Safeguarding

Current Awareness Bulletin

December 2025

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1. **Child Sexual and Physical Abuse, Self-Regulation, and Problematic Sexual Behavior: A Prospective Mediational Model**

Authors: Allen, Brian and Wamser, Rachel

Abstract: Preteen children with problematic sexual behavior (PSB) are a poorly understood group, and etiological examinations typically focus on cross-sectional associations. Using the Longitudinal Studies in Child Abuse and Neglect (n = 1,354) data set, a hypothesized mediational model was tested that examined whether problems with self-regulation at age 6 predicted PSB at age 8 while accounting for the impact of child sexual abuse and/or child physical abuse occurring prior to age 6. Using structural equation modeling, the defined mediational model was largely supported, with both child sexual abuse and physical abuse prior to age 6 predicting problems with self-regulation at age 6, which in turn predicted PSB at age 8. This mediational relationship operated similarly across two different conceptualizations of PSB, one that was general and included a variety of behaviors and one that was restricted only to interpersonally intrusive types of behavior. Early physical abuse continued to predict age 8 PSB after controlling for self-regulation across both models; however, early child sexual abuse continued to predict only intrusive types of behavior. These results are discussed in the context of advancing etiological research and our understanding of PSB among preteen children. Public Significance Statement: This study provides evidence that problems with self-

regulation may mediate the relationship between child abuse and the development of problematic sexual behavior among preteen children. Importantly, this is the first longitudinal, prospective analysis to demonstrate this mechanism. These findings hold important implications for clinical practice.

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2. Effects of parents' knowledge and attitudes about to child sexual abuse on childhood sexual myths

Authors: Aydin Yilmaz, Diler and Erçelik, Zübeyde Ezgi

Publication Date: 2025

Journal: Journal of Pediatric Nursing 86, pp. 60–65

Abstract: Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.; Background: Child sexual abuse is a serious global public health concern. Parents' myths about sexual abuse may cause the abuse or the abuser to be overlooked.; Aim: This study aimed to investigate the role of parents' child sexual abuse-related knowledge and attitudes in predicting childhood sexual abuse myths.; Methods: The study employed a cross-sectional, descriptive design, and the sample consisted of 410 parents. The Information Form and the Parent Form of the Childhood Sexual Abuse Myths Scale (CSAMS) and Child Sexual Abuse Knowledge/Attitude Scale for Parents (CSAKAS) were used for data collection.; Results: In this study, the mean scores obtained from the CSAKAS and CSAMS were 146.93 ± 14.17 and 32.66 ± 12.34, respectively. The only independent variable with CSAKAS explanatory power was the parents' myths about child sexual abuse. In the models created with this variable, the level of parents' myths about childhood sexual abuse explained approximately 38.1 % of the change in the CSAKAS total score.; Conclusion: Parents' knowledge and attitudes about child sexual abuse were a negative predictor of myths about childhood sexual abuse. It is very important for parents to be aware of myths about child sexual abuse and to be conscious of sexual abuse in order to prevent such abuse. It is recommended that parents' knowledge/ attitudes should be improved in order to raise their awareness of child abuse.; Implications to Practice: This study shows that improving parents' knowledge and attitudes towards preventing child sexual abuse can play an important role in improving their myths about child sexual abuse. (Copyright © 2025 Elsevier Inc. All rights reserved.)

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3. Examining Correlates of Child Abuse with Adult Attachment and Sexual Satisfaction Among Adults

Authors: Azam, Areesha;Brown, Cameron C.;Weiser, Dana A.;Soloski, Kristy L.;Smith, Douglas B.;Smalley, Nicole;Swecker, Kaitlyn and Gomes, Ashley

Publication Date: 2025

Journal: Journal of Child Sexual Abuse 34(7), pp. 717–736

Abstract: Millions of children around the globe experience abuse every year, with over a

thousand children dying within the United States in 2020 alone as a result of child abuse. Child abuse can take different shapes, such as physical abuse, emotional abuse, sexual abuse, and neglect, all of which can leave a lasting impact on the victim which can alter their childhood as well as their adulthood. Two aspects of adulthood that can be impacted by childhood abuse that are addressed within this article are attachment style and sexual satisfaction. The purpose of this study was to examine the associations between childhood physical abuse, childhood sexual abuse, adult attachment, and adult sexual satisfaction. This study has accomplished this by using a mediating model with adult attachment as the mediator in a sample of 30,507 partnered adults from a cohort study. Results from the mediation analysis illustrated significant, albeit modest in size, negative links between childhood physical abuse and adult sexual satisfaction through levels of adult attachment insecurity. These results are important as they encourage clinicians to consider the indirect impact events can have on individuals, the importance of considering contextual factors, and thinking systemically when examining the connection between events and concerns our clients present us with. Analyzing and understanding these dynamics can allow clinicians to better support their clients when addressing the impacts of child abuse, insecure adult attachment, and sexual dissatisfaction in adulthood.

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4. **Preparedness for elder abuse detection and response among nursing students: A scoping review**

Authors: Ben Natan, Merav and Hazanov, Yelena

Abstract: To examine research trends on elder abuse education among nursing students by mapping key concepts and exploring strategies to strengthen readiness and response. Elder abuse is a global public health crisis with severe physical, psychological and social consequences. Nursing students, as future frontline professionals, hold a critical role in recognizing and responding to abuse. However, their knowledge, preparedness and role perception require a clearer synthesis to effectively guide education. A scoping review methodology was used to map existing literature. This review followed the PRISMA-ScR checklist and the PCC (Population, Concept, Context) framework. Four electronic databases (CINAHL, MEDLINE, PubMed, PsycINFO) were searched for peer-reviewed studies published between January 2015 and December 2025. Twelve studies from nine countries were analyzed. Knowledge was the most frequently examined domain, while perceived professional role was least addressed. Physical abuse was more commonly recognized than psychological, financial, or neglect-related abuse. Educational interventions such as simulation and lectures were most frequently applied, with simulation showing strong effects on awareness and confidence. In contrast, long-term evaluation of preparedness, reporting behavior and legal-ethical understanding was absent. Recurring gaps across studies included role ambiguity, overestimation of knowledge and limited practical readiness. Elder abuse education in nursing remains fragmented and insufficient to prepare students for clinical response. To bridge awareness and action, curricula must embed experiential learning, legal-ethical frameworks and role clarification. This review introduces the Elder Abuse Readiness Model (EARM) as a framework to support curriculum innovation, strengthen preparedness and safeguard older

adults.

