

Safeguarding

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April 2026

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1. Parental awareness, knowledge, and attitude about shaken baby syndrome: A cross-sectional study Item Type: Journal Article

Authors: Albeshri, Thekra;Altarqi, Asmaa Abdullah;Alsouri, Mohammed;Alzebali, Abdullah;Almesbahi, Ghadi Hamid;Ali Almalki, Shumukh and Alkhotani, Alaa

Publication Date: 2026

Journal: Surgical Neurology International 17, pp. 95

Abstract:

Background: In shaken baby syndrome (SBS), the brain tissue is caused to move back and forth inside the skull, resulting in bruising and tearing of the brain and leading to irreversible brain damage. Understanding mothers' knowledge and attitudes toward SBS is helpful for the development of effective interventions, such as educational programs, to prevent SBS and its devastating consequences in newborns and infants. As such, the objectives of this study were to investigate parental perceptions and attitudes regarding SBS.; Methods: This study was a cross-sectional, descriptive investigation conducted between June 2024 and March 2025. Utilizing validated electronic questionnaires, the aim of this work was to assess the awareness, knowledge, and attitudes of parents in Saudi Arabia's western region regarding SBS, and to identify the sources and factors linked to SBS information.; Results: A total of 409 parents participated in the study. There was a notable difference in terms of gender ($P = 0.016$), with fewer males exhibiting good awareness of SBS (19.6%) compared to females (36.0%). There was also a significant difference for marital status ($P = 0.048$). Finally, regarding the act of shaking the baby, 117 (43.2%) of those parents with poor SBS awareness admitted to shaking their baby when they cried, whereas 38 (27.5%) of those with good awareness reported the same behavior ($P = 0.006$).; Conclusion: Parents show a low level of awareness and understanding regarding SBS. Incorporating SBS awareness into prenatal education and

public health initiatives could significantly contribute to the prevention of child abuse and its dire repercussions. (Copyright: © 2026 Surgical Neurology International.) Access or request item here:

2. Identifying and selecting outcome measures for the children and families domestic abuse core outcome set Item Type: Journal Article

Authors: Bains, Shivi;Dunk, Elizabeth;Harewell, Jenna;Capelas Barbosa, Estela;Barter, Christine;Fulton, Elaine;Jackson, Yo;Kimber, Melissa;McIntyre, Amanda;Skripkauskaite, Simona;Szilassy, Eszter;Gonidis, Lazaros;Howarth, Emma and Powell, Claire

Publication Date: 2026

Journal: Frontiers in Sociology 11, pp. 1680919

Abstract:

Background: The evidence base for child-focused domestic abuse (DA) interventions is weak. Part of the challenge is that studies measure a range of different outcomes using different outcome measurement instruments (OMI). To address this, a core outcome set (COS) comprising five outcomes was developed. The current study aimed to: (1) identify relevant OMI and assess their quality for three outcomes in the DA-COS (family relationships, feelings of safety, freedom to go about daily life); and (2) reach consensus between participants on acceptable OMI for use in research and practice contexts.; Methods and Results: We carried out a four-stage mixed-methods process to identify, appraise, and reach consensus on relevant tools including targeted, systematic literature searches, participant workshops to define outcome concepts, OMI appraisal of psychometrics and acceptability, and a multi-participant consensus workshop to reach consensus on OMI selection. In total, 239 OMI were initially identified and reduced to 18 through a systematic appraisal process. Following a rating process of acceptability and feasibility, eight OMI were taken to a final consensus workshop which resulted in the identification and provisional recommendation of two subscales from a newly developed tool for family relationships and feelings of safety. No suitable OMI was recommended for freedom to go about daily life.; Discussion: This work is the next step toward the development of a child and family-focused DA-COS, that we hope will enable co-ordinated outcome measurement within and between practice and research. Further work is needed to adapt and evaluate the selected OMI as well as to develop a new tool to measure freedom to go about daily life. Work is needed to support the implementation of the DA-COS, ensure its applicability to families with diverse needs or from underserved communities and to track the benefits and potential harms of its use in this field. (Copyright © 2026 Bains, Dunk, Harewell, Capelas Barbosa, Barter, Fulton, Jackson, Kimber, McIntyre, Skripkauskaite, Szilassy, Gonidis, Howarth and Powell.) Access or request item here:

3. An intervention addressing secondary traumatic stress during a child abuse pediatrics rotation for residents: A qualitative study Item Type: Journal Article

Authors: Bal, Chandandeep;Yeung, Frances;Cho, Romy and Smith, Jennifer N.

Publication Date: 2026

Journal: Child Abuse & Neglect 175, pp. 107984

Abstract:

Background: Secondary Traumatic Stress (STS) refers to the emotional response experienced by individuals caring for those who have experienced trauma. Pediatric residents rotating through Child Abuse Pediatrics (CAP) are vulnerable to STS. This has significant implications on trainee wellbeing and work performance while potentially impacting patient care. To address this, an educational intervention was developed, which included an informational handout and a group session facilitated by a CAP program psychologist. This study explored resident experiences and the impact of the intervention.; **Methods:** A qualitative study using inductive thematic analysis methodology was conducted using in-depth, semi-structured interviews with 12 pediatric residents at the Hospital for Sick Children in Toronto, Canada between April and October 2024. Interviews were analyzed iteratively for themes, and a coding structure was developed. Data collection continued until no new themes were identified, indicating saturation.; **Results:** Pediatrics residents described positive experiences with the intervention during their CAP rotation. The handout was reported to provide foundational knowledge and the psychologist-led session allowed for protected time to process experiences. Residents reported impacts of the intervention, including improved STS knowledge, increased recognition of STS, and feelings of validation. Importantly, residents reported that the knowledge and skills gained from the intervention were widely applicable to other rotations and personal experiences.; **Conclusions:** This study describes a novel intervention that addresses STS during a CAP rotation. Residents reported that this intervention is strongly impactful, fills a gap in residency training programs, and has broader applicability throughout residency training. (Copyright © 2026 Elsevier Ltd. All rights reserved.)

