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Safeguarding

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July 2026

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1. **Assessing Dimensions of Children's Exposure to Family Violence with the Family Socialization Interview – Revised 2.0**

Authors: Briggs-Gowan, Margaret;McCarthy, Kimberly J.;DiVietro, Susan;Goldstein, Brandon L. and Grasso, Damion J.

Publication Date: 2026

Journal: Child Maltreatment 31(3), pp. 465–478

Abstract: Intimate partner violence (IPV) is prevalent in families with young children and increases risk for trauma-related symptoms, making comprehensive assessment of IPV important for research and clinical purposes. The reliability, validity, and incremental value of the partner conflict section of the semi-structured Family Socialization Interview - Revised 2.0 (FSI-R2) were examined in a sample of children at-risk for IPV exposure (N = 246, M age = 5.4 years, SD = 0.9). Data analyzed were from a study investigating the effects of IPV on young children. Interrater reliability was acceptable. Supporting convergent validity, FSI-R2 severity correlated positively with mother-reported partner conflict (Conflict Tactics Scale-2) and child-

reported perceived threat (Berkeley Puppet Interview). The FSI-R2 severity codes correlated positively with children's PTSD and trauma-related symptoms. Supporting incremental value, FSI-R2 severity explained unique variance in children's symptoms beyond the CTS2. Finally, findings underscored the importance of comprehensively assessing IPV that has occurred not only with current partners, but also ex-partners, and across children's lifetimes.

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2. **Hidden dynamics of child maltreatment: Characterizing environmental instability and its role in abuse and neglect across early childhood**

Authors: Chang, Olivia D.

Publication Date: 2026

Journal: Child Abuse & Neglect 178, pp. 108175

Abstract: Background: Although prior research indicates that environmental instability adversely affects children's well-being, it remains unclear whether abusive or neglectful parenting behaviors constitute a central and proximal outcome of such instability.; Objective: To address these gaps, the present study sought to examine multiple forms of environmental instability as predictors of child maltreatment, controlling for persistent environmental harshness in corresponding domains.; Participants and Setting: The present study utilized longitudinal, repeated-measures data from a cohort of births across 20 large American cities, oversampled for nonmarital births (N = 3544).; Methods: Conditions of environmental instability and environmental harshness from birth to age five were examined as predictors of caregivers' engagement in abusive and neglectful behaviors using longitudinal multilevel modeling.; Results: Average levels of emotional abuse increased between ages three and five, whereas physical abuse decreased over the same period. Results indicated that instability in both the domains of employment and informal support from age one to five were associated with greater abusive behaviors (i.e., emotional and physical abuse), independent of sustained exposure to environmental harshness over the same period.; Conclusions: This study underscores the importance for researchers and practitioners to attend to the specific role of instability in the early childhood environment in shaping child maltreatment risk and children's long-term well-being. Efforts to promote equitable family well-being are therefore likely to be most effective when they address not only families experiencing persistent adversity but also those vulnerable to sudden and unpredictable changes in their circumstances and needs.

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3. **Evaluation of Generative Artificial Intelligence Safeguards Against the Creation of Images and Videos Harmful to Public Health**

Authors: Chu, Bianca;Modi, Natansh D.;Menz, Bradley D.;Cornelisse, Erik;Bacchi, Stephen;Bulamu, Norma;Ullah, Shahid;McKinnon, Ross A.;Gradon, Kacper;Rowland, Andrew;Sorich, Michael J. and Hopkins, Ashley M.

Publication Date: Jul ,2026

Journal: Public Health Reports 141(4), pp. 542–551

Abstract: Objectives: As generative artificial intelligence (AI) continues to advance, an environment that lacks strong safeguards could create opportunities for misuse by malicious actors. This study aimed to evaluate the safeguards of publicly accessible generative AI applications against the creation of image and video content potentially harmful to public health. Methods: We assessed the safeguards of 10 leading text-to-image models and 2 text-to-video models across 5 public health themes: promoting solariums as safe, stigmatizing overweight people, promoting alcohol use as safe during pregnancy, depicting vaping as healthy, and depicting smoking cigarettes as cool for teenagers. For each theme, we submitted 10 paraphrased prompts in duplicate to the image models and once to each video model. Two independent reviewers categorized outputs as potentially harmful or not, with a third reviewer responsible for resolving discrepancies. We used χ^2 tests to determine significant differences in outputs. Results: Among 1000 image prompt submissions, we judged 521 (52%) of the generated images to be potentially harmful to public health. Image generation rates varied significantly by public health theme—from 43% (85 of 200) of prompts promoting alcohol use as safe during pregnancy to 64% (128 of 200) of prompts depicting vaping as healthy (P <.001)—and across models, from 0% for ChatGPT to 98% for Reve (P <.001). Of 100 video prompt submissions, we classified 52% of outputs from Sora and 30% from Flow as potentially harmful. Conclusions: Generative AI applications varied significantly in safeguards, with several systems often generating images that could be harmful to public health. The findings underscore the urgent need for greater transparency, safety, and oversight of generative AI to mitigate public health harms.