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5. Prevalence and Correlates of the Family Polyvictimization: An Updated Meta-Analysis

Authors: Chan, Ko Ling and Chen, Qiqi

Publication Date: 2025

Abstract: This study aims to (a) provide updated prevalence estimates of family polyvictimization by synthesizing recent literature, (b) examine the effect sizes of how one type of family victimization impacts other types, and (c) investigate correlates of family polyvictimization. Literature databases were searched for publications from May 2018 onward. A total of 49 studies, producing 51 estimates, met the inclusion criteria and were included in this updated analysis, providing a substantial sample size of 543,196 for the general synthesis of effect sizes. Combined with a previous meta-analysis, 89 estimates were included to synthesize overall effect sizes and estimate associations among different types of family victimization and their correlates. Among the 51 new estimates, the event rate of family polyvictimization was 27.0%. When combined with the previous meta-analysis (18.3%), the overall event rate across 89 estimates decreases slightly to 23.1%. This updated meta-analysis includes more studies from continents such as Africa and South America, which consistently report higher rates of polyvictimization. Findings also show that the prevalence of family victimization co-occurrence is higher in clinical samples compared to the general population. The higher prevalence of family victimization co-occurrence in clinical samples highlights the increased likelihood of identifying a second victim in the same family once the first victim comes to the attention of health or social services. The overrepresentation of child polyvictimization and the co-occurrence of intimate partner violence and child abuse suggest that more members from extended families should be included in family violence studies.

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6. Role of the children's nurse in identifying and responding to medical neglect

Authors: Cowen, Emma

Publication Date: 2025

Abstract: Why you should read this article: • To recognise the multifaceted nature of medical neglect, including its causes and consequences for nurses, children and families • To identify the importance of using appropriate tools and safeguarding supervision in improving child protection practices • To be aware of the need for systemic changes and collaborative approaches to improve safeguarding and address barriers. Children's nurses aim to keep children and young people safe and ensure that they are offered high-quality, accessible services and support when needed. However, it is estimated that one in ten children in the UK will experience neglect at some point during their childhood. With reference to the literature, this article critically analyses the complex barriers to effective safeguarding practice that contribute to medical neglect. These include suboptimal communication, not keeping the child

at the focus of care, not being professionally curious and not attempting to understand the child's lived experience. The article explains the statutory guidance on safeguarding and the importance of using appropriate tools and safeguarding supervision in supporting nurses to work with vulnerable families. Nurses can improve the lives of children and young people in their care by adopting creative, holistic approaches to concerns raised, while not jeopardising the therapeutic relationship and losing open, honest access and communication between the family and nurse. The author explores the idea that a shift from attempting to control the child and family, and instead working collaboratively with them, can help reduce the incidence of medical neglect.

7. Experiences of supporting primary and community healthcare workers affected by domestic abuse in the United Kingdom: A cross-sectional survey

Authors: Dheensa, Sandi;Feder, Gene;Mallen, Christian and Gregory, Alison

Publication Date: 2025

Journal: The European Journal of General Practice 31(1), pp. 2571600

Abstract: Background: Healthcare workers are expected to identify and respond to domestic abuse among patients. However, research has neglected healthcare workers' own experiences of domestic abuse.; Objectives: Focusing on UK primary and community healthcare workers with formal support roles (e.g. line managers, human resources, employee assistance professionals), this exploratory study aimed to illustrate workplace support offered to healthcare colleagues affected by domestic abuse.; Method: We used an online cross-sectional survey with closed and qualitative free-text questions, advertised via mailing lists and social media, targeting healthcare workers. Our mixed methods embedded design involved quantitative descriptive analysis with content analysis of qualitative free text to explain and interrogate results.; Results: Sixty-two people in healthcare roles supporting colleagues responded, mostly from community hospitals, dentistry, and general practice. Few workplaces had staff domestic abuse policies. Support measures were limited. Emotional support, signposting, and adjusted working hours were the most common types of support available. Training on supporting affected colleagues was rare. Few environments had specialist domestic abuse advocates who supported staff. Along with needing policies, training, and in-house support, respondents indicated a need for a cultural shift to address myths about domestic abuse and hierarchical power, particularly regarding healthcare workers who perpetrate abuse.; Conclusion: Despite several limitations, including substantial missing data, our work highlights that primary and community healthcare workplaces should explore the implementation of practical and emotional support measures; healthcare-based domestic abuse advocates with staff support; and training on supporting colleagues. Further pan-European comparative research should surface good practice and foster cross-learning.

8. Implementation of a Child Maltreatment Screening Tool in the Prehospital Setting

Authors: Ferguson, Makenzie;Brukman, Shelley;Zaky, Kim;Lara, Bryan A.;Knudsen-Robbins, Chloe;Amaya, Carolina;Shelton, Shelby K. and Heyming, Theodore

Publication Date: 2025

Abstract: Objectives: Emergency medical services (EMS) clinicians are in a unique position to screen for child maltreatment as they are often the first point of contact with the health care system and they may encounter children in their home environment. However, EMS training regarding the signs of child maltreatment is lacking. Although several child maltreatment screening tools have been developed for the primary care and emergency department (ED) settings, there appears to be no published literature describing or evaluating a prehospital screening aid. The objective of this study was to develop, implement, and examine the effectiveness and acceptability of a prehospital child maltreatment screening tool. Methods: We completed a mixed methods qualitative and quantitative study, with data collection spanning June 2021–June 2022. We developed a child maltreatment screening tool "Shield" for the prehospital setting by adapting Pittsburgh Child Abuse Screening Tool (P-CAST), a screening tool developed at the University of Pittsburgh for use in the ED. Shield was integrated into the EMS electronic patient care report (ePCR) for three participating fire agencies. Data, including demographics, ED evaluation, and outcomes, were collected for patients who underwent Shield evaluation. The EMS clinicians completed self-assessment surveys and participated in focus groups to provide feedback on their experience using Shield. Results: Participating EMS agencies evaluated 1,054 eligible patients (children <15 years old) during the study period, June 2021–June 2022. Of these, Shield screenings were initiated on 948 patients and completed on 753. Among all patients for whom a Shield evaluation was started, 32 (3.4%) screened positive for findings and/or histories concerning for possible maltreatment. Of these, 20 patients were transported to the primary study institution; in the ED 10 patients underwent additional child maltreatment evaluation. Pre-implementation surveys suggested a majority (77.2%) of EMS clinicians desired a child abuse screening tool integrated into the ePCR and post-implementation focus group data demonstrated EMS clinicians found Shield to be well integrated into their ePCR. Conclusions: Shield screens were initiated on nearly 90% of pediatric patients evaluated by EMS during the study period, suggesting that this tool has the potential to help standardize child maltreatment screening in the prehospital setting.

