review included 12 qualitative and quantitative studies.; Results: This review identified the following four themes: nurses' responsibility, intention to report child abuse, perceptions of child abuse, and risk assessment of child abuse. The findings revealed that nurses play a multifaceted role in child abuse situations. Evidence-based practices and guidelines were identified to optimize recovery outcomes among children who have experienced abuse.; Conclusion: This integrative review contributes to the body of knowledge on nurses' role in cases of victims of child abuse by providing valuable insights for nursing practice, education, and policy. These findings can help guide nurses in developing evidence-based interventions and collaborative approaches to support the recovery of victims of child abuse.

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### **14. Associations among victimization, communication, and social competence in mother-child dyads exposed to intimate partner violence**

**Authors:** Napier, Taylor;Howell, Kathryn H.;Thomsen, Kari;Maye, Caitlyn and Thurston, Idia B.

**Publication Date:** 2025

**Journal:** Child Abuse & Neglect 161, pp. 107298

**Abstract:** Background: Mothers' experiences of child abuse (CA) and adulthood intimate partner violence (IPV) are linked with poorer social emotional functioning in their children.; Objective: The current study examined direct relations between mothers' CA, mothers' adulthood IPV, and children's direct victimization on children's social competence using a cross-sectional dyadic design. The indirect effects of types of violence through open communication on children's social competence were also assessed.; Participants and Setting: Mother-child dyads (N = 162) were recruited from community organizations in the MidSouth region of the United States; all mothers (M age = 35.24, SD = 6.70; 80.7 % Black) reported IPV exposure in the past 6 months. On average, children were 12 years old (M age = 12.38, SD = 2.84; 59 % female) and predominantly Black (85.5 %).; Methods: A mediated path model assessed the direct effects of mothers' CA, mothers' adulthood IPV, and children's direct victimization on children's social competence, and the indirect effects of these violence variables through open mother-child communication on social competence.; Results: The path model yielded a strong fit  $\chi^2(10) = 10.52, p = .38$ ; RMSEA = 0.02 CI, 0.00-0.09]; CFI = 0.99; SRMR = 0.04]. An indirect-only mediation effect was found between children's direct victimization through open mother-child communication on their social competence ( $\beta = -0.07, p = .025$ ; 95 % CI -0.18, -0.01]; children exposed to more direct victimization reported less open communication, which was linked to lower social competence.; Conclusions: Results demonstrate the relation between direct victimization and children's view of themselves and their relationship with their caregivers. Increasing access to family-based interventions that reduce conflict and strengthen mother-child communication could promote children's social competence following direct victimization.; Competing Interests: Declaration of competing interest The authors have no financial or non-financial interests to disclose. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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## 15. Domestic abuse, primary care and child mental health services: A systems analysis of service coordination from professionals' perspectives

**Authors:** Powell, Claire;Adisa, Olumide;Herlitz, Lauren;Bains, Shivi;Eyrúnardóttir Clark, Sigrún;Deighton, Jessica;Syed, Shabeer;Gilbert, Ruth;Feder, Gene and Howarth, Emma

**Publication Date:** 2025

**Journal:** Children & Youth Services Review 169, pp. N.PAG

**Abstract:** We explored how services work together to support parents and children experiencing both parental intimate partner violence (IPV) and parental or child mental health problems by drawing on the perspectives of professionals working in primary care, children and young people's mental health services (CYPMHS), and domestic abuse services. We conducted a qualitative study, interviewing 38 professionals in three geographically contrasting local authority areas in England. We carried out framework analysis using a systems approach and mapping techniques to understand the service interrelationships and boundary judgements of professionals. The relationships between domestic abuse services, CYPMHS, and primary care were complex, involving funders and commissioners, local authority strategic groups, and wider services such as schools and children's centres. Participants consistently identified a gap in the relationship between statutory CYPMHS and domestic abuse services.

Other service gaps were for children living with ongoing or intermittent IPV and for children and parents with needs falling below or between service thresholds. There was a gap in support services for users of abusive behaviour to prevent future IPV. An overview of staff perspectives revealed differing views on treating the effects of trauma, and the co-ordination and sequencing of care. Improving the response to children and adults experiencing mental health problems in the wake of IPV requires a systems perspective to understand the barriers to service co-ordination. Our findings indicate a particular need to address the gap between CYPMHS and domestic abuse services. Current ways of working with adults could be adapted for children, in addition to learning from examples of best practice in the study sites.