4. An interview with Tim Spencer-Lane: 'perspectives on the development of social care law in relation to adult safeguarding' Item Type: Journal Article

Authors: Brent, Maria and Spencer-Lane, Tim

Publication Date: 2026

Journal: Journal of Adult Protection 28(1), pp. 2–7

Abstract:

Purpose: This study aims to explore the development of law and policy in adult social care and safeguarding adults and to consider how this has shaped contemporary practice and informed the current legal framework. **Design/methodology/approach:** Interview **Findings:** This interview sheds light on the evolution of the law and policy framework that informs safeguarding practice. It highlights the competing imperatives and tensions for government policymakers in finding the balance between maximising an adult at risk's autonomy and ensuring adequate protection for those who need it. The findings identify how different legal statutes can elicit diverse responses from practitioners and consider what may be behind this. The findings also suggest the next steps to improve the legal framework that informs safeguarding adults. **Originality/value:** This is an original interview, as commissioned by Dr Jeremy Dixon (Series Editor).

5. Maternal Depressive Symptoms and Child Injury Risk Item Type: Journal Article

Authors: Bryant, Lindsay A. and Morrongiello, Barbara A.

Publication Date: 2026

Journal: *Maternal & Child Health Journal* 30(1), pp. 79–86

Abstract:

Objective: Unintentional injury poses a health threat to children, and toddlerhood (2 to 4 years) is a particularly vulnerable period. At this stage, parental intervention and monitoring are essential for mitigating injury risk. Maternal depressive symptoms are associated with greater frequency of injuries to young children in the home, however, our understanding of why remains limited. This study examined associations between maternal depressive symptoms and reactions to children's injury-risk behaviors, as well as children's injury rates. Method: The sample comprised 84 mothers of children (24–47 months) and included a broad range of scores for symptoms of depression. Participants provided questionnaire and observational data. Results: Mothers with more elevated depressive symptoms had children who experienced higher injury rates. These mothers showed frequent reactions to intervene when children were engaging in risk behaviors, however, they responded with ineffective strategies (i.e., increased prohibitions, reduced teaching). Conclusion: Mothers having greater depressive symptoms focused more on stopping children's risk behaviors than teaching about safety, and children had higher injury rates. Significance: Maternal depression poses a risk for child injury, but little is known about mothers' safety beliefs and practices. This study (questionnaires, behavioral measures) addressed this issue. Depressive symptoms were associated with more frequent, but less effective, reactions to children's risk taking. Implications for child injury prevention and the supports needed for mothers experiencing depression are discussed.

6. Childhood Instability as a Central Risk Factor for Child Maltreatment: A Scoping Review Item Type: Journal Article

Authors: Chang, Olivia D.; Chang, Yujeong and Chen, Yinqi

Publication Date: 2026

Journal: *Trauma, Violence & Abuse* , pp. 15248380261429956

Abstract:

Experiences of instability and unpredictability within the family context have been demonstrated to augment risk for child abuse and neglect. This scoping review aimed to synthesize and evaluate current evidence of the association between childhood instability and risk for maltreatment. Studies were identified using predetermined search terms and parameters across three electronic databases. Inclusion criteria for this review were peer-reviewed empirical articles, written in English, that conducted statistical analysis of the relationship between instability and child maltreatment. A total of 64 articles were included in the review, the majority of which focused on residential instability (n = 23), followed by economic instability (n = 11) and relational instability (n = 11), housing instability (n = 10), school instability (n = 6), and psychological instability (n = 4). Across over 4 decades of research, our review suggests that childhood instability is a multifaceted construct that is often

associated with elevated exposure to abuse and neglect. In addition, the association between childhood instability and risk for maltreatment was pronounced among younger children. This review underscores the importance of examining childhood instability as a dynamic factor implicated in the etiology of child maltreatment. Integrating the multiple dimensions of childhood instability into a unified conceptual framework may facilitate the development of more precise maltreatment risk models that are both informed by and responsive to the complex and evolving needs of vulnerable families.

7. Multiple trajectories of family adversity and poverty and adolescent self-harm and suicide attempts: findings from the UK Millennium Cohort Study Item Type: Journal Article

Authors: Chen, Yanhua;Black, Michelle;Bennett, Davara;McGovern, Ruth;Sharp, Helen;Rehkopf, David H.;Taylor-Robinson, David and Adjei, Nicholas Kofi

Publication Date: 2026

Journal: Child and Adolescent Psychiatry and Mental Health

Abstract:

Background: Exposure to family adversities including domestic violence, parental mental ill-health, and poverty in childhood increases the risk of self-harm and suicide attempts in adolescents. However, few studies have assessed the influence of clustered family adversity and poverty trajectories throughout childhood on self-harm behaviours and suicide attempts.; Methods: In this population-based longitudinal study, we used data on 9316 children from the UK Millennium Cohort Study. Exposure trajectories of poverty and family adversities were characterised using group-based multi-trajectory models (age 9 months-14 years). Multivariable logistic regression models were used to examine the association of trajectories with self-harm and suicide attempts at age 17. Population-attributable fractions were calculated to quantify the contribution of family adversity and poverty to the outcomes at the country level.; Results: Of 9316 participants, 2087 (22.4%) reported self-harm behaviours and 659 (7.1%) had made a suicide attempt. Compared with children experiencing low poverty and adversity, children in the persistent adversity groups were more likely to report both self-harm and suicide attempts; those exposed to persistent poverty and poor parental mental health were particularly at increased risk of self-harm (OR = 1.71, 95% CI: 1.30-2.24) and suicide attempts (OR = 3.98, 95% CI: 2.76-5.74). Overall, we estimated that about 13.2% of self-harm behaviours and 36.9% of suicide attempts were attributable to persistent family adversities and poverty.; Conclusions: Children growing up with persistent exposure to family adversities and poverty are more likely to harm themselves and attempt suicide, particularly those who experience the combination of persistent poverty and long-term poor parental mental health. Early detection of children at risk and intervention such as anti-poverty approaches to prevent long-lasting adversities are key to alleviating risky behaviours in UK adolescents. (© 2026. The Author(s).)

8. Radiographer's Experience of Encountering Children Suspected of Being Abused

Item Type: Journal Article

Authors: Fridell, K.;Giselsson, M.;Mujagic, A.;Thorman, S.;Zettervall, A. and Moller Christensen, B.