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9. **Medical Child Abuse: A Retrospective Analysis from a Tertiary Pediatric Hospital's Childhood and Adolescent Abuse Group**

Authors: Focardi, Martina;Guerini, Marta;Defraia, Beatrice;Nanni, Laura;Grifoni, Rossella;Castellini, Giovanni;Gualco, Barbara;Bianchi, Ilenia;Pinchi, Vilma and Losi, Stefania

Abstract: Background: Medical child abuse (MCA), previously known as Münchausen syndrome by proxy, involves the fabrication or induction of illness by caregivers-most commonly the mother-leading to unnecessary medical interventions and potential harm to the child.; Methods: This retrospective study analyzed cases of suspected or confirmed MCA managed by the GAIA multidisciplinary team at Meyer Children's Hospital, Florence, between 2010 and 2022. Cases were identified using Rosenberg diagnostic criteria and red flags

outlined by the American Academy of Pediatrics (AAP) and the Royal College of Paediatrics and Child Health (RCPCH). Data were extracted from medical records and analyzed descriptively.; Results: Among 816 cases of child maltreatment, 8 (0.99%) were identified as MCA. The median age of affected children was 5 years (range: 4-12 years), with a female predominance (6/8, 75%). All perpetrators were biological mothers (8/8, 100%). Children had a median of 23 emergency department visits (range: 4-44), with the most frequent presentations being fever (6/8, 75%), minor trauma (7/8, 87.5%), respiratory complaints (5/8, 62.5%), and gastrointestinal symptoms (4/8, 50%). According to Rosenberg criteria, 5 cases (62.5%) were classified as "possible diagnosis," 1 (12.5%) as "definitive diagnosis," 1 (12.5%) as "diagnosis by exclusion," and 1 (12.5%) as "inconclusive."; Conclusions: Despite its low prevalence, MCA poses serious clinical and ethical challenges. Early detection requires thorough documentation, interdisciplinary collaboration, and improved access to shared medical records. The GAIA model offers a replicable framework for effective multidisciplinary management.

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10. Domestic abuse experienced by colleagues: how to help

Authors: Gregory, Alison

Abstract: The article focuses on the high rates of domestic abuse experienced by healthcare workers, particularly nurses and midwives, and emphasizes the critical role of informal supporters, such as colleagues and friends, in helping victim-survivors seek assistance. Research indicates that a significant majority of victim-survivors disclose their experiences to someone they know rather than professionals, highlighting the importance of supportive relationships in encouraging further help-seeking. The article outlines potential signs of domestic abuse that colleagues may notice and provides guidance on how to approach conversations with those who may be affected, emphasizing the need for compassion, active listening, and ongoing support. It also suggests resources for both informal supporters and those seeking help.

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11. Using the Life History Calendar to Examine Victimization, Mental Health, and Seeking and Attaining Help Among Transgender Women: An Example of a Culturally Relevant Adaptation

Authors: Hereth, Jane E.;Kennedy, Angie C.;Garthe, Rachel C.;Durand, Brenna;Morein, Lane;Lunger, Lexy;De Smet, Lucas E.;Thornton, Lukas E.;Blackburn, Allyson M. and Saba, Jessica

Abstract: Transgender women are at increased risk for interpersonal violence victimization, including physical and sexual child abuse and mistreatment, intimate partner violence and

sexual assault, and transgender-related community violence. Experiencing multiple forms of interpersonal victimization is associated with a range of adverse mental health outcomes. Life course approaches such as the life history calendar (LHC) are useful for examining trajectories of victimization and associated mental health outcomes, yet to date this method has not been used to examine transgender women's victimization trajectories. In this paper, we describe adapting the LHC to examine transgender women's experiences of victimization, adverse mental health, help-seeking, and help-attainment (N = 103), and we share participants' feedback on the acceptability of the LHC. First, we engaged in an iterative and collaborative process to adapt existing LHCs used in studies on victimization among cisgender women to ensure relevancy for our sample and then we conducted one-on-one interviews with participants using the adapted LHC. At the end of the interview, participants were asked for feedback about their experience. Responses were transcribed verbatim and coded using open and thematic coding methods. Overwhelmingly participants (97.8%) found the experience to be "positive" (73.0%) or "neutral" (39.3%). Just two participants' responses were coded as only "challenging." Other themes included enjoying the process of using the calendar to reflect on their life events and feeling good about using their stories to help others. The adaptation and findings from our study demonstrate that despite high levels of victimization and trauma and potential difficulty discussing these topics in a research context, transgender women who participated in this study found the LHC interview to be acceptable and, in many cases, positive. Findings can inform future LHC adaptations and research as well as the development of culturally relevant and effective mental health interventions for transgender women.

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12. The intersection of domestic abuse and menopause: a scoping review

Authors: Mann, C.;Hinsliff-Smith, K. and Olewe-Richards, S.

Publication Date: 2025

Journal: BMC Women's Health

Abstract: Competing Interests: Declarations. Ethics approval and consent to participate: N/A. Competing interests: Claire Mann is the CEO of ChangeXtra, a digital menopause support company and creator of the Pausetrack app. Claire works as a researcher for University of Nottingham and University of Warwick. Sally Olewe-Richards is the CEO of Women of Wisdom and Courage® (WOWC) a digital domestic abuse support company, creator of the WOWC app and SHIELD™ trauma recovery programme for DA survivors and facilitates the online, national WOWC support group. Sally was employed as a researcher at DMU and the University of Nottingham.; Background: The interplay between menopause and domestic abuse (DA) presents a complex, under-researched nexus within women's health. Menopause, a significant physiological and psychosocial transition, may be affected by, or contribute to, women's experiences of abuse. This scoping review explores how DA during the perimenopausal and postmenopausal stages, referred to as midlife (ages 40-65) impacts symptom severity, abuse dynamics, and healthcare engagement.; Methods: A scoping review methodology following the JBI Manual for Evidence Synthesis and PRISMA-ScR guidelines. MEDLINE, CINAHL, Web of Science, and EMBASE were searched for English-language peer-reviewed studies exploring the relationship between menopause and DA with no restriction on date range. Inclusion criteria were studies involving women who were perimenopausal or postmenopausal and had experienced DA.; Results: Of 189 unique records screened, 39