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## 16. What can we learn from patient and family experiences of open disclosure and how they have been evaluated? A systematic review

**Authors:** Rathnayake, Dimuthu; Sasame, Ao; Radomska, Apolonia; Shé, Éidín Ní; McAuliffe, Eilish and De Brún, Aoife

**Publication Date:** 2025

**Journal:** BMC Health Services Research 25(1), pp. 238

**Abstract:** Background: Open disclosure, or 'error disclosure,' is a policy requiring healthcare professionals to promptly offer an honest apology after an adverse event. While the fundamental principles of open disclosure have evolved into an important right for patients who experience adverse events, the process also plays an integral role in ensuring continuous improvements in the delivery of patient care. Healthcare providers often encounter challenges in fully adopting open disclosure processes, limiting their use in practice. This systematic review aims to explore patient experiences following open disclosure, focusing on how these experiences are being measured and evaluated. By examining patient experiences, this review seeks to enhance our understanding of the effectiveness of open disclosure and inform improvements in healthcare communication practices.; Methods: A detailed search strategy was developed to identify relevant literature published between 2008 and 2023. The review focused on original research in English, emphasising qualitative or quantitative studies that evaluate and measure patient experiences of disclosure. Four major databases (PubMed, CINAHL, PsycINFO, and EMBASE) were searched for studies reporting details of patients/clients/service users and their families/relevant others who have experienced the OD process/duty of candour. The Mixed Methods Appraisal Tool (MMAT) was used to appraise included studies. The review adopted a narrative approach to synthesise the findings.; Results: From the initial 8,940 studies identified, 26 met the inclusion criteria, comprising 17 qualitative studies, two quantitative studies, three mixed-methods studies, and four case studies. The study explored patients' and service users' perspectives on their experiences with OD following patient safety incidents. The synthesis highlights five key themes across the included studies: timeliness of disclosure, quality of communication, addressing patient and family support needs, organisational arrangements for the OD process, and viewing OD as a forward-looking conversation.; Conclusions: While explicit open disclosure policies are common in healthcare, routine assessments of patient and family experiences remain infrequent. Patients and families, as service users, perceive safety incidents differently from healthcare providers and hold specific expectations. They emphasise the importance of transparent, ongoing communication, emotional support, and active involvement in post-

incident evaluations, considering OD vital for building trust and achieving resolution after adverse events.; Competing Interests: Declarations. Ethics approval and consent to participate: Ethics approval not relevant for the systematic report. Consent for publication: Not applicable. Competing interests: The authors declare no competing interests. (© 2025. The Author(s).)

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### **17. A latent class analysis of technology-facilitated sexual violence: Associations to other victimizations, psychiatric symptoms, and gender**

**Authors:** Rindestig, Frida Carlberg;Gådin, Katja Gillander;Jonsson, Linda;Svedin, Carl-Göran;Landberg, Åsa and Dennhag, Inga

**Publication Date:** 2025

**Journal:** Child Abuse & Neglect 161, pp. 107309

**Abstract:** Background: Poly-victimization research has shown the cumulative detrimental effects of violence exposure on mental health. Latent Class Analysis (LCA) of victimization is a growing research field uncovering specific combinations of violence exposures particularly negative to mental health. Despite a growing concern of technology-facilitated violence (TFSV), it is scarcely included in LCA studies.; Objectives: Investigating victimization typologies that includes technology facilitated sexual violence.; Participants and Setting: Cross-sectional survey data from a representative sample of Swedish young people in the age range of 16-23 (N = 3243, mean age = 18.20, SD = 0.61).; Methods: A Latent Class Analysis was conducted using the package PoLCA in R. A model with three classes was deemed to best fit the data.; Results: Class 1 (sexual polyvictimization, 10.1 %) had high probabilities of all forms of sexual violence including TFSV and the highest proportion of psychiatric diagnosis (45.2 %). This class consisted of mostly girls. Class 2 (child abuse polyvictimization, 14.8 %) was characterized by high probabilities of physical and psychological child abuse and had an even gender distribution. 30.6 % of this class endorsed having a psychiatric diagnosis. Class 3 (75.1 %) was a low victimization/normative subgroup with an even gender distribution and a low (12.8 %) frequency of psychiatric diagnosis. Class 1 exhibited the highest levels of psychiatric symptoms.; Conclusions: Prevention efforts targeted against TFSV should consider the whole web of violence that some young people are situated in. Since TFSV seems to be connected to psychiatric symptoms and diagnosis, Child- and Adolescent Psychiatric services should pay more attention to this type of violence among their young patients.; Competing Interests: Declaration of competing interest The authors have no conflicts of interest or financial disclosures to report. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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### **18. Are Virtual Fracture Clinics really "safe"? - An evaluation of the capability of a District General Hospital Virtual Fracture Clinic pathway to detect safeguarding issues.**