Publication Date: 2026

Journal: Journal of Radiology Nursing 45, pp. N.PAG

Abstract:

Child abuse is a global public health problem. It poses a threat to both physical and psychosocial well-being, resulting in serious consequences for the child, the family, and society. Radiographers are in a unique position to identify children at risk. In clinical practice, they may observe unusual interactions between children and their caregivers during radiographic procedures or identify suspicious injuries on radiographic images. A limited number of studies suggest that there is a lack of knowledge regarding radiographers' experiences in situations where child maltreatment or abuse is suspected. The purpose of this study was to describe radiographers' experiences when performing radiographic procedures on children who are suspected victims of physical abuse. This qualitative study was based on individual, semi-structured interviews with radiographers from radiology departments in central and southern Sweden. Inclusion criteria were radiographers with clinical experience in encounters involving children suspected of being physically abused. The results highlight several emotionally challenging aspects of these encounters, which often present ethical dilemmas. Radiographers reported complex interactions with both children and caregivers, placing significant demands on them to manage their emotions while simultaneously performing high-quality radiographic examinations. Participants described the brief nature of the radiographic encounter, contributing to uncertainty in identifying potential abuse. In conclusion, the findings indicate a need for more education and training for radiographers in this area, particularly during their undergraduate education, to increase their confidence and competence in recognizing and appropriately responding to suspected cases of child abuse. • Radiographers encounters with children and their families in procedures where abuse is suspected. • The study outlines ethical dilemmas that arise in those situations. • Significant need for increased knowledge and shared experiences among radiographers. • A considerable need for psychological support and opportunities for debriefing.

9. The effects of education program provided for healthcare professionals on their levels of knowledge and awareness about child abuse and neglect

Item Type: Journal Article

Authors: Geçdi, Tuba and Tanriverdi, Derya

Publication Date: 2026

Journal: Journal of Pediatric Nursing 87, pp. 330–337

Abstract:

Child abuse and neglect harm children's development and can lead to long-term mental health issues. Challenges such as underreporting and diagnostic difficulties make early detection harder. Healthcare professionals are essential in recognizing and reporting such cases, but

lack of awareness is a major barrier. This study examined the impact of a structured training program on healthcare professionals' knowledge and awareness of child abuse and neglect. A quasi-experimental pretest-posttest control group design was used. Ninety-five healthcare professionals from a city and a university hospital were included. Participants were assigned to experimental and control groups. Data were collected via a Personal Information Form and the Scale for Recognizing the Symptoms and Risks of Child Abuse and Neglect. The experimental group received five weekly 30-min face-to-face training sessions. Both groups initially had moderate knowledge and awareness. Pretest scores showed no significant differences ($p > 0.05$). Post-test results showed a statistically significant improvement in the experimental group's total knowledge and awareness scores related to the signs and risks of child abuse and neglect ($p 0.05$). Structured training programs enhance healthcare professionals' knowledge and awareness of child abuse and neglect. Regular implementation and updates of such programs in healthcare institutions are recommended. This study demonstrates that structured training programmes increase healthcare professionals' knowledge and awareness of child abuse and neglect. Integrating evidence-based and regular programmes into in-service training can strengthen child protection practices by supporting early identification, appropriate reporting and effective intervention. • A structured educational program significantly improved healthcare professionals' knowledge and awareness of child abuse and neglect. • The intervention group showed statistically significant increases in post-test scores compared to both their pretest scores and the control group. • Regular and mandatory training can play a key role in early detection and reporting of child abuse cases. • The study highlights the need for institutional and legal frameworks to support continuous education and intervention strategies. • Education on child abuse-neglect is effective in increasing the healthcare professionals' levels of knowledge and awareness about child abuse-neglect.

10. Leveraging multimodal machine learning for accurate risk identification of intimate partner violence Item Type: Journal Article

Authors: Gu, Jiayi;Carballo, Kimberly Villalobos;Ma, Yu;Bertsimas, Dimitris and Khurana, Bharti

Publication Date: 2026

Journal: Npj Women's Health 4(1), pp. 15

Abstract:

Intimate partner violence (IPV) refers to the abuse from previous or current partners. It is a widespread but underreported public health concern that has a wide range of negative effects on the physical and mental health of those affected. This work presents machine learning models for the early detection of IPV in clinical settings, developed with a dataset of female patients who sought help at a domestic abuse intervention and prevention center of a major hospital in the United States. Utilizing tabular clinical data and unstructured clinical notes, we build single-modality and multimodal models for different data availability scenarios. Our multimodal model can identify patients at risk of IPV with an AUC of 0.88 and years before patients seek help. We validated the model on patients who did not seek help at the intervention center and patients from another hospital in the same integrated network with comparable performance. (© The Author(s) 2026.)

11. Age of first exposure and duration of child physical and sexual abuse-Links to adolescent psychological and somatic health Item Type: Journal Article

Authors: Hafstad, Gertrud Sofie;Sætren, Sjur,S.;Ferschmann, Lia;Myhre, Mia Cathrine and Augusti, Else-Marie

Publication Date: 2026

Journal: Child Abuse & Neglect 174, pp. 107942

Abstract:

Background: Child abuse is a well-established predictor of poorer health outcomes. The temporal aspects of child abuse, the timing (developmental stage) and duration (chronicity), however, remain understudied.; Objective: To examine the association between 1) the timing of first exposure to abuse; 2) duration of childhood abuse; 3) the interaction between timing and duration, and the level of psychological distress and somatic health complaints in adolescence.; Methods: Data was drawn from the Norwegian Youth Study on Child Maltreatment (The UEVO study), a nationwide youth survey in Norway with 9240 respondents between the age of 12 and 16 years. Questionnaires were administered digitally in schools. We used comprehensive assessments of physical and sexual abuse during childhood, including the assessment of timing and duration, as well as established instruments to assess psychological distress (HSCL-10) and somatic health complaints (CSSI-8) in adolescence. Generalized linear models were applied to examine associations between timing and duration of childhood maltreatment and health outcomes.; Results: When timing and duration of the exposure were examined individually, they were both significantly related to more psychological distress and somatic health complaints during adolescence. However, when adjusted for each other, only age at first exposure remained a significant predictor of higher psychological distress and somatic health complaints. The association was robust across most model specifications, including covariates such as age at assessment, immigrant status, gender and perceived family affluence. However, the association was attenuated and no longer statistically significant when additionally adjusting for household mental health problems in sensitivity analyses. There were no significant interactions between the timing and duration of physical violence on any health outcomes. No association was found between either timing or duration of sexual abuse and health outcomes.; Conclusion: Earlier onset of childhood physical abuse was associated with greater psychological distress and somatic health complaints in adolescence, although these associations were attenuated after accounting for household mental health problems, highlighting the importance of developmental timing and family context. (Copyright © 2026. Published by Elsevier Ltd.)