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4. **Elder financial abuse and exploitation: a systematic review of vulnerabilities and protective factors**

Authors: Dote Pardo, Jairo Stefano

Publication Date: 2026

Journal: Journal of Adult Protection 28(3), pp. 112–124

Abstract: Purpose: This study aims to systematically review the literature on elder financial abuse and exploitation, with a specific focus on identifying key vulnerabilities and protective factors. It consolidates fragmented evidence to inform policy, safeguarding practices and future research. Design/methodology/approach: A structured title-based search was conducted in Web of Science using population-related terms (e.g. elder, older adult, vulnerable adult) combined with financial abuse terms (e.g. financial exploitation, economic abuse, financial harm). The query retrieved 186 records, of which 93 peer-reviewed papers met the eligibility criteria. Data extraction covered theoretical approaches, contexts, methodologies and documented vulnerabilities and protective mechanisms. Findings: Research has expanded substantially since 2010, with the USA, Israel and the UK contributing most studies. Frequently reported vulnerabilities include cognitive decline, limited financial and digital literacy, social isolation, minority status and complex family dynamics. Protective factors, less commonly examined, encompass financial education, community engagement, social support, policy reforms and multidisciplinary safeguarding frameworks. Significant geographic gaps exist in Latin America, Africa and parts of Asia, limiting the global applicability of current evidence. Originality/value: To the best of the author's knowledge, this is the first systematic review to integrate vulnerabilities and protective factors in elder financial abuse and exploitation through

a cross-disciplinary perspective. It reveals a marked imbalance between risk documentation and prevention research, underscoring the need for culturally sensitive, evidence-based interventions and proactive safeguarding strategies.

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5. **Safeguarding, sexual assault and child sexual abuse including sexual exploitation.**

Authors: Dwyer E. and Wilkinson, D.

Publication Date: 2026

Journal: Medicine (United Kingdom) 54(4), pp. 279–283

Abstract: It is the statutory duty of all healthcare professionals to safeguard vulnerable adults and children from harm. Sexual assault and abuse affect many people, and signs of historical, current and potential abuse have varied presentations in clinical settings. Appropriate management requires collaborative working with multidisciplinary teams to provide a holistic, trauma-informed approach, considering both the physical and psychological needs of patients. It is important to understand the law relating to sexual activity in children and young people, and be able to assess whether individuals have the mental capacity to consent to sexual activity. Vigilance for the subtle signs of child sexual exploitation or those at risk is vital, and should trigger safeguarding procedures when concerns are raised.

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6. **The Child Protection Response to Domestic Violence and Abuse: a Scoping Review of Interagency Interventions, Models and Collaboration**

Authors: Hale, Hannah;Bracewell, Kelly;Bellussi, Laura;Jenkins, Ruth;Alexander, Joanne;Devaney, John and Callaghan, Jane E. M.

Publication Date: 2026

Journal: Journal of Family Violence 41(4), pp. 653–673

Abstract: Purpose: There is a growing acknowledgement that children are direct victims of domestic violence and abuse, and require support and protection in their own right. However, professional interventions designed to protect children may unintentionally further victimise parents, most often mothers. In response, a number of new interagency approaches have been developed. Method: Updating a previous review by Macvean et al. (Australian Social Work,71(2), 148–161, 2018), we report the findings of a scoping review of models of interagency working between child protection and either domestic abuse services or family law services, or all three services, to improve understanding of practices that may facilitate collaboration between child protection and other agencies in the context of domestic violence and abuse. We also consider the effectiveness of such approaches in improving the safety of child and adult victims. Results: A systematic search of all sources identified 4103 documents that were screened for inclusion. The outcome of this screening was the identification of thirteen papers or reports dated between 2018 and 2022 that comprised an evaluation of six models of interagency interventions. Nine publications originated in Australia, three in the UK and one in the USA. The most referenced model was Safe & Together, primarily due to the

number of publications from the same research team in Australia. None of the included studies reported the outcomes or impact for children and families. Conclusions: While there are a growing number of promising approaches identified, there is little evidence of effectiveness, or the views of child and adult family members about the acceptability and utility of such approaches.

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7. **Child abuse and migraine in adulthood: A prospective cohort study spanning 20 years**

Authors: Handley, Elizabeth D.;Russotti, Justin;Levin, Rachel Y.;Hutson, Lauren M. and Cicchetti, Dante

Publication Date: 2026

Journal: Headache

Abstract: Objectives: This study aims to determine the long-term impact of child abuse on the occurrence of adult migraine, to test sex differences associated with this risk, and to examine whether psychiatric disorders are explanatory mechanisms of action.; Background: Child abuse and adult migraine have been linked in multiple studies; however, the evidence base is marked by cross-sectional designs and retrospective self-reports of abuse, which may limit conclusions regarding the association.; Methods: In a 20-year longitudinal cohort study conducted in upstate New York (wave 1: 1986-2009; wave 2: 2018-2024), we examined associations between Child Protective Service (CPS) documented child abuse and self-reported lifetime and past-year physician-diagnosed migraine in adulthood. We controlled for key demographic and lifestyle variables, as well as depression, anxiety, and post-traumatic stress disorder (PTSD). We also tested sex moderation. Exploratory analyses investigated whether psychiatric disorders mediate the link between child abuse and adult migraine, and whether this mechanism varies by sex.; Results: The present sample (N = 305) was 51.1% female and primarily Black (59.4%), with approximately one-third exposed to childhood abuse (34.1%). Females were more likely than males to report past year migraine as diagnosed by a medical professional (26.3% vs. 15.5%). CPS documented child abuse was associated with adult migraine for men but not women, in models adjusted for adult age, income, race, depression, anxiety, PTSD, smoking, and self-reported maltreatment exposure (adjusted odds ratio aOR]males = 1.77; 95% confidence interval CI], 1.09-2.86; aORfemales = 0.68; 95% CI, 0.40-1.16). This finding held when additional covariates were included in sensitivity analyses such as adult retrospective report of child maltreatment, adult sleep quality and body mass index. Depression mediated the association between child abuse and adult migraine for males.; Conclusion: Child abuse increases the long-term risk for migraine among males. Given the prevalence of child abuse and the significant public health burden of migraine, understanding how and why child abuse may elevate risk of migraine is critical to informing interventions and policies to improve health and well-being. (© 2026 American Headache Society.)