**Authors:** Smitheman, Matthew;Heylen, Joseph;Duke, Kathryn;Western, Katy;Keightley, Andrew and Dinneen, Alexander

**Publication Date:** Apr ,2025

**Journal:** Journal of Clinical Orthopaedics & Trauma 63, pp. 102907

**Abstract:** Background: Virtual Fracture Clinics (VFCs) have been widely reported as "safe" in the literature. This is due to exceptionally low rates of missed or incorrect diagnoses and safe management of conditions. However, there has been minimal discussion about the ability of VFCs to identify safeguarding issues. Methods: All referrals to the Unit's VFC in December 2022 were reviewed. n = 397. Each referral was reviewed to identify diagnosis, outcome, suspicion of safeguarding, type of healthcare professional referring and whether the specific safeguarding "check box" had been completed. Allied healthcare professionals (AHPs) involved in the VFC were invited to complete a questionnaire to determine their level of training and confidence in managing safeguarding issues. Results: Review of the VFC referrals showed most were from advanced nurse practitioners. 55 % of referrers did not engage with the specific safeguarding section on the referral. Of these 13 cases were suspicious for a safeguarding issue, of which 3 were subsequently not seen in a fracture clinic: 2 triaged to physiotherapy, 1 discharged. These could represent missed safeguarding opportunities. Review of questionnaire response showed that 86 % of respondents were up to date with mandatory safeguarding training. On average respondents felt "confident" managing safeguarding. However, the majority felt they wanted more teaching on safeguarding. Conclusion: Whilst VFCs have been deemed "safe" with regards to fracture management, they may not be "safe" with regards to identification of safeguarding issues. This project demonstrates the main issues are poor quality referrals and the missed opportunity for a healthcare professional, appropriately trained in safeguarding, to assess the patient face to face. Crown Copyright © 2025 All rights are reserved, including those for text and data mining, AI training, and similar technologies.

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## 19. Unstable foundations: the complaint system and the duty of candour

**Authors:** Tingle, John

**Publication Date:** 2025

**Journal:** British Journal of Nursing (Mark Allen Publishing) 34(4), pp. 258–259

**Abstract:** John Tingle, Associate Professor, Birmingham Law School, University of Birmingham, discusses some recent reports on the NHS complaints system and the statutory duty of candour.

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## 20. Parents' experiences of parent training after reported child abuse: A qualitative study

**Authors:** van Leuven, Livia; Västhaagen, Maja; Forster, Martin and Lindberg, Lene

**Publication Date:** 2025

**Journal:** Child Abuse & Neglect 161, pp. 107252

**Abstract:** Background: Parenting programs can be effective for preventing child maltreatment, though effects are often modest, and motivating parents reported for abuse to participate in

programs remains a challenge. Understanding parents' experiences can provide valuable insights into fostering parental motivation and improving programs.; Objective: This study aimed to gain a deeper understanding of parents' experiences of participating in Safer Kids, a parenting program routinely delivered in Sweden to parents reported for child abuse.; Participants and Setting: Fifteen parents from a randomized controlled trial of Safer Kids were interviewed. The participants had children aged 2-12 years old and had been reported to Swedish child welfare services for physical or emotional child abuse.; Methods: Semi-structured interviews were conducted, and data were analyzed using reflexive thematic analysis.; Results: Four key-themes were generated: mindful parenting, which describes that parents reported improved presence in daily life and perspective-taking; confidence facing challenges, describing participants' capacity to remain calm and to regulate their children's emotions; enjoying the relationship, describing parents' experiences of a stronger, more enjoyable parent-child relationship; and a desire to improve parenting competence, highlighting parents' motivation to enhance their parenting skills, which appeared to be a reason for participation.; Conclusions: Parents reflected positively on their experiences with Safer Kids and described several improvements to their parenting after the program. A central finding was that enhancing the ability to focus on the present moment seemed crucial for improving emotional regulation and the parent-child relationship quality.; Competing Interests: Declaration of competing interest The authors declare no conflicts of interest. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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## **21. Workplace experiences of nurses in their role as child abuse and neglect mandated reporters**