studies were included. Cross-sectional studies were most prevalent (n = 16, 41%), followed by cohort studies (n = 9, 23%) qualitative studies (n = 5, 15%) secondary data analysis (n = 3, 8%) and longitudinal studies (n = 2, 5%). There was also one each (n = 1, 2%) of clinical trial, retrospective analysis, case control study and systematic review. Three interconnected themes were identified:(1) a consistent link between experiences of DA and increased severity of menopausal symptoms (n = 34); (2) a tendency for DA to escalate or (re)emerge during midlife and menopause (n = 5); and (3) missed opportunities for DA disclosure within menopause-related healthcare encounters (n = 14). Studies spanned 14 countries, with the majority conducted in the United States (n = 16). No studies from the UK were identified.; Conclusion: For DA survivors there is an increase in menopausal symptoms, with profound effects on their mental, emotional, and physical health. Menopause represents both a potential risk period for DA and an opportunity for healthcare providers to identify abuse. This review highlights the urgent need for trauma-informed, menopause-sensitive healthcare practices, as well as further UK-based research. (© 2025. The Author(s).)

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13. 'They can induce and exacerbate each other' - the complex interplay between domestic abuse and the perimenopause: a qualitative study with female survivors

Authors: Mann, Claire;Hinsliff-Smith, Kathryn and Olewe-Richards, Sally

Publication Date: 2025

Journal: BMC Women's Health

Abstract: Competing Interests: Declarations. Ethics approval and consent to participate: This study was conducted in accordance with the Declaration of Helsinki. Ethical approval for this study was obtained from the University of Nottingham Research Ethics Committee (NUBS REC No.: 202324023). All participants provided written informed consent prior to participation. Consent for publication: Not applicable. Competing interests: Claire Mann, the corresponding author, is the CEO of ChangeXtra, a digital menopause support company and creator of the Pausetrack app. Claire works as a researcher for University of Nottingham and University of Warwick.Sally Olewe-Richards is the CEO of Women of Wisdom and Courage® (WOWC) a digital domestic abuse support company, creator of the WOWC app and SHIELD™ trauma recovery programme for DA survivors and facilitates the online, national WOWC support group. Sally was employed as a researcher at DMU and the University of Nottingham.; Background: Domestic abuse (DA) and perimenopause are each known to profoundly impact women's health, yet their intersection remains largely unexplored. This study reveals how these experiences collide to create unique vulnerabilities and unexpected opportunities for transformation. This qualitative study explores how DA survivors experience perimenopause, examining the complexity and support needs that emerge when these experiences overlap.; Methods: Fifteen DA survivors participated in focus groups (and one individual interview) facilitated by a community leader of a DA survivors group exploring their perimenopause experiences. Data were analysed thematically using the one sheet of paper (OSAP) technique, with a DA survivor community leader (third author) involved throughout to support ethical engagement and participant well-being. Analysis revealed how trauma and hormonal changes interweave to shape help-seeking and survival.; Results: Three interconnected themes emerged: (1) symptom confusion and overlapping conditions - participants struggled to distinguish between trauma responses, hormonal changes, and pre-existing conditions; (2)

weaponisation and empowerment - perpetrators exploited perimenopausal symptoms for coercive control, yet paradoxically, hormonal changes sometimes catalysed women's decisions to leave; (3) barriers and facilitators - system failures drove survivors toward peer support networks that provided validation unavailable from professional services. Participants described heightened anxiety, mood changes, and sleep disturbances intensified by current or past abuse. The weaponisation of perimenopausal symptoms represents a previously unreported form of coercive control. Conversely, some participants described perimenopause as a moment of emotional clarity, contributing to decisions to leave relationships with an abusive partner.; Conclusions: The intersection of DA and perimenopause creates unique vulnerabilities that current UK support systems fail to address. Healthcare providers require training to recognise how trauma and hormonal symptoms can mask or mimic each other. The finding that perimenopause can serve as both a tool of abuse and a catalyst for liberation challenges deficit-focused narratives around both DA and perimenopause. Integrated, trauma-informed approaches are urgently needed across healthcare and support services. (© 2025. The Author(s).)

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14. **Domestic abuse survivors accessing support during peri-menopause: qualitative focus groups with women**

Authors: Mann, Claire;Olewe-Richards, Sally and Hinsliff-Smith, Kathryn

Publication Date: 2025

Journal: BJGP Open

Abstract: Background: Menopause awareness in the UK has increased demand for GP appointments and menopausal hormone therapy (MHT). However, inequalities persist in accessing menopause care, particularly among ethnic minorities, individuals with disabilities, and those experiencing domestic abuse (DA). DA can exacerbate menopause symptoms and create additional barriers to care.; Aim: To explore the experiences and healthcare needs of women navigating both DA and perimenopause, identifying key barriers and opportunities for primary care support.; Design & Setting: A qualitative study involving women from a national DA survivors' group in the UK with experience of peri-menopause.; Method: Semi-structured interviews and focus groups were conducted online with 15 women experiencing perimenopausal symptoms and a history of DA. Data were analysed thematically using the One Sheet of Paper (OSOP) technique and discursive analysis.; Results: Three key themes emerged: (1) Confusion over symptoms, with participants struggling to differentiate menopause symptoms from mental health issues, pre-existing conditions, or DA-related trauma; (1) Confusion over symptoms, (2) Medical avoidance and barriers in accessing support and (3) Mixed experiences in primary care, with some receiving beneficial treatments while others felt dismissed or misdiagnosed, particularly with antidepressants instead of HRT. Participants highlighted missed opportunities for DA disclosure during GP consultations.; Conclusion: The study underscores the need for trauma-informed menopause care in primary care settings. Primary care practitioners should integrate DA screening into menopause consultations and adopt a holistic, patient-centred approach. Further research and training are needed to support tailored interventions for DA survivors experiencing perimenopause. (Copyright © 2025, The Authors.)