8. **10-year mortality among first-time mothers involved in family court care proceedings in England: cohort study using linked administrative hospital, mortality and family court records**

Authors: Ireland, Georgina;De Stavola, Bianca;Gilbert, Ruth and Jay, Matthew A.

Publication Date: 2026

Journal: Journal of Epidemiology and Community Health

Abstract: Background: Family court care proceedings are instigated to remove children at risk of harm from parental care. Limited information is available on the health of mothers involved in care proceedings. We assessed maternal mortality and causes of death within 10 years of first birth, comparing first-time mothers with and without care proceedings.; Methods: Using linked, administrative hospital and family court data, we followed a whole-population cohort of first-time mothers delivering between 2007 and 2017 up to 10 years. We calculated mortality rates comparing mothers with and without care proceedings. We examined proportions of deaths potentially preventable (suicide, homicide, drugs/alcohol or injury) and identified factors associated with death after care proceedings.; Results: Of 2 775 835 first-time mothers contributing 21 856 503 person-years of observation, 28 405 (1.0%) had proceedings. Following proceedings, 314 (1.1%) died, compared with 5103 (0.2%) among mothers without care proceedings (age-standardised mortality ratio 21.0, 95% CI 14.3 to 27.7). Mortality ratios were lowest among first-time mothers aged <20 years (4.5, 95% CI 3.5 to 5.9) and highest for those aged 30-34 years (28.3, 95% CI 21.3 to 37.5). Among mothers who died after proceedings, 73% of deaths were potentially preventable compared with 28% among mothers without proceedings. Factors associated with death were older maternal age at proceedings, health conditions and court orders related to child removal.; Conclusion: First-time mothers with care proceedings had 21 times the risk of dying within 10 years than similar-aged mothers. Healthcare, social care and family courts must address the extreme health vulnerability of mothers before, during and after proceedings. (© Author(s) (or their employer(s)) 2026. Re-use permitted under CC BY. Published by BMJ Group.)

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9. **Exploring intergenerational risk factors and mediators for child abuse potential in high-risk parents of young children**

Authors: Keppler, Denise;Reindl, Vanessa;Herpertz-Dahlmann, Beate and Konrad, Kerstin

Publication Date: 2026

Journal: Frontiers in Pediatrics 14, pp. 1750730

Abstract: Background: Child maltreatment has profound adverse effects on various aspects of an individual's development and can even influence the next generation.; Objective: This study investigated risk factors for child abuse potential within a population of highly burdened families and explored how these factors interact in the intergenerational transmission of maltreatment.; Methods: Families receiving support from the German early prevention program "Frühe Hilfen" completed clinical interviews and standardized questionnaires at one time point. All subjects included met at least one risk factor for child abuse (inclusion criteria: low

socioeconomic status, parental mental illness or teenage parenthood). Participants came from diverse cultural backgrounds. Child abuse potential was assessed using the CAPI, a screening instrument that measures parental stress and associated risk factors rather than actual abuse outcomes.; Results: A multiple regression analysis identified parental psychopathology (b = .52, p = .024), attachment quality (b = 1.07, p = .001) and low socioeconomic state (b = -.83, p = .018) as key risk factors for child abuse potential. A mediation analysis indicated an indirect pathway whereby parental child maltreatment experiences were associated with poorer mental health (b = .32, p = .002), which in turn was linked to lower attachment quality (b = 1.71, p = .006) and higher child abuse potential (b = .12, p = .002). Affective disorders emerged as particularly significant risk factors among all mental disorders (b = 6.39, p = .015).; Conclusion: These findings underscore the need for accessible psychiatric and psychotherapeutic support for parents with histories of childhood maltreatment to support healthy parent-child relationships.; Clinical Trial Registration: https://www.drks.de/drks_web/, German Clinical Trials Register DRKS00022075.

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10. **A public health framework for preventing 'honour' based abuse: The three-phase model of perpetration**

Authors: Khan, Roxanne and Morris, Paul

Publication Date: 2026

Journal: Public Health (Elsevier) 256, pp. N.PAG

Abstract: This paper presents the first conceptual framework for understanding 'honour'-based abuse (HBA), violence and killing: the Three Phase Model of Perpetration. Positioned within priorities of prevention and intervention, the model situates HBA within a public health framework, distinguishing it from other forms of child abuse, family violence and domestic homicide. Narrative review and conceptual analysis. A synthesis of academic and grey literature, statutory reviews, victim case studies, and survivor and perpetrator accounts identified recurring patterns in perpetrator behaviour and systemic responses. The Three Phase Model maps HBA perpetrator behaviour across the lifespan through three interconnected phases - Control, Punish and Protect - showing how honour codes are socialised, enforced and justified within families and communities through collective coercive control and victim-shaming by multiple perpetrators. HBA is a public health crisis requiring a targeted response. Its persistent framing through cultural identity rather than biopsychosocial processes has created a public health blind spot, limiting effective prevention. The Three Phase Model offers a framework to strengthen practitioner insight, enhance cultural competence, and inform training and policy reform for multi-agency safeguarding.