12. Improving the documentation of safeguarding information at triage using the CWILTED tool Item Type: Journal Article

Authors: Hughes, Leah;Barney, Chelsea;Bryant, Emily;Gildenhuy, Christine;Paterson, Kerry and Morphew, Tanya

Publication Date: 2026

Journal: Emergency Nurse 34(2), pp. 17–22

Abstract:

Why you should read this article: • To acknowledge the need for emergency department (ED) staff to be aware of the possibility of safeguarding issues when a child or young person attends the ED • To consider alerting features of potential safeguarding issues in children and young people attending the ED • To enhance your understanding of the CWILTED tool and its use in ED triage. The emergency department (ED) may be the first place where a child and young person who has been subject to abuse or neglect comes into contact with healthcare professionals. CWILTED ('concern', 'witness', 'incident', 'location', 'time', 'escort', 'demeanour') is a tool designed to enhance the quality of information relevant to safeguarding that is documented by triage nurses about children and young people attending the ED. In 2024, CWILTED was introduced at an ED in Dorset, England, following an audit which had shown that there was room for improvement in the documentation of safeguarding information. A second audit was then conducted, which showed that the introduction of the tool had had positive effects. This article reports on the second audit's findings, making comparisons with previous data where possible. It discusses human factors that influence triage and stresses the need to communicate information about a child's ED attendance to the GP to ensure that no safeguarding issues are missed.

13. A Life Worth Sustaining? Bestowed Worth and Pediatric Care Item Type: Journal Article

Authors: Kim, Daniel T. and Yu, Xiang

Publication Date: 2026

Journal: Hastings Center Report 56(2), pp. 30–42

Abstract:

When parents request life-sustaining treatments for children who suffer from profound neurocognitive disabilities or are at the end of life, the typical ethics advice for clinicians is to accommodate the request. It can be unclear what interests such children have, and being unable to assess those interests, a clinician will tend to honor parents' requests to continue treatments if the associated pain can be palliated. But how is the clinician not participating in using a profoundly vulnerable child merely to satisfy parental interests? In what sense can their actions be experienced as worthwhile? These circumstances can be morally distressing for clinicians, and recent efforts to justify the practice according to a relational potential standard seem problematic. We therefore propose an alternative meaningfulness standard, which builds on a notion of bestowed worth to explain how a clinician's duty to treat in these cases can be meaningful, and why it need not entail using the child as a mere means.

14. Who Learns What? Sustained Knowledge Retention Six Months after Receiving a School Delivered Violence Awareness Programme Among Primary School Children in the UK Item Type: Journal Article

Authors: Kurdi, Zain;Ozdemir, Ugur;Devaney, John and Stanley, Nicky

Publication Date: 2026

Journal: Child Maltreatment , pp. 10775595261436783

Abstract:

This paper reports findings from a UK-wide evaluation of Speak Out Stay Safe, a manualised child abuse and neglect (CAN) prevention programme delivered by the National Society for the Prevention of Cruelty to Children (NSPCC) to children aged 6-11 years. The study examined which groups benefit most, the immediate impact on children's knowledge of CAN, and the retention of this knowledge and help-seeking attitudes over time. Three survey measures assessed children's understanding of abuse types, readiness to seek help, and perceptions of school culture at baseline, immediately post-intervention, and six months later. Statistical analyses included paired and independent t-tests, MANCOVAs, and Chi-square tests. Children showed significant immediate improvements in identifying neglect, sexual, emotional, and physical abuse, with knowledge largely retained at six months. Older pupils demonstrated the strongest sustained gains, particularly in recognising trusted adults and understanding sexual and emotional abuse. Girls showed significantly higher awareness and differentiation across abuse types, especially those with lower initial knowledge. Future prevention programmes should focus in depth on the concept of neglect and sexual violence in particular as these were areas where children's knowledge was lower, especially among boys and those in more deprived school settings.

15. Doubt regarding abuse-related appraisals and identification with the aggressor as predictors of complex PTSD in female child abuse survivors Item Type: Journal Article

Authors: Lahav, Yael;Cloitre, Marylene;Shevlin, Mark;Ben-Ezra, Menachem and Karatzias, Thanos

Publication Date: 2026

Journal: European Journal of Psychotraumatology 17(1), pp. 2629213

Abstract:

Background: Child abuse (CA) is a significant risk factor for trauma-related psychopathology, with potential outcomes that extend beyond posttraumatic stress disorder (PTSD) to include complex PTSD (CPTSD)-a condition characterized by disturbances in self-organization (DSO). This trauma can also lead to identification with the aggressor (IWA), where survivors internalize the perpetrator's beliefs, perspectives, and behaviors, as well as doubt regarding abuse-related appraisals (DARA), which reflects uncertainty in interpreting aspects of the abuse. Although IWA and DARA have been proposed as potential contributors to trauma-related symptomatology, their predictive roles have not been empirically examined. Objective: This two-wave study explored the implications of IWA and DARA for subsequent PTSD and DSO symptoms. Method: The current study was conducted among 273 adult female CA survivors, aged 18-53 (M = 33.01, SD = 9.78). Participants completed online self-report measures assessing IWA and DARA at the first measurement (T1) and PTSD and DSO symptoms at two time points (T1 and T2). Results: The results revealed positive associations between IWA and DARA at T1 and PTSD and DSO symptoms at T2. Analyses further indicated that the IWA component, which involves the replacement of one's agency with that of the perpetrator at T1, predicted variance in PTSD and DSO at T2 (ES = 0.15 and 0.15, respectively). Additionally, the DARA component, which reflects doubt regarding the abuse at T1, predicted variance in DSO symptoms at T2 (ES = 0.17). These effects remained significant even after accounting for polyvictimization, PTSD, and DSO at T1. Conclusions: IWA and DARA may be important psychological factors contributing to survivors' vulnerability to trauma-related psychopathology.