15. Predictive Model of Suicidal Ideation Among Children and Adolescents in Pediatric Outpatient Settings

Authors: Ogawa, Yu;Hosozawa, Mariko;Nakamura, Akio;Takei, Hitoshi;Takahashi, Ken;Mochizuki, Shinji;Kusaba, Kanako;Tanaka, Kyoko;Nakazawa, Tomoyuki;Niizuma, Takahiro and Shoji, Hiromichi

Abstract: Competing Interests: Declarations. Competing Interests: The authors declare no competing interests.; Early identification of suicide risk in pediatric outpatient settings is crucial for preventive interventions. This multicenter study aimed to develop a machine learning model to predict self-reported suicidal ideation among children and adolescents aged 7-17 years visiting pediatric outpatient settings. Least Absolute Shrinkage and Selection Operator and logistic regression analysis were used for model development and feature selection. Of 855 patients recruited, 329 were included in the analysis (mean age 11.0 years, 61.7% males). Frequent suicidal ideation (defined as always thinking life is not worth living during the past week) was reported by 20 (6.1%) patients. Based on six items assessing child-rated psychosocial functioning and physical and psychological symptoms, the selected model achieved an Area Under the Curve (AUC) of 0.81 (95% CI: 0.70-0.92). This brief six-item model can help identify children at risk of suicide in pediatric outpatient settings, potentially facilitating timely intervention. (© 2025. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

16. "His brain injury was missed, it led to his death": brain injury case managers' experience of safeguarding

Authors: Parsons, Abigail;Norman, Alyson;Deacon, Joshua;Holloway, Mark and Clark-Wilson, Jo

Abstract: Purpose: Acquired brain injury (ABI) encompasses any injury to the brain that occurs after birth and impacts an estimated two million people in the UK. The invisible deficits associated with ABI can leave individuals at risk from a range of safeguarding issues including abuse, neglect and self-neglect. The purpose of this study is to investigate brain injury case managers (BICMs) experiences of raising safeguarding concerns about clients with ABI with local authority statutory services within the UK. Design/methodology/approach: Sixty-one BICMs responded to a mixed-methods online survey about safeguarding concerns and practice, with a further seven BICMs being interviewed using a semi-structured approach. Qualitative data were combined across the two stages of study and analysed using thematic analysis. Quantitative data were analysed descriptively. Findings: On average BICMs reported 17.72 safeguarding concerns raised about their clients with ABI within the 12-month period prior to data collection. All respondents stated that safeguarding concerns were directly linked

to their clients' cognitive and behavioural impairments. Safeguarding concerns related to psychological, emotional and financial factors. The qualitative data identified a "lack of understanding of ABI", "absence of information sharing and communication", "failure to assess mental capacity" and poor "safeguarding training" within statutory services led to inadequate response to safeguarding concerns. Addressing these factors could lead to "improved client outcomes", such as improved wellbeing and reduced levels of abuse and/ or neglect. Originality/value: This study adds to the increasing volume of literature highlighting the safeguarding issues associated with ABI but is the first to analyse service data pertaining to safeguarding concerns in this area.

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17. Modern Slavery and the United Nations Sustainable Development Goals

Authors: Rami, Falu;Searight, H. R.;Dryjanska, Laura and Hall, Megan C.

Abstract: Cross-national slavery has become increasingly common in today's global economy. There is a notable gap in academic literature focusing on the needs of labour trafficking victims, particularly men and boys, as most research focuses on sex trafficking and females. The article examined modern slavery within the context of the United Nations Sustainable Development Goals (SDGs) framework as a starting point to address the human rights abuses faced by labour trafficking victims. Combating human trafficking is relevant to multiple SDGs, including SDG 3 (health and well-being), SDG 5 (gender equality), SDG 8 (decent work and economic growth), SDG 10 (reducing inequalities between and within countries), and SDG 17 (partnerships and collaborations). Given the adverse mental health impact on trafficking victims, psychologists have a particular interest in advocating for the elimination of trafficking. Addressing labour trafficking requires the involvement of multiple stakeholders, including public and private organizations, civic bodies, governmental and nongovernmental organizations, academia, intergovernmental organizations, and survivors with lived experience. It is also crucial to involve local and global stakeholders who can assist in identifying key policies, prevention strategies, and sustainable and contextually applicable interventions.; L'esclavage transnational est un phénomène de plus en plus répandu dans l'économie mondialisée actuelle. Jusqu'à aujourd'hui, les travaux de recherche se sont principalement penchés sur le trafic sexuel et les femmes qui en sont victimes, de sorte qu'il y a un important manque à gagner dans la recherche sur les besoins des victimes de ce phénomène, en particulier des hommes et des garçons. L'article jette un regard sur l'esclavage moderne en prenant comme point de départ les Objectifs de développement durable (ODD) des Nations Unies afin d'aborder les atteintes aux droits de la personne commises à l'encontre des victimes du travail forcé. La lutte contre la traite de personnes recoupe de nombreux ODD, notamment l'ODD 3 (Bonne santé et bien-être), l'ODD 5 (Égalité entre les sexes), l'ODD 8 (Travail décent et croissance économique), l'ODD 10 (Inégalités réduites) et l'ODD 17 (Partenariats pour la réalisation des objectifs). Compte tenu des répercussions négatives de la traite de personnes sur la santé mentale des personnes qui en sont victimes, les psychologues ont tout intérêt à plaider en faveur de la lutte à ce phénomène. La lutte contre le travail forcé nécessite l'engagement de multiples parties prenantes, notamment des organismes publics et privés, des organismes de la société civile, des

organismes gouvernementaux, non gouvernementaux et intergouvernementaux, ainsi que du milieu universitaire et de survivants qui ont vécu l'expérience de la traite de personnes. Il est tout aussi essentiel de faire intervenir des parties prenantes locales et internationales pouvant contribuer à la définition de politiques et stratégies de prévention, ainsi que d'interventions durables et adaptées au contexte.

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18. Mothers' Violence Experiences and Provision of Emotional Support Following Child Sexual Abuse

Authors: Rancher, Caitlin and Smith, Daniel W.