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11. **Reducing Problematic Parenting Behaviors, Child Neglect, and Internalizing and Externalizing Problems in Multisystemic Therapy for Child Abuse and Neglect**

Authors: Kirsch, Tom;Munsch, Simone;Meyer, Andrea and Schmid, Marc

Publication Date: 2026

Journal: Child Maltreatment 31(3), pp. 515–528

Abstract: Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) has been shown to effectively reduce social worker-assessed child neglect and child problems. However, no research has examined the effects of MST-CAN on parenting behaviors or identified which intervention targets are associated with reductions in child problems. This study examined changes in child internalizing and externalizing problems, parental psychological control, neglectful parenting, and social worker-assessed neglect, accounting for therapist effects, and assessed how parenting and neglect predict child outcomes in 143 parent-child dyads in Switzerland (mean child age = 10.5 years, 54.1% boys). Multilevel regression showed significant reductions in social worker-assessed neglect (b = 14.10, SE = 3.49, p <.001) and child problems (b = 4.97, SE = 0.88, p <.001) with low intraclass correlation coefficients (ICC =.049, ICC =.017). Neglectful parenting (b = 0.03, SE = 0.05, p =.640) and psychological control (b = 0.10, SE = 0.07, p =.140) were not significantly reduced. Parenting and social worker assessed neglect did not affect changes in child problems. Findings demonstrate MST-CAN's effectiveness in reducing social worker-assessed neglect and child problems but highlight the need for targeting psychological control and multi-method and multi-informant assessments of parenting behaviors.

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12. **Utilization and Evaluation of Virtual Reality-based Interventions for the Training of Child Endangerment Assessment – A Scoping Review**

Authors: Kutza, Jan-Oliver;Rau, Michael;Werth, Patrick;Radewagen, Christof;Schöning, Julius and Liebe, Jan-David

Publication Date: 2026

Journal: Child & Adolescent Social Work Journal 43(3), pp. 1053–1069

Abstract: Assessing child endangerment in the home environment can be a substantial challenge. It is particularly challenging for social workers with little experience in assessment of risks for child endangerment. The study examines the current knowledge and application of VR-based technologies in training professionals to assess child endangerment, including how these interventions are developed and evaluated using specific tools. It also explores the effects of VR on skills development and participant perception compared to traditional methods and the extent to which they are employed in decision-making for child welfare. A scoping review based on PRISMA-ScR and the Arksey and O'Malley framework was conducted, and seven scientific databases were systematically searched from 2014 to 2024. Of 307 identified studies, ten remained after screening. VR is already used for the training of professionals but is hardly incorporated in the field of social work. VR training is more realistic and immersive than conventional training methods. However, its effectiveness also depends on variables such as technologies used and the incorporation of feedback. Our review indicates that VR serves as an effective, immersive instructional tool for developing essential skills in child welfare risk assessments, offering advantages over traditional methods in realism and user engagement. However, challenges remain in standardizing VR technologies and evaluating their real-world decision-making impacts. While VR-based methods seem to be promising for the assessment training of child endangerment, scientific research is still sparse and does not provide conclusive results for all investigated outcomes.

13. **Child abuse: Impact of the clinical presentation and imaging findings on the physician's notification to the authorities - a retrospective cross-sectional study**

Authors: Manoeuvrier, Florian;Tourneux, Pierre;Gouron, Richard;Manaouil, Cécile;Le Moing, Anne Gaëlle and Klein, Céline

Publication Date: 2026

Journal: Archives De Pediatrie : Organe Officiel De La Societe Francaise De Pediatrie 33(6), pp. 105582

Abstract: Background: Early notification of suspected child abuse (SCA) to the authorities is a public health issue.; Objective: To assess clinical and imaging findings associated with notification.; Methods and Settings: Retrospective, single-center cross-sectional study involving children under three years of age with SCA. Clinical and imaging findings were collected. Reports of suspected child abuse were analyzed according to patients' demographic characteristics, clinical features, and imaging findings.; Results: We included 126 children suspected of child abuse. Notification was more likely for neurologic (odds ratio] OR = 5.49, 95% confidence interval] 95% CI 1.29, 23.36], p= 0.021) or orthopedic signs (OR = 6.00, 95% CI 1.02, 35.38], p= 0.048). Positive findings in MRI (OR = 7.35, 95% CI 3.23, 16.70], p < 0.001), skeletal survey (OR = 2.46, 95% CI 0.97, 6.25], p= 0.059), bone scintigraphy (OR = 11.0, 95% CI 1.34, 90.21], p= 0.026) and fundus examination (OR = 9.14, 95% CI 2.51, 33.29], p < 0.001) were also associated with a notification. The absence of a skeletal survey (OR = 0.09, 95% CI 0.02-0.33], p < 0.001), bone scintigraphy (OR = 0.21, 95% CI 0.09-0.49], p < 0.001), or fundus examination (OR = 0.08, 95% CI 0.02-0.29]) was significantly associated with a lower likelihood of suspected child abuse notification.; Conclusion: Good knowledge of the clinical and imaging signs (including sentinel lesions and standardized additional examinations) that are suggestive of child abuse is essential for child abuse detection and notification to the authorities.

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14. **Improving collaborative inter-agency systems and practice in self-neglect: a realist review and interview study.**

Authors: Orr D.;Morrison C.;Nasrawy M.;Babashahi S.;Selwyn N. and Hounsome, N.