16. Maternal Deaths Due to Suicide, Accidental Poisoning and Undetermined Intent Within 5 Years Following Childbirth: A Population-Based Study Item Type: Journal Article

Authors: Makarios, Louise;Oei, Ju Lee;Page, Andrew;Hossain, Sadia;Dronavalli, Mithilesh;Uebel, Hannah;Lee, Evelyn;Dickson, Michelle;Burns, Lucinda;Bajuk, Barbara;Eastwood, John and Munasinghe, Sithum

Publication Date: 2026

Journal: BJOG : An International Journal of Obstetrics and Gynaecology

Abstract:

Objectives: Investigate the incidence of maternal deaths by suicide, accidental poisoning and undetermined intent within 5 years following childbirth.; Design: Linked population-level data.; Setting: New South Wales, Australia.; Population: All women who gave birth from 2002 to 2020.; Methods: Sociodemographic characteristics, diagnostic and healthcare use were compared between deceased mothers and mothers alive for 5 years following childbirth. Relative Risk Ratios (RRRs) were examined using multinomial logistic regression.; Main Outcome Measures: Deaths by suicide, undetermined intent and accidental poisoning.; Results: Five-year death rates per 100 000 live births were 12.87 for suicide, 10.49 for accidental poisoning, 2.30 for undetermined intent and 25.66 for the three causes and remained stable over the study period. Deaths due to the abovementioned causes accounted for 21.75% of all deaths within 5 years after live birth, slightly increased as a proportion of all deaths compared to the early period, between 2002 and 2009. Compared to mothers who were alive 5 years postpartum, mothers who died by suicide, accidental poisoning and undetermined intent were more likely to be younger (age ≤ 24) (25% vs. 9%), Australian born (80+% vs. 65%), and identify as First Nations background (12+% vs. 2.3%). The RRRs were significantly higher for alcohol (ranged 15-27), substance use (ranged 12-69), mental health (ranged 9.5-14) and self-harm (ranged 20-34), related hospitalisations among mothers who died by suicide, accidental poisoning and undetermined intent compared to mothers alive for 5 years.; Conclusion: Suicide, undetermined intent and accidental poisoning accounted for more than one in every five maternal deaths within 5 years postpartum. (© 2026 The Author(s). BJOG: An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd.)

17. Burnout in healthcare professionals Item Type: Journal Article

Authors: Maluleka, Mmaphefo M.;Bulo, Felicity N.;Nair, Arun and von Pressentin, Klaus B.

Publication Date: 2026

Journal: South African Family Practice 68(1), pp. 1–5

Abstract:

Burnout is a work-related syndrome recognised by the World Health Organization and included in the International Classification of Diseases 11th revision (ICD-11) as resulting from chronic workplace stress that has not been successfully managed. Characterised by emotional exhaustion, depersonalisation, and a reduced sense of professional accomplishment, it predominantly affects healthcare professionals exposed to sustained emotional and

organisational demands at the workplace. Global evidence indicates that nearly half of practising clinicians experience burnout, with higher prevalence in emergency medicine, anaesthesiology, surgical subspecialties, radiology, internal medicine, family medicine and primary healthcare, as well as among registrars and students. Burnout is a syndrome that is closely associated with other mental health conditions, such as depression, anxiety, substance use, and increased suicide risk, while compromising patient safety through elevated rates of diagnostic and medication errors. Contributing factors include excessive workloads, administrative burden, limited autonomy, poor work-life balance, and misalignment of personal and institutional values. Effective management requires a dual focus: individual strategies such as mindfulness, exercise, and stress-management programmes, and organisational reforms including workload optimisation, streamlining electronic documentation, leadership development, and value alignment. When recognised early and addressed comprehensively, burnout is reversible with improved clinician well-being and enhanced patient outcomes. A coordinated response from healthcare institutions, professional councils, and policymakers is essential to safeguard the workforce and sustain high-quality health services. This article aims to provide readers with evidence-based strategies to help themselves or to support a colleague who may be experiencing burnout.

18. Childhood sexual abuse and bullying victimization: National, regional and global trend analysis from global burden of disease data 1990-2021 Item Type: Journal Article

Authors: Maqsood, Kaleem;Saeed, Azeem;Fatima, Mahnoor;Quddoos, Abdul;Haseeb, Bakhtawar and Li, Yongze

Publication Date: 2026

Journal: Child Abuse & Neglect 175, pp. 107982

Abstract:

Background: Child sexual abuse (CSA) and bullying victimization (BV) are major public health concerns globally, with long term psychological and social consequences for children.; Objective: This study will analyse the global trend of CSA and BV from 1990 to 2021. Summary exposure values (SEV) from Global Burden of Disease (GBD) study data to find national, regional and global trends.; Participants and Setting: Global SEV (per 100,000 population) data for CSA, BV, and their combined effects were analyzed from GBD 1990 to 2021.; Methods: An estimated annual percentage change (EAPC) was calculated using a linear regression model. Gender-wise comparisons were conducted to assess disparities between males and females.; Results: Globally, the Age-Standardized rate (ASR) for BV in 2021 was 7.96, for CSA 6.32, and Child sexual abuse and bullying (CSAB) 8.05 was observed. The 2021 ASR of BV was regionally highest in Asia at 8.45, CSA and CSAB in Africa at 9.13 and 9.23, respectively. At the national level, ASR of 2021 for BV was highest in Egypt at 16.96, CSA in Nigeria at 20.62 and CSAB in Bhutan at 13.70. Males consistently exhibited higher SEV ASR compared to females across all categories.; Conclusions: The global burden of child abuse has shown increasing trends over the last three decades. Despite variations, gender disparities persist, with males consistently experiencing higher exposure. The results of this study highlight the need for policy interventions, preventive measures, and targeted support programs to address these issues. (Copyright © 2026 Elsevier Ltd. All rights reserved.)