Publication Date: 2025

Abstract: Emotional support from a non-offending caregiver, often the child's mother, is theorized to help buffer children from the consequences of child sexual abuse (CSA). However, many mothers struggle to provide effective emotional support, suggesting it may be important to assess for factors related to mothers' abilities to support their child. CSA frequently occurs in families that have experienced other types of violence, including intimate partner violence (IPV), and many mothers have their own personal history of child abuse. This research examined the prevalence and influence of mothers' experiences of child abuse and adult interpersonal violence on the provision of emotional support following their child's CSA disclosure. Participants included 120 mothers and their children (aged 7–17) recruited from a children's advocacy center following the disclosure of CSA. Mothers and children completed convergent measures of emotional support. Mothers also completed semi-structured interviews assessing their experiences of adult IPV and child physical abuse and sexual abuse. Most mothers had experienced IPV (68%) and child physical abuse (87%). Nearly half (49%) had experienced CSA. Regression analyses indicated that mothers' experiences of CSA were negatively associated with mother-report of emotional support (partial $\eta2$ =.05); however, mothers' experiences of IPV and child physical abuse were positively associated with child-report of emotional support (IPV, partial $\eta2$ =.06; physical abuse, partial $\eta2$ =.09). The results highlight the importance of assessing for mothers' experiences of violence to best support families receiving services for CSA.

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19. Understanding the Predisposing Factors of Nurse-to-Nurse Horizontal Violence in Hospital Settings: An Integrative Review

Authors: Reguera-Carrasco, Cristina;Santana-Berlanga, Nicia del Rocío and Barrientos-Trigo, Sergio

Publication Date: 2025

Abstract: Introduction: Nurse-to-nurse horizontal violence is a highly prevalent issue in healthcare, significantly affecting nurses' well-being, job satisfaction and professional

performance. Despite its widespread occurrence, it remains largely invisible due to organisational culture, normalisation and underreporting. Recognising and addressing this phenomenon is a priority to improve workplace environments and safeguard both nurses and patient care. Aim: The aim was to synthesise the existing evidence on the main predisposing factors of nurse-to-nurse horizontal violence in a hospital setting. Design: An integrative review. Data Source: Four databases: PubMed, CINAHL, Scopus and Web of Science. Methods: This integrative review followed Whittemore and Knafl's approach and was reported according to SWiM checklist. Database searches occurred from September 2022 to February 2023, including studies published between 2013 and 2023. Articles were screened by title, abstract and full text based on set criteria. Additional articles were identified through backward citation searching. Quality was appraised using Joanna Briggs instruments, and a narrative synthesis summarised the findings. Results: Fifteen articles were reviewed, focusing on nurse-to-nurse horizontal violence. Most studies used the Revised Negative Acts Questionnaire and were rated as 'good quality'. The predisposing factors identified were grouped into three categories: organisational, professional and work related. Conclusion: The findings highlight that the predisposing factors of nurse-to-nurse horizontal violence are multidimensional and interrelated. Addressing this issue requires a comprehensive and coordinated approach that strengthens leadership and implements standardised early detection and measurement tools to develop effective preventive strategies. Implications for the Professional Practice and Patient Care: Horizontal violence promotes disruptive work environments. Management-related issues, professional hierarchies and unhealthy working conditions contribute to its occurrence. Therefore, strengthening leadership, promoting peer support and improving work environments are key to mitigating its impact and enhancing nurse well-being and care quality. Trial Registration: PROSPERO: CRD42023396684

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20. **Disclosing racial trauma in psychological therapy: Exploring the experiences of racially minoritised people in the UK**

Authors: Samuel, Nicole K. S. and Simonds, Laura M.

Publication Date: 2025

Journal: Psychology & Psychotherapy: Theory, Research & Practice 98(4), pp. 859–883

Abstract: Objectives: Exposure to racism is repeatedly experienced by individuals from racially minoritised backgrounds, and has a range of negative emotional, physical and social consequences; however, its traumatising effects are under-recognised. Further, psychological therapists often lack sufficient knowledge, training and confidence to sensitively manage conversations about racism. As this has important implications for the standards of care this population receives, this study explored how racially minoritised clients experience disclosing, or attempting to disclose racial trauma in psychological therapy. Design: The study utilised an online qualitative survey design. Methods: Participants were 28 adults who identified as belonging to minoritised racial groups and had engaged in psychological therapy in the UK. Therapy spanned a range of modalities, and providers included the NHS, private therapists/organisations, charities and university services. Data were analysed using thematic analysis. Results: Three superordinate themes were constructed: The Dangers of Disclosure;Holding the Burden; and Feeling Heard and Held. These demonstrated both the range of potential harms and burdens associated with disclosures of racial trauma in therapy,

and examples of meaningful, validating therapist responses to disclosure. Conclusions: Therapists, regardless of racial heritage, have the potential to both perpetuate harm and provide meaningful support in response to disclosures of racial trauma. Racial reflexivity and education on racism and racial trauma are essential to ethical and antiracist therapeutic practice, and crucial to safeguarding racially minoritised clients from racial harm in therapy. These must be embedded in training, practice and policy for meaningful improvements in racially minoritised clients' experiences of therapy to occur.

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21. Intergenerational transmission of child maltreatment among Black families: A scoping review

Authors: Sawyer, K.;Barriault, S.;Williams, M. T.;Vitoroulis, I. and Racine, N.

Publication Date: 2025

Journal: Child Abuse & Neglect 170, pp. 107746

Abstract: Competing Interests: Declaration of competing interest There are no declarations of interests for this study.; Objective: Exposure to maltreatment, including child abuse and neglect, can be transmitted across generations, perpetuating cycles of trauma. For Black families, the historical and ongoing impacts of slavery and anti-Black racism create a distinct context for understanding the intergenerational transmission of maltreatment. Despite these challenges, there are protective factors within Black communities that may disrupt these cycles. This scoping review addresses a critical gap in the literature by mapping existing research on the intergenerational transmission of child maltreatment among Black families. A model for the intergenerational transmission of maltreatment in Black families is proposed.; Methods: This review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-SCR) guidelines. A search strategy was developed to capture three key concepts: child maltreatment, intergenerational patterns, and Black families. A total of 311 records were identified across three databases: PsycINFO (n = 140), Medline (n = 101), and CINAHL (n = 70). After screening 195 articles based on titles and abstracts, 44 articles underwent full-text review against the inclusion criteria. Ultimately, five studies met the inclusion criteria for analysis.; Results: All five studies focused on Black families in the United States, with no studies meeting the inclusion criteria for Canada. The majority (60 %) were unpublished dissertations and primarily used cross-sectional designs (80 %). Sample sizes ranged from 5 to 398 participants, with a mean of 236, and most samples were characterized by low income (80 %). A range of maltreatment experiences-including physical, sexual, and emotional abuse, as well as neglect-was reported across generations. Identified risk factors for intergenerational maltreatment included a lack of social support, parental mental health challenges, socioeconomic disadvantages, negative childhood relationships, exposure to interpersonal violence, substance abuse, and legal issues. These factors, often compounded by systemic inequities, contribute to the perpetuation of trauma in Black families.; Conclusion: This review highlights the scarcity of research on the intergenerational transmission of maltreatment among Black families. Future research should adopt an anti-racist lens that acknowledges both systemic barriers and the strengths within Black communities. Structural reforms are urgently needed to address racial and socioeconomic inequities that contribute to child maltreatment. Policies should focus on anti-racist child welfare practices, poverty reduction, and enhanced access to resources that