Publication Date: 2026

Journal: Health and Social Care Delivery Research 14(10), pp. 1–29

Abstract: Background and aims: Self-neglect can have serious consequences for individuals' self-care, health and well-being, and requires collaboration between many practitioners, from adult social care, health, fire and rescue, environmental protection and other organisations. Yet practice reviews highlight repeated failings in working together. This National Institute for Health and Care Research-funded study aimed to identify what problems arise in interagency and interprofessional practice with self-neglect within relevant contexts, and develop realist theory describing how they might be addressed. Method(s): A realist review of 41 international research publications, 273 Safeguarding Adults Reviews (local statutory reviews of

interagency safeguarding practice cases where it is felt there are 'lessons to be learnt') from England, and 85 Safeguarding Adults Board policies and procedures was undertaken to map evidence on collaborative working with self-neglect. Interviews were undertaken with 69 practitioners and managers from relevant agencies, 16 people with lived experience of self-neglect and 2 family carers about their experiences of collaborative working. A selection of 100 Safeguarding Adults Reviews featuring self-neglect was analysed as a set of case studies to estimate the use of services, and costs to agencies of support. Three focus groups were held with seven practitioners to coproduce research translation for use by services from the findings. Four workshops took place to pilot this research translation with practitioners; 73 participants responded to a post-workshop survey. Follow-up interviews with nine practitioners took place to further validate the study's conclusions. Finding(s): The study proposes four principal programme theories of interagency dynamics with self-neglect: policies, procedures and interfaces; mutual interagency understanding of roles and task; keeping a collective focus on the person experiencing self-neglect; and management support and monitoring. Practically oriented policies and procedures are needed to support a common understanding and coherent response to self-neglect among different agencies. Mutual interagency understanding of roles and the self-neglect task should be supported through shared spaces for consultation, better understanding of each other's legal powers, careful monitoring of mismatched expectations over referral, and expectations of interprofessional 'devil's advocacy' (presenting an opposing viewpoint, whether or not held with conviction, to ensure that all objections are considered). Where mutual understanding is lacking, communication and co-operation between services is impaired. Keeping a collective focus on the person experiencing self-neglect becomes harder to do when practitioners' attention is absorbed by interagency processes and barriers. Practitioner networks need to achieve a shared approach, informed by a trauma-aware perspective, if they are not to undermine each other's work. Management support and monitoring is needed to provide the time and flexibility that self-neglect support often needs. Conclusion(s): Professional curiosity in safeguarding must be complemented by greater 'interprofessional curiosity', supported structurally, procedurally and managerially, if interagency working is to fulfil its potential contribution to improving the lives of people experiencing self-neglect. Funding(s): This synopsis presents independent research funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme as award number NIHR133885.

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15. **Duty of candour: Part 2**

Authors: Patel, Hana

Publication Date: 2026

Journal: InnovAiT 19(6), pp. 333–334

Abstract: The article focuses on the professional duty of candour in the National Health Service (NHS) in England, emphasizing its role in improving patient safety and transparency. It explains that healthcare professionals, guided by regulatory bodies such as the General Medical Council (GMC), are ethically obligated to be honest and apologise when incidents causing potential harm occur, not limited to only notifiable events. Examples include delayed diagnosis due to missed test results or incorrect medication dosing, with the GMC advising timely apologies, full explanations, and documentation without implying legal liability. The

article highlights that fostering a culture of openness and learning from errors is essential, noting that reflecting on such incidents is part of ongoing professional development for general practitioners.

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16. **Haematological evaluation of bruising and bleeding in children undergoing safeguarding investigations: a practical approach**

Authors: Ramachandran, Purushotham and Biss, Tina

Publication Date: 2026

Journal: Paediatrics & Child Health 36(6), pp. 190–199

Abstract: Haematological investigations are often requested in children who present with unexplained bruising/bleeding and suspicion of physical maltreatment. Their aim is to explore the presence of an inherited or acquired bleeding disorder which may account for the clinical presentation. A minority have a bleeding disorder diagnosis, but it is important that this is not overlooked, particularly in the case of serious bleeding such as intracranial haemorrhage where treatment of the bleeding disorder may alter outcome. Although it is important not to miss a bleeding disorder diagnosis, over-investigation can result in unnecessary venipuncture and erroneous diagnoses. Incorrect diagnoses can be due to inadequate or poor-quality blood samples or a failure to compare results against age-specific reference ranges. Appropriate haematological testing in children undergoing safeguarding investigations requires careful clinical evaluation of bruising and bleeding, testing only when appropriate, and interpretation of the results in the context of the clinical presentation and age of the child. This article outlines a practical approach to the haematological evaluation of bruising and bleeding in children undergoing safeguarding investigations. This will assist the timely diagnosis or exclusion of a bleeding disorder, whilst minimizing distress for the child and facilitating appropriate decision-making in relation to safeguarding.

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17. **Conceptualising Domestic Violence and Abuse Within Roma Communities Through a Power and Control Lens**

Authors: Rogers, Michaela;Allen, Dan;Palmai, Maria and Vamosi, Gyula

Publication Date: May ,2026

Journal: Child Abuse Review 35(3), pp. 1–13

Abstract: Although the United Nations Declaration on the Elimination of Violence Against Women calls for strengthened efforts to document and address how DVA is experienced across diverse global contexts, dominant theoretical models do not always capture the experiences and perspectives of Roma women. To address this gap, this study aims to critically examine the applicability of the Power and Control Wheel and consider its relevance for Roma women in the United Kingdom. Drawing on a feminist understanding of domestic violence and abuse, integrated with the concept of antigypsyism, the study employed a two-phase interpretivist design, including focus groups and expert-by-experience interviews with

Roma victim-survivors and specialist practitioners. Challenging individualised understandings of domestic violence and abuse, findings revealed that it is frequently embedded within extended family hierarchies, community expectations and structural inequalities. The unique contribution of this paper reconceptualises our understanding of domestic violence and abuse by introducing an adapted Roma-specific Wheel and adaptation of the original wheel is approved by the Domestic Abuse Intervention Programs (www.theduluthmodel.org). Key Practitioner Messages: Domestic violence and abuse experienced by Roma women can be shaped by intersecting elements of gender inequality, antigypsyism and structural exclusion.The Duluth Wheel insufficiently represents the Roma perspective.A specific wheel is needed to highlight cultural pressure, social isolation, financial control and institutional mistrust.Practitioners can adopt the Roma-specific wheel to improve identification, intervention and safeguarding, promoting equitable access to support.