**Authors:** Winquist, Anna;Burduli, Ekaterina;Eddy, Linda L.;Giardino, Tullamora Landis;Fraser, Jennifer and Leiker, Celestina Barbosa

**Publication Date:** 2025

**Journal:** Child Abuse & Neglect 161, pp. 107250

**Abstract:** Background: Nurses are mandated to report child abuse and neglect (CAN) cases; however, nurses may not be fully trained and supported in this role. Creating a workplace environment that actively engages and supports nurses is crucial for optimizing their effectiveness in fulfilling their reporting responsibilities.; Objective: This study explored the experiences of nurses reporting child abuse and neglect in the workplace and highlighted the barriers and facilitators of nurses in this role.; Participants and Setting: Recruitment took place primarily in the Pacific Northwest of the United States. This study reports on the qualitative responses provided by a subset (34-47 %) of the 166 respondents to the parent online survey.; Methods: Nurses responded to three prompts: 1) what went well, 2) what did not go well, and 3) what would support them in the role as mandated reporters. A reflexive thematic analysis was chosen to offer rich interpretation of meaning, in-depth understanding, and patterned meaning of responses.; Findings: Of 166 respondents, 25 % (n = 42) answered the three questions. The themes and subthemes captured conceptual patterns of meaning on how to support nurses in the workplace as mandated reporters. Central organizing concepts included interprofessional collaboration, transparent protocols, responsive child welfare services, ongoing CAN education, and acknowledgment of the nurse-patient relationship.; Conclusions: This study offered insights into the workplace experiences of nurses acting as CAN mandated

reporters. These barriers and facilitators can be addressed to produce better prepared and confident CAN nurse reporters.; Competing Interests: Declaration of competing interest None. (Copyright © 2025 Elsevier Ltd. All rights reserved.)

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## 22. Severe Spinal Cord Injury in an Abused Infant: Case Report

**Authors:** Correia, Beatriz P. B.;Barreto, Carolina M. L.;Gomes Filho, Fábio J. S.;Kummer, Laís L. M.;De Souza, Jacks A. T. and Da Silva, Aldo J. F.

**Publication Date:** Apr ,2024

**Journal:** Journal of Pediatric Neurosciences 19(2), pp. 72–74

**Abstract:** Abstract: A 1-year-old male child suspected of child abuse. She had a severe fracture-dislocation in the lumbar spine (L1/L2). After surgical treatment, the child evolved well, without sequelae. In the case described, it shows the importance of protecting children against abuse.

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## 23. Assessing guideline adherence and child abuse evaluation in infants with fractures: a retrospective quality control study

**Authors:** Raess, Liliane;Staubli, Georg and Seiler, Michelle

**Publication Date:** 2024

**Journal:** Swiss Medical Weekly 154, pp. 3781

**Abstract:** Aims of the Study: To standardise the assessment of infants with fractures at University Children's Hospital Zurich, a guideline was implemented in February 2021. The aim of this study was to assess adherence to this guideline and to assess changes in management before and after guideline implementation. The primary outcome was the overall adherence rate to the guideline. Additionally, we evaluated specific omissions of guideline steps by clinicians and investigated differences in adherence for infants younger vs older than six months, as well as variations between in- and outpatient care. Secondary outcomes focused on changes in the frequency of involvement of the child protection team, skeletal survey rates and child abuse detection, comparing these rates before and after guideline implementation.; Methods: We conducted a retrospective single-centre quality control study. We included infants younger than 12 months diagnosed with fractures at the emergency department between 1 February 2021 and 31 August 2022. We excluded children with prior bone disease diagnoses and those whose parents did not consent to their children's data being used for research.; Results: A total of 61 emergency department visits of infants with fractures were included in the study. The overall adherence rate to the guideline was 39%. Notably, in 68% of cases where clinicians deviated from the guideline, the primary reason was a missing consultation of the paediatrician or family doctor. Adherence levels were consistent across age groups (under and over six months), but there was a notable discrepancy between inpatient (53%) and outpatient (26%) care settings. Child protection team involvement increased to 54%, twice the rate observed before guideline implementation.; Conclusions: Overall adherence to the guideline was poor, emphasising the necessity for continuous training of

clinicians to raise awareness regarding the differential diagnosis of child abuse. Despite the guideline's implementation leading to a doubled rate of child protection team involvement, there remains a need for improvement. Notably, outpatient care exhibited lower guideline adherence, signalling an area requiring focused attention.

### **Sources Used:**

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

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