strengthen protective factors and disrupt cycles of intergenerational maltreatment.

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22. Health care professionals' experiences and perceptions of making treatment decisions for older adults with memory loss and comorbid conditions: a qualitative systematic review

Authors: Shapkin, Kimberly;MacKinnon, Karen;Sangster-Gormley, Esther;Zakher, Bernadette;Newton, Lorelei and Holroyd-Leduc, Jayna

Publication Date: 2025

Abstract: Objective: This systematic review aimed to appraise and synthesize evidence about licensed health care professionals' experiences and perceptions of treatment decision-making affecting older people with memory loss and comorbid conditions. Introduction: Treatment decision-making affecting older people with memory loss and comorbid conditions presents significant challenges for health care professionals, as existing clinical practice guidelines and health care services are designed to focus on managing single-disease conditions. The complexity of balancing comorbid conditions, in addition to memory loss, has led to increased research in this area. Given the growing body of literature exploring health care professionals' decision-making, a synthesis of this evidence is needed to provide clearer insights and inform practice. Eligibility criteria: This review considered qualitative studies that explored licensed health care professionals' treatment decisions when providing care for older people (over 65 years) living with memory loss and comorbid conditions. We considered studies conducted across community and clinical settings. Methods: A 3-step search strategy was used in May 2022 to identify published and unpublished studies across CINAHL (EBSCOhost), MEDLINE (EBSCOhost), PsycINFO (EBSCOhost), Scopus, and ProQuest Dissertations and Theses (ProQuest). Additionally, relevant websites were searched using keywords to identify gray literature. Searches covered all available literature from database inception using a combination of controlled vocabulary (MeSH and CINAHL headings) and keywords to capture qualitative studies, with an updated search conducted in June 2023. Two reviewers independently completed the title/abstract and full-text screening, critical appraisal, data extraction, and data synthesis. Findings classified as unequivocal or credible were grouped into categories that were synthesized to generate a comprehensive set of findings. The ConQual approach was applied to assess confidence in qualitative research synthesis. Results: Fourteen studies published between 2006 and 2022 met the eligibility criteria. A total of 76 findings were extracted and grouped into 8 categories. Three synthesized findings were assembled from the findings: i) Health care professionals experience uncertainty and perceive older people with memory loss in ways that influence their treatment decision-making; ii) Communication challenges and contextual factors unique to older persons, families, and health service organizations influence health care professionals' treatment decision-making affecting older people with memory loss and comorbid conditions; and iii) Health care professionals identify processes to support safeguarding older people with memory loss in treatment decision-making. Conclusions: Health care professionals' treatment decision-making practices varied across medical specialties, with similarities spanning clinical settings. Health care professionals were committed to ensuring that older patients with memory loss and

comorbid conditions received treatment to enhance their quality of life while promoting safe and ethical care. However, they held assumptions about these patients' abilities, viewed communication as challenging, and did not always have a clear understanding of patient preferences. This review identified that health care professionals who care for this population require further education. Changes to health care professionals' treatment decision-making are needed to ensure that older people and their family members are actively engaged in the processes of shared decision-making, which will support a person- and family-centered care approach. Review registration: PROSPERO CRD42021271485

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23. A Systematic Review of the Relationship between Economic Inequalities, the Social Gradient and Child Abuse and Neglect

Authors: Skinner, G. C. M.;Hodges, N. and Kennedy, E.

Publication Date: Oct ,2025

Journal: Child & Youth Services 46(4), pp. 811–869

Abstract: An inequality perspective fundamentally shapes our understanding of child abuse and neglect, the goals of policy initiatives, and the necessary courses of action. We conducted a systematic review investigating the relationship between economic inequalities, the social gradient, and child abuse and neglect. Research in several countries consistently demonstrates that children in the most deprived areas are significantly more likely to be involved in child protection services or placed in out-of-home care. The articles in this review underscore that the relationship between economic status, social gradients, and child abuse and neglect is multifaceted and extends beyond a simple dichotomy of poverty.

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24. Improving the Completion of Mental Capacity Act (MCA) Assessments and Deprivation of Liberty Safeguards (DoLS) in Complex Medical Units at the John Radcliffe Hospital

Authors: Soundararajan, Soundarya and Hindmarsh, Alice

Publication Date: 2025

Journal: Cureus 17(10), pp. e94536

Abstract: Competing Interests: Human subjects: All authors have confirmed that this study did not involve human participants or tissue. Animal subjects: All authors have confirmed that this study did not involve animal subjects or tissue. Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: Payment/services info: All authors have declared that no financial support was received from any organization for the submitted work. Financial relationships: All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. Other relationships: All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.; Objective Cognitive disorders can impair decision-making ability in older adults. In patients with cognitive disorders, including cognitive impairment, dementia and delirium, a