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18. **The overlap of child abuse, neglect, and exposure to domestic violence in court-involved children with a history of maltreatment: Frequency and correlates**

Authors: Sheed, Abigail;Spivak, Benjamin;Ogloff, James R. P. and Papalia, Nina

Publication Date: 2026

Journal: Child Abuse & Neglect 179, pp. 108183

Abstract: Background: Child maltreatment--including child abuse and neglect (CAN) and exposure to domestic violence (EDV)--is a pervasive international issue. Although research on maltreatment is extensive, studies of co-occurring CAN and EDV among court-involved samples are limited.; Objective: Among a court-involved sample of maltreated children referred for expert psychological assessment, this study examined (1) the frequency of CAN and EDV, (2) the co-occurrence of maltreatment subtypes (including EDV), and (3) risk factors associated with co-occurring CAN and EDV.; Participants and Setting: We conducted a retrospective examination of case records for 279 Australian children (child age M = 7.96 years, SD = 4.25 years) within 151 families referred for psychological assessment due to maltreatment-related child protective concerns by the Children's Court of Victoria.; Methods: Descriptive analyses assessed the frequency and co-occurrence of maltreatment subtypes. Binary logistic regression models examined child, parent, and family-level risk factors associated with co-occurring CAN and EDV.; Results: Nearly two-thirds (63.44%) of children experienced both CAN and EDV. Over three quarters (77.42%; n = 216) experienced two or more of the five types of maltreatment. The most common combination was EDV with neglect (20.07%, n = 52). Significant risk factors associated with the co-occurrence of CAN and EDV included child (serious behaviour problems), parent (substance use), and family-level (serious family and socioeconomic stress, lack of social support) variables.; Conclusions: Findings demonstrate the high co-occurrence of CAN and EDV, and their complex risk profile, among court-involved families with these experiences. Implications, including the prioritization of children and families for support and intervention, are discussed.

19. **Fatal pediatric collapse with bilateral subdural hematoma and retinal hemorrhage occurring in a public park: a forensic case study**

Authors: Squier, Waney;Brook, Chris and Rossant, Cyrille

Publication Date: 2026

Journal: Journal of Forensic and Legal Medicine 121, pp. 103194

Abstract: We report the death of a one-month-old infant who developed sudden neurological collapse in a public park and was later found to have bilateral subdural hematomas, extensive retinal hemorrhages, hypoxic-ischemic encephalopathy, and cerebral venous sinus thrombosis. No external or internal traumatic injuries were identified at autopsy, and the death was certified as natural. The public park setting was important because the same intracranial and ocular findings, if arising in a private setting without witnesses, might have prompted suspicion of abusive head trauma. This case illustrates the forensic importance of considering medical causes, including cerebral venous sinus thrombosis, in infants with subdural and retinal hemorrhages, and of avoiding diagnostic conclusions based primarily on the absence of an adequate caregiver explanation.

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20. **Diagnostic performance of radiography and whole-spine MRI for detecting vertebral fractures in suspected child abuse**

Authors: Supakul, Nucharin;Marine, Megan B.;Steinhardt, Nicole;Thompson, Shannon L.;Niloy Lahiri, K.;Jennings, Greg S.;Eckert, George J. and Karmazyn, Boaz

Publication Date: 2026

Journal: Child Abuse & Neglect 178, pp. 108144

Abstract: Background: Spine fractures in child abuse are rare, reported in 0.1% to 2.7%, but increase to 10% when additional fractures are detected on skeletal surveys. These fractures, often involving noncontiguous segments, occur in younger children and pose diagnostic challenges due to limited evidence, vertebral ossification variation, rib overlap on radiographs and Magnetic Resonance Imaging (MRI) resolution limitations.; Purpose: To assess the accuracy of radiograph and whole- spine MRI in detecting spine fractures in suspected non-accidental trauma and to identify the strengths and limitations of each modality.; Methods and Materials: In this IRB approved 8-years retrospective study (2015-2022), we included children with reported spine fractures who underwent both skeletal survey radiographs and whole-spine MRI within seven days. Controls were randomly selected patients with both imaging modalities but without reported fractures. All studies were anonymized and independently reviewed by two pediatric radiologists blinded to clinical information and other imaging. The gold standard was defined as fractures identified with moderate to high confidence on both radiographs and whole-spine MRIs, or by consensus review. Sensitivity and specificity for each modality were calculated for each radiologist. Agreement was assessed using kappa statistics.; Results: Sixty-five children were included: 16 children with spine fractures (77 total fractures) and 49 children without fractures. Most fractures (81.8%) were in the thoracic spine, especially T2-T3

and T8-T10. The specificity of diagnosing children with spine fracture by radiography and whole-spine MRI was high (93.9%-100%); however, radiographic sensitivity was low to moderate (31.3% and 62.5%, by radiologists 1 and 2) and moderate for whole-spine MRI (75.0% and 68.8%, for radiologists 1 and 2). The interobserver agreement was weak for radiography (kappa 0.53; 0.26-0.81) and for whole-spine MRI (kappa 0.59; 0.34-0.85). Limbus variation was found in 6/65 children (9.2%) at the level of L1-L3.; Conclusion: Both radiography and whole-spine MRI have high specificity in diagnosing spine fractures, but each has limited sensitivity when used alone. Diagnosis of a fracture is best achieved by evaluation of both imaging modalities. Radiologists should also be aware of limbus vertebra in the lumbar spine that can mimic a compression fracture. Raw data for this study is not publicly available to preserve individuals' privacy.