19. From tragedy to best practice: male domestic abuse Item Type: Journal Article

Authors: McShane, Dean and Curran, Lee

Publication Date: 2026

Journal: British Journal of Nursing 35(6), pp. 298–299

Abstract:

The article focuses on the increasing recognition of men as victims of domestic abuse in England and Wales, highlighting that approximately 1.5 million men reported abuse in 2024/2025, yet male victimhood remains underacknowledged due to gender stereotypes and limited support services. It details the establishment of the Paul Lavelle Foundation, a charity providing trauma-informed support specifically for male survivors, and notes the significant funding disparity compared to women's domestic abuse charities. The article also discusses the lack of a dedicated health strategy for men and boys in the UK, ongoing legislative efforts to address this gap, and the limited awareness among nurses regarding male victims, emphasizing the need for improved training and inclusive healthcare practices. Efforts such as the Making Every Contact Count (MECC) training and specialized programs by organizations like Respect aim to enhance healthcare professionals' ability to support male survivors effectively. Access or request item here:

20. Impact of a police safeguarding program on reducing dementia-related missing incidents in the United Kingdom. Item Type: Journal Article

Authors: Morrissey, Sol;King, Stuart;Au-Yeung, Ben and Hornberger, Michael

Publication Date: 2026

Journal: Innovation in Aging 10(3), pp. igaf132

Abstract:

Background and Objectives: People living with dementia are at increased risk of missing episodes, which can have serious safety consequences for the individual as well as increasing burden for families, emergency services, and care services. A UK police safeguarding scheme was developed in response to reduce the risk of missing incidents through proactive risk management and early intervention. This study evaluates whether the safeguarding scheme effectively reduces the risk of missing incidents for individuals taking part in the scheme. **Research Design and Methods:** We conducted a retrospective cohort study using a police database of 846 individuals living with dementia taking part in the safeguarding scheme. Descriptive statistics and proportion comparisons were used to evaluate changes in missing incident characteristics before and after joining the scheme, stratified by risk level and dementia subtype. **Results:** We found that there were fewer missing incidents and fewer individuals with a recorded missing episode after joining the safeguarding scheme. Individuals with first missing incidents occurring after joining the scheme were found significantly faster (2.73 hours) than those with a first incident occurring before joining the scheme (5.39 hours). Among those identified as high-risk individuals with a previous missing incident-81.21% did not go missing again after participating in the scheme. Individuals with Alzheimer's disease were more likely to go missing after taking part in the safeguarding scheme than those with vascular dementia. While individuals with a history of missing incidents remained at higher risk, the

majority did not go missing again after joining the scheme. Discussion and Implications: Overall, the safeguarding scheme was effective in reducing the rate of missing incidents among people with dementia. These findings promote the proactive use of police safeguarding programs and suggest that widespread implementation could improve safety and independence for people living with dementia. Copyright © The Author(s) 2026. Published by Oxford University Press on behalf of the Gerontological Society of America.

21. Unconscious Bias Influence on the Identification of Child Abuse Item Type: Journal Article

Authors: Normandin, Patricia A.

Publication Date: 2026

Journal: Journal of Emergency Nursing 52(2), pp. 297–300

Abstract:

The urgency of this article is to underscore the pressing need to address the inequities and biases in child abuse reporting by health care professionals, including emergency nurses. Child abuse is a pervasive issue that crosses all countries, cultures, races, and socioeconomic groups. A lack of standardized protocols in most health care systems leaves children and their families vulnerable to the unconscious biases of health care professionals during emergency care. The implementation of standardized protocols is crucial to ensure unbiased, family-centered care and facilitate discussions about whether bias is affecting health care professionals' decision making. Traditionally, it is at the discretion of the provider to report child abuse if a child is seen in the emergency department with injuries or other signs of mistreatment. Health care professionals may not have protocols to evaluate for child abuse. Without well-defined protocols, health care professionals are left to their own judgment about whether to make a report to child protective services. This can result in children who are not safe at home being discharged home from the hospital. These children, who were not identified owing to the health care professionals' beliefs, may later return with sentinel child abuse injuries. Alternatively, clinician bias could lead to children who are not being abused or mistreated being referred for further evaluation. (Copyright © 2025 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.)

22. Adolescent Perspectives on Commercial Sexual Exploitation of Children Prevention Programming: What do Prevention Developers Need to Know? Item Type: Journal Article

Authors: O'Brien, Jennifer,E.;Voller, Vanessa;Jones, Lisa;Makena, Aneesha and Martin, Lauren J.

Publication Date: 2026

Journal: Journal of Child Sexual Abuse , pp. 1–21

Abstract:

The commercial sexual exploitation of children (CSEC) is confirmed across all racial and ethnic identities, socioeconomic statuses, geographic regions, and backgrounds, underscoring

a need for greater general awareness of the crime and the many trajectories of abuse it may encompass. CSEC prevention programs are one suggested method of averting initial or re-victimization of particularly vulnerable children and youth, as well as providing youth who have been exposed to CSEC with needed supports and resources. The current study asked 28 youth (ages 15-18) who had recently participated in the Not a Number (NAN) CSEC prevention education program their perspectives on the most memorable and/or valuable pieces of CSEC prevention programming. Focus groups were held with 28 youths across four focus groups at four sites—two in Texas, and two in Minnesota. Qualitative coding revealed 3 main components of CSEC prevention programming that youth found most valuable: (1) reliability and relevance of curriculum, (b) the importance of digital safety, and (c) engaging and interactive pedagogies. The attributes of program delivery identified as valuable in the study provide insight into the experiences of youth who have participated in CSEC prevention programming, and future programming needs and considerations for program developers aiming to deliver CSEC primary prevention programming to children and youth. Implications for research and practice are discussed.

23. Childhood Maltreatment as Risk Markers for Intimate Partner Sexual Violence: A Meta-Analysis Item Type: Journal Article

Authors: Renken, Noah D.; Spencer, Chelsea M.; Moore, Mariah M. and Zehr, Paul A.

Publication Date: 2026

Journal: Family Process 65(1), pp. 1–14

Abstract:

Intimate partner sexual violence (IPSV) is a devastating yet often overlooked form of violence around the world. Using social learning theory to guide our study, we examined childhood maltreatment risk factors for IPSV victimization and perpetration among men and women. We searched several databases (PsychInfo, Proquest, Sociological Abstracts, Social Service Abstracts, ERIC, and Proquest Dissertation and Theses) to obtain studies for this meta-analysis. Studies were included in the current meta-analysis if they adhered to the following criteria: (a) examined IPSV exclusively, not combined with other IPV forms, (b) examined risk factors associated with childhood maltreatment in relation to IPSV, (c) reported statistical data to be included in meta-analysis, (d) involved adult samples, (e) were written in English, and (f) were published between 2000 and 2025. A total of 34 studies were included in this meta-analysis. Using a random-effects approach, results revealed that several forms of child abuse victimization (i.e., sexual, physical, and emotional) and witnessing parental IPV were identified as significant risk markers of IPSV perpetration and victimization for both men and women. Our findings also revealed that all forms of child abuse victimization were more strongly associated with IPSV perpetration and victimization for women, compared to men. Altogether, this study demonstrates that patterns of violence that are socialized and reinforced in one's family of origin have implications for IPSV in adult intimate relationships. Access or request item here:

24. Examining Attitudes Conducive to Technology-Facilitated Child Sexual Exploitation and Abuse: Evidence From a Representative Multi-Country Study Item Type: Journal Article

Authors: Salter, Michael;Whitten, Tyson;Woodlock, Delanie;Slater, Carleigh;McFeeters, Ashleigh;Lu, Mengyao;Naldrett, Georgia;Tyler, Matt and Fry, Deborah

Publication Date: 2026

Journal: Journal of Interpersonal Violence 41(7), pp. 1600–1623

Abstract:

The development of primary prevention efforts to reduce child sexual abuse before it occurs has been inhibited by a lack of research into the attitudes and beliefs associated with child abuse and maltreatment. This article presents findings from 4,918 men pooled from nationally representative surveys of men in Australia, the United Kingdom and the United States, and presents a latent class analysis of men's attitudes to technology-facilitated child sexual exploitation and abuse, and its relationship with sexual interest in children and/or sexual offending against children. This study identified and described three latent classes of attitudes towards technology-facilitated child sexual exploitation and abuse, identifying significant and meaningful behavioural and demographic differences between the three groups of men. An important finding of this study is that the shift from "normalisation/blame diffusion" (associated with the belief that technology-facilitated child sexual exploitation and abuse is normal and acceptable behaviour) to "denial of abusiveness: and restrictive stereotypes" (associated with denying that abuse is harmful and desired by the child) was associated with greater odds of acting on sexual interest in children. The finding suggests that the moral or ethical quandary posed by sexual interest in children, and the consensus that child sexual abuse is morally wrong, has an important role to play in the prevention of technology-facilitated child sexual exploitation and abuse. Interventions that seek to reinforce attitudes that child sexual abuse is harmful, and the fault of the perpetrator, may prevent at-risk men from offending. From the perspective of secondary prevention, targeting men who hold normalisation and blame diffusion beliefs may assist agencies in identifying offenders earlier in their offending trajectory. The findings also underscore the critically important role of the media and other sources of cultural influence, including the technology sector and entertainment industry, in reinforcing the moral wrong of child sexual abuse.

25. Evaluation of the effect of simulation-based training provided to nurses in the hospital environment on child neglect and abuse: Quasi-experimental research Item Type: Journal Article

Authors: Şancı, Yağmur;Genç, Canan and Kökkız, Rukiye

Publication Date: 2026

Journal: Clinical Simulation in Nursing 112, pp. N.PAG

Abstract:

- Simulation-based training enhances nurses' ability to recognize child abuse.
- Knowledge of physical and behavioral symptoms of abuse increases with simulation.
- Simulation provides a safe and effective method for child-focused nursing education. Child neglect and abuse are

major public health concerns, and nurses play a critical role in early recognition. Simulation-based training is a promising method to strengthen knowledge and preparedness. This quasi-experimental pretest-posttest study was conducted with 20 nurses working in a pediatric emergency unit of a state hospital between March and April 2024. Data were collected using a socio-demographic form and the "Scale for Determining the Knowledge Level of Nurses and Midwives in Diagnosing the Symptoms and Risks of Child Abuse and Neglect." Nurses participated in simulation-based training with a structured scenario, followed by debriefing and posttest. Knowledge scores significantly increased after training, particularly in recognizing physical and behavioral symptoms of abuse. However, improvements were limited in identifying children at higher risk of neglect and abuse. Simulation-based training enhances nurses' knowledge of child abuse recognition and should be integrated into nursing education and in-service programs to improve clinical preparedness. Access or request item here:

26. Does child abuse influence the persistence of suicidal ideation in patients with high suicide risk? Item Type: Journal Article

Authors: Serebriakova, Jana;Forkmann, Thomas;Eimen, Jannik;Omlor, Sonja;Spahn, Cora;Abilgaard, Peer;Frings, Markus;Kudling, Ralf;Kuhn, Jens;Schäfer, Martin;Scherbaum, Norbert;Spangenberg, Lena and Glaesmer, Heide

Publication Date: 2026

Journal: European Journal of Psychotraumatology 17(1), pp. 2639279

Abstract:

Background: Child abuse (CA) is a well-established risk factor for suicidal ideation (SI) and suicidal behaviour (SB). However, only few studies have investigated the impact of CA on the persistence of SI over time. Those existing studies have used varying operationalizations to measure the persistence of SI, leading to inconsistent findings.Objective: The aim of this study is to examine the persistence of SI by integrating prospective ecological momentary assessments (EMAs) with retrospective structured interviews within one clinical sample.Method: Patients admitted to psychiatric hospitals following an acute suicidal crisis (n = 75) or recent suicide attempt (n = 107) were assessed shortly after admission and then, after discharge, engaged in a 3-week EMA (EMA phase 1), followed by a 6-month EMA period (EMA phase 2). SI was measured using the Self-Injurious Thoughts and Behaviors Interview at baseline and via EMA prompts during both phases. Persistence was indicated by the number of episodes and repeated reports of SI. Multiple regression analyses were conducted to examine the influence of CA on the persistence of SI.Results: Retrospective interview data showed that CA predicted the persistence of SI over the year before a suicidal crisis or suicide attempt ($\beta = .22$, $t = 2.67$, $p = .008$). Prospective EMA data indicated that CA was associated with greater persistence of passive SI during EMA phase 1 ($\beta = .20$, $t = 2.19$, $p = .030$) and with higher persistence of active SI in EMA phase 2 ($\beta = .21$, $t = 1.99$, $p = .050$).Conclusions: This study shows that CA is linked to greater persistence of SI across different methods and time points. It also highlights the importance of distinguishing between passive and active SI when examining persistence. Access or request item here:

27. Descriptions and Experiences with Medical Assistance in Dying Models Across Canada: A Mixed Methods Study. Item Type: Journal Article

Authors: Stafinski, Tania;Rumsey, Christina;Menon, Devidas and Ekaeze, Clinton

Publication Date: Mar 20 ,2026

Journal: Healthcare 14(6)

Abstract:

Background: Medical Assistance in Dying (MAiD) was first legalized in Canada in 2016, with legislation expanding from foreseeable to non-foreseeable natural deaths. A sole underlying medical condition of mental illness is expected to be added in 2027. Although legislation and reporting requirements are federally mandated, the implementation and delivery of MAiD are the responsibility of individual provinces and territories. Objectives: The aim of this study is to compare the organization, delivery, and oversight of MAiD programs across provinces and territories in consideration of access, equity, and safeguards. Methods: This study used a mixed methods approach to collect data. A comprehensive and systematic search for published peer reviewed literature on MAiD programs in Canada was conducted along with qualitative interviews with key informants using purposive and snowball sampling. A qualitative descriptive design was used for qualitative data, including content analysis. To facilitate a detailed comparative analysis of MAiD across jurisdictions, separate tables were created for each component or element, organizing the results of the literature review and qualitative analysis by jurisdiction. Patterns within these tables were identified through qualitative interpretation. The findings were then summarized in a narrative format. Results: A total of 113 interviews were conducted, representing all provinces and territories but Nunavut. Findings showed varied practices throughout the MAiD process between jurisdictions. Conclusions: The main findings of this study are that the organization of MAiD programs, oversight, reporting methods to Health Canada, intake, preliminary assessments, assessments, provision, and bereavement support vary. In addition, specific policies related to potentially vulnerable populations are lacking and jurisdictional practices also vary. Centralized, multidisciplinary MAiD programs with strong oversight mechanisms may strengthen issues related to access, equity, and safeguards.

28. Building societal resilience against child grooming: A design thinking approach to understanding the problem and priorities Item Type: Journal Article

Authors: Thorpe, Christina;Jennings, Fiona;Shams, Armin;Chong, Lin Yuan;Mir, Kamran;Barry, Brian;McKeever, Susan and Bowden, Matt

Publication Date: 2026

Journal: Children & Youth Services Review 183, pp. N.PAG

Abstract:

Child grooming is a pervasive yet often hidden issue, with children frequently delaying disclosure until abuse or exploitation has occurred. This study presents the first empirical phase of GroSafe, a National Challenge Fund project led by TU Dublin in partnership with the Irish Society for the Prevention of Cruelty to Children (ISPCC) and funded by Research Ireland. Aligning with the Empathise and Define stages of Design Thinking, this concept phase

aimed to understand the problem space and co-design a solution grounded in stakeholder needs. Stakeholder mapping was followed by qualitative interviews with 33 professionals across law enforcement, education, social services, and advocacy. The frontline professionals were engaged for their systemic perspectives and also as informed proxies for children's lived experiences, given their daily safeguarding roles. Thematic analysis of interview data generated 15 structured needs statements, which were subsequently prioritised by 20 of the 33 participants through a structured ranking process. Stakeholder insights revealed six key barriers to early reporting of grooming: limited awareness among children and caregivers; fear and distrust of authorities; discomfort discussing personal experiences; shame and embarrassment; cultural stigma inhibiting open discussion; and inaccessible or unclear reporting pathways. These issues contribute to persistent underreporting, leading to data gaps and delayed intervention. This phase generated a set of stakeholder-informed design priorities and a conceptual framework to guide the future development of a technology-enabled intervention. The outcome is a flexible, stakeholder-informed structure to inform subsequent design decisions. Subsequent phases have engaged young people and carers in co-design activities, helping to ensure that future developments are grounded in their needs.

29. The Effects of Armed Conflict on Children and Adolescents: Policy Statement Item Type: Journal Article

Authors: Umphrey, Lisa;Patel, Anik;Alayyan, Amber;Haq, Heather A.;Suchdev, Parminder S.;Schonfeld, David J. and Goldhagen, Jeffrey

Publication Date: 2026

Journal: Pediatrics 157(3), pp. 1–13

Abstract:

The effects of armed conflict on children are devastating, with more than 520 million children and adolescents residing in conflict zones worldwide. Armed conflicts not only cause death and destruction but also lead to widespread displacement, exposing children to physical injuries, sexual violence, family separation, food insecurity, and disruption of essential services like education and health care. All pediatricians and health care providers play crucial roles in addressing the complex challenges faced by children in these settings. Pediatric professionals are called to advocate for policy reforms, ensure culturally appropriate, sensitive, and trauma-informed care and community support, and engage in research to mitigate short-and long-term harm and promote resilience. Strategic interventions include ensuring access to health care and mental health services, safeguarding education, and providing bereavement and psychosocial support during and after resettlement. In doing so, pediatricians can help protect children's rights and foster a future where every child, regardless of conflict, has the opportunity to thrive.

30. Exploring Patterns of Men's Self-Reported Sexual Behaviours, Feelings, and Interests Towards Children Item Type: Journal Article

Authors: Whitten, Tyson;Salter, Michael and Woodlock, Delanie

Publication Date: 2026

Abstract:

Child sexual exploitation and abuse (CSEA) is prevalent worldwide. Yet, knowledge about potential perpetrators in the community is constrained by reliance on justice-involved and clinical samples, which limits external validity and obscures undetected behaviour. This study estimates population-level prevalence, demographic correlates, and co-endorsement patterns of men's self-reported sexual feelings, interests, and behaviours towards children. We analyse an anonymous online survey of 4,918 adult men quota-matched and weighted to national populations in Australia, the United Kingdom, and the United States. In pooled analyses, 8.0% reported sexual feelings towards children, 7.4% would likely have sexual contact with a child if undetected, 5.5% to 5.7% would watch child sexual abuse material or a webcam show, and 2.4% to 4.7% reporting engagement in online or contact offending. Prevalence estimates were consistently higher in the United States than in Australia and the United Kingdom. Age distributions generally showed peaks in early adulthood with subsequent decline, alongside later-life upticks for selected outcomes. Sociodemographic indicators linked to trust or access (higher income, being partnered, employment, university education, children in the household, and working with children) were consistently associated with multiple outcomes, with the largest effect sizes for men who live or work with children. Overlap analyses and a nodewise LASSO-based Ising network indicated coherent clusters (online behaviours, contact behaviour, and interest) with strong within-cluster and bridging connections. Findings support tiered prevention that distinguishes interest from behaviour, age-responsive strategies, and strengthened safeguards for child-contact roles, while providing cross-national baselines to inform surveillance, resource allocation, and targeted intervention. Access or request item here:

Sources:

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

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