mental capacity assessment (MCA) should be undertaken to assess whether a patient can consent to inpatient treatment. If a patient is found not to have capacity, a Deprivation of Liberty Safeguards (DoLS) should be authorised. This audit evaluates whether MCA and DoLS are used appropriately across the four Complex Medical Units (CMUs), which treat multimorbid patients, at the John Radcliffe Hospital. Methods The first and second rounds of assessment were completed on September 26, 2022 (n=65) and December 13, 2022 (n=66), respectively. Inpatients in CMUs aged ≥70 years were assessed for records of Abbreviated Mental Test Score (AMTS) <8, or diagnosis of delirium or cognitive impairment, which may indicate a lack of capacity to consent to inpatient admission. Where these criteria were met, it was assessed whether patients had a mental capacity assessment regarding hospital admission and a DoLS application if found to lack capacity. Results Patient characteristics were similar across the two cycles. In the first cycle, 66.2% (n=43) had AMTS assessment completed. Of the 62 eligible patients, 27.4% had a mental capacity assessment and 17.7% had DoLS in place. Interventions included MCA-DoLS teaching to CMU doctors and a week-long pilot measure in CMU-B to discuss MCA-DoLS during daily board rounds. In the second cycle, 72.7% (n=48) had AMTS assessment completed. Of the 58 eligible patients, 25.9% had a mental capacity assessment and 12.1% had DoLS in place. Conclusion MCA and DoLS protect patient's rights while delivering quality care. Our audit has identified gaps in the current practice. Though educating doctors is effective, further work, including educating the multidisciplinary team, could help achieve higher rates of MCA-DoLS completion. (Copyright © 2025, Soundararajan et al.)

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25. Difficulties in determining the diagnostic accuracy of an instrument to verify suspected sexual abuse in young children: 'autopsy' of the PICAS study

Authors: van Ham, Kirsten;Brilleslijper-Kater, Sonja;Teeuw, Rian;Bicanic, Iva;van Rijn, Rick;van Goudoever, Hans and van der Lee, Johanna,H.

Abstract: Competing Interests: Competing interests: None declared.; Background: Currently, no validated instruments exist for professionals to verify suspected sexual abuse in young children. The aim of the Picture Instrument for Child Sexual Abuse Screening study was to evaluate the diagnostic accuracy of the Sexual Knowledge Picture Instrument (SKPI) in identifying young victims of child sexual abuse (CSA) based on assessments of non-verbal reactions and verbal disclosures.; Methods: Over a 5-year period, 155 children 3-9 years of age were enrolled: 65 children with a suspected history of CSA and 90 without. In line with the study protocol, 50 confirmed cases were expected, but none could be verified. All children underwent SKPI interviews conducted by trained interviewers. Independent conclusions from the Dutch Child Abuse Counselling and Reporting Center (CACRC) and the Dutch National Police Vice Squad, obtained 6 months post-interview, served as the reference standard.; Results: No children from the control group were reported to the CACRC or police. For only 27 of the 65 suspected cases, a reference standard outcome was available, confirming CSA in six children.; Conclusion: Due to the absence of a reliable reference standard, the diagnostic accuracy of the SKPI could not be determined. Beyond organisational challenges and stricter data protection laws, the gap between medical diagnostics, child protection and law

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26. Perceived Uncontrollability as a Potential Mechanism of Parental Child Abuse Predicting Executive Dysfunction in Adulthood 18 Years Later: Replication Across Two Studies

Authors: Zainal, Nur Hani;Garthwaite, Benjamin;Rajendra, Sarah Josephine and Van Doren, Natalia

Publication Date: 2025

Journal: Developmental Psychology 61(11), pp. 2082–2096

Abstract: Although it is well-established that child abuse precedes and predicts poorer executive functioning (EF), the potential mechanisms are not well understood. We thus used counterfactual mediation analysis to test how perceived control (lower personal mastery or higher perceived uncontrollability) mediated maternal or paternal child abuse, predicting lower future EF scores. Community adults from two separate samples (N = 3,291 and 2,550 in Samples 1 and 2) completed a retrospective parental child abuse self-report at Time 1 (T1), a trait-level perceived control self-report at T2, and performance EF tests at T3. Time intervals spanned approximately 6 months and 9 years in Samples 1 and 2. Stronger T1 maternal and paternal child abuse consistently predicted higher T2 uncontrollability (Cohen's d = 0.232–1.175), which then predicted lower T3 EF scores (d = −0.411 to −0.244). Higher uncontrollability consistently mediated the effect of higher maternal and paternal child abuse predicting poorer EF scores (d = −0.229 to −0.164). Although mastery mediated the effect of maternal, but not paternal, abuse on future EF in Sample 1, this mediation effect did not survive in Sample 2. Sensitivity analyses testing for nonlinearities and adjusting for age and the predictor–mediator interaction implied similar findings in both samples. Uncontrollability, instead of mastery, might be a key mechanism accounting for the pathway from early-life parental abuse to EF outcomes. Assessing and targeting perceived uncontrollability and EF and harnessing precision medicine approaches in prevention programs and treatments might optimize psychotherapies for individuals exposed to child abuse. Public Significance Statement: The present study highlights the far-reaching public health importance of detecting and decreasing the risk of adverse effects of child abuse on adulthood executive functioning (EF), considering the instrumental role of EF in aging and psychosocial well-being. By emphasizing the salience of perceived uncontrollability as a crucial mediator or potential mechanism, the findings underscore how optimizing psychotherapy entails decreasing uncontrollability to preserve EF abilities among adults exposed to child abuse. Targeted preventive efforts equipping previously abused midlife-to-older adults with optimal coping skills might mitigate the adverse long-term effects of child abuse on EF abilities.

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27. Reflections: Developing a career in child abuse pediatrics

Authors: Nazer, Dena

Publication Date: 2024

Abstract: "Educate to eradicate" was the topic of the grand rounds I presented at Hurley Children's Hospital in 2017. I was invited as the awardee of the American Academy of Pediatrics Leonard P Rome CATCH Visiting Professorship Grant. My main goal at that time was to design and implement a curriculum for medical students, residents, and faculty covering different aspects of child maltreatment. I was driven by the belief that child maltreatment is a public health crisis. I believed that education was crucial to the prevention and identification of child maltreatment and ultimately eradication. Since then, I have focused my efforts locally, nationally and internationally to precisely do that: educate ourselves so we can all eradicate child maltreatment! However, as I educated others, I came to realize that education is not merely curricula and lectures. Education involves collaboration, innovation, advocacy, and mentoring. Education is what has shaped my career and it continues to reflect on my career choices in service and scholarly work. I would like to reflect on my path in child abuse pediatrics as I provide examples of different elements that can shape one's career. As I share examples, my intention is to provide insight and guidance for others who may be interested in pursuing a similar path while making their own choices. I believe that by sharing my experiences, I can help others learn and grow in their own careers. I approach this topic with humility and a desire to teach, rather than to simply highlight and list achievements.

Sources Used:

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

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