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21. **What Difference does it Make if they have Children? A Mixed Methods Study of the Impact of Children on Service Providers' Perception of Mandatory Reporting of Intimate Partner Violence**

Authors: Vatnar, Solveig Karin B. ø;Dahl, Silje Louise;Kristiansen, Susanne Tilke Thon;Leer-Salvesen, Kjartan;Nordby, Christine;Vølstad, Astrid Gravdal and Douglas, Kevin S.

Publication Date: 2026

Journal: Journal of Family Violence 41(4), pp. 621–637

Abstract: Purpose: Whether professionals consider children to be an important factor regarding mandatory reporting of intimate partner violence (MR-IPV) remains unknown. In the present study, we examined to what extent the presence of children had an impact on service providers' decision making when faced with IPV, and the parents' reported consequences of MR-IPV for the children. Methods: The present study is a mixed methods study combining quantitative (N = 374 service providers and N = 86 IPV victims) and qualitative (N = 59 service providers and N = 10 IPV victims) data in a convergent parallel design. Descriptive analyses and Kruskal- Wallis H-tests from the quantitative data were used. The analytic process for the qualitative analyses was informed by Braun and Clarke's thematic analysis. Results: The service providers found it easier to set aside confidentiality in IPV cases when the purpose was safeguarding children. The findings indicated some confusion about the difference and interface between the obligation to notify the child welfare service and to report under MR-IPV to the police. IPV victims who had experienced MR-IPV reported mixed consequences for their children. However, more than half reported that their children were better off after the MR-IPV. Conclusions: The recognition of the impact of IPV on children in practice, research and policy-making might lead to some inconsistencies and contradictions in how service providers respond to IPV. Accordingly, service providers must take into account the challenges in situations where MR-IPV might be applicable in order to protect both the child(ren) and the victimized adult from IPV.

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22. **Perspectives of professionals on specialist services supporting older survivors of sexual violence in England and Wales: barriers and best practices**

Authors: Warburton-Wynn, Amanda

Publication Date: 2026

Journal: Journal of Adult Protection 28(3), pp. 146–162

Abstract: Purpose: This study aims to explore the views of professionals about specialist services supporting older people in England and Wales who have experienced current sexual violence and answer the following questions: Research questions: What are the barriers to accessing support for older victim survivors? Is there any best practice that can be identified? Specialist Services refers to Sexual Assault Referral Centres and support services such as Rape Crisis. Design/methodology/approach: The methodology used in this research involved semi-structured interviews with four professionals working in roles where they have provided direct support to older survivors of sexual violence and abuse and one academic conducting research around survivors of abuse. Data collection was qualitative and identified barriers to disclosure, seeking and accessing support for older victim survivors, along with some examples of best practice. Findings: The findings are grouped into nine themes spanning barriers to initial disclosure through to barriers encountered in the criminal justice system for older survivors. Examples of best practice are also presented, detailing opportunities to improve support for older survivors. The research found that, whilst there are some unique barriers that older victim survivors of sexual violence and abuse experience, some of these barriers could be overcome by replicating the good practice identified and by professionals working closely with specialist sexual violence support agencies. Research limitations/implications: This research was conducted with five professionals so is limited in scale. It also only covers practitioners working in England and Wales. Despite these limitations, some common themes emerged that identify barriers to seeking and accessing support for older survivors of sexual violence as well as some good practice examples. These findings could be used to improve policy and practice to support older survivors. Practical implications: The findings of this research could directly improve practice across a range of services including adult social care, adult safeguarding and specialist sexual violence support services with potential implications for improvements to national practice in agencies such as the police and the Crown Prosecution Service. Social implications: Removing barriers to reporting and seeking support, along with replicating examples of good practice in service provision, could lead to more older victims of sexual violence feeling able to disclose and begin a journey to recovery. Originality/value: This research offers current perspectives from front line professionals working with older survivors of sexual violence alongside real life examples of good practice that can be used to form new perspectives for professionals working with older people. The identification of themes relating to barriers to seeking and accessing support reflect the current situation within a range of agencies and the impact this directly has on victims' recovery.

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23. **Adolescent Domestic Abuse and Its Consequences: A Rapid Systematic Review**

Authors: Weir, Ruth;Adisa, Olumide;Blom, Niels;Hadjimatheou, Katerina;Lamarre, Flavia;Carlisle, Sophie and Barrow-Grint, Katy

Publication Date: 2026

Journal: Journal of Family Violence 41(4), pp. 703–732

Abstract: Purpose: As a phenomenon, abusive behavior between adolescents in intimate relationships remains relatively invisible, due in part to the persistent yet unfounded assumption that domestic abuse is something that occurs between adults. This review investigates adolescent domestic abuse (ADA), by focusing on the impacts and risk factors for adolescents, particularly those under the age of 16, experiencing ADA. Methods: We conducted a rapid systematic review by searching three electronic databases (PsycInfo, Embase, and Social Sciences Citation Index). We utilized pre-existing systematic reviews to identify relevant primary studies. Findings of the included studies were described and summarized using narrative synthesis. Results: Seventy-nine studies were identified for inclusion. Synthesis of the findings of these studies identified five categories of risk and protective factors, including bullying and parental intimate partner violence, social and cultural factors, school and neighborhood environment and health and wellbeing. However, the review also identified a gap of qualitative research and a lack of attention to how ADA intersects with cultural factors, gender differences, criminalization, and poor mental health. Many of the studies report on school-based settings, limiting understanding of the role of neighborhood factors in prevention, protection and recovery. Participatory research on help-seeking behaviors of adolescents is rare. Conclusions: The review synthesized risk and protective factors associated with ADA, especially those occurring between younger adolescents. It highlighted the complex interplay and overlap between using and experiencing violence and abuse and the need for systematic research to inform the development of advocacy, interventions and prevention that is right for young people.

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24. **Child Protection Informatics: A Scoping Review**

Authors: Westlund, Onni;Kinnunen, Ulla-Mari and Kivivirta, Ville

Publication Date: Jan ,2026

Journal: Journal of Technology in Human Services 44(1), pp. 19–55

Abstract: Child protection informatics (CPI) is critical in our increasingly digitalized society and social services. This scoping review, following Joanna Briggs Institute (JBI) methodology, mapped CPI research from the last decade within institutional child protection systems. Seven databases were searched for peer-reviewed English articles, identifying 80 studies for analysis using a Health and Human Services Informatics (HHSI) paradigm. Research predominantly focused on the Use of Information and Communication Technology (ICT) (n = 34), encompassing diverse applications from e-services to AI-driven tools. Other HHSI research areas included Steering and Organizing of Information Management in Work Processes (n = 17), Knowledge Management and Informatics Competencies (n = 16), and Data Models and Structures (n = 13). The findings highlight the field's active engagement with technological advancements, particularly in ICT. However, the review also identifies a need for deeper inquiry into foundational CPI principles and broader competency development to enhance the effective and ethical use of information and technology in safeguarding vulnerable children.

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25. **Neuroimaging disagreements and consequences among pediatric transfers with concern for abuse**

Authors: Westphaln, Kristi K.;Figueroa, Elisabeth M. W.;Imagawa, Karen Kay and Tamrazi,

Benita

Publication Date: 2026

Journal: Child Abuse & Neglect 179, pp. 108182

Abstract: Background: Previous research supports substantial differences between pediatric neuroimaging interpretations by non-pediatric and pediatric-trained radiologists, however little is known about how this applies within the context of child abuse.; Objective: Compare interpretations of head computed tomography and magnetic resonance imaging studies between community/adult academic radiologists and academic pediatric neuroradiologists.; Participants and Setting: Children less than 6 years old with concern for abuse who were transferred from an outside hospital to a pediatric level I trauma center.; Methods: This retrospective secondary analysis of data extracted from radiology and electronic health records used descriptive statistics to examine sample characteristics, imaging interpretation analysis (agreement, minor/major disagreement), and consequences of disagreements.; Results: The analytic sample consisted of 100 cases of children less than 1 year old (76%) who underwent neuroimaging studies including computed tomography (n = 98) and magnetic resonance imaging scans (n = 2). Comparative analysis of neuroradiology interpretations demonstrated 67 pairs in agreement and 33 in disagreement. Of the 33 pairs in disagreement, 89 individual disagreements represented major (53%) and minor (47%) disagreements. Common major disagreements involved missed skull fractures (38.3%) and missed intracranial hemorrhages (30%), whereas common minor disagreements involved missed scalp swelling (38%) and incorrect skull fracture diagnosis (26%). Sixty-eight instances of disagreement altered clinical diagnosis and/or management related to child abuse evaluations.; Conclusions: Given the critical clinical and investigative implications surrounding concern for child abuse, access to experienced pediatric-trained neuroradiologists is essential in minimizing interpretation errors and reducing consequences for patients, providers, and health care organizations.

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26. **Assisted dying as an ageing issue: centring older people in the debate.**

Authors: Westwood, S.

Publication Date: 2026

Journal: Age and Ageing 55(4) (pagination), pp. Date of Publication: 01 Ar 2026

Abstract: Assisted dying is predominantly a later-life phenomenon, yet debate and policy design rarely centre older adults' perspectives. This commentary reframes assisted dying as an ageing issue, synthesising existing research on how older people understand autonomy, suffering, dementia, dependency and end-of-life choice. While acknowledging safeguarding concerns, including those raised by the British Geriatrics Society, it argues that prevailing legal models focused on terminal prognosis or narrowly defined suffering exclude many older people experiencing cumulative decline or anticipating future loss of capacity. Greater empirical research and gerontological engagement are needed if older adults' voices are to shape future policy and practice. A gerontological framing positions high-quality palliative care and safeguarded choice as complementary rather than competing responses to later-life

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27. **Childhood paternal abuse and low paternal affection predict adult panic symptoms 18 years later via actigraphy-indexed sleep disruptions**

Authors: Zainal, Nur Hani and Van Doren, Natalia

Publication Date: 2026

Journal: Psychological Medicine 56, pp. e170

Abstract: Background: Child abuse and low parental affection are established risk factors for higher adulthood panic disorder (PD) severity, but their plausible sleep mediators are under-investigated. We thus examined how actigraphy indices mediated the links between child parental abuse and affection deficits to adulthood PD severity.; Methods: Community-dwelling adult participants (N = 1,054) completed a series of self-reports on child parental abuse and affection at Wave 1. An eight-day actigraphy protocol was conducted at Wave 2, 9 years later. Telephone-administered clinical interviews assessing PD symptoms were conducted in W1 and Wave 3, separated by 18 years. A series of bias-corrected, bootstrapped causal mediation analyses was performed.; Results: Paternal, but not maternal abuse, predicted higher rest- and sleep-stage actigraphy markers after 9 years (βs = 0.263-469.79, p < .001), comprising more activity counts, longer wake time, higher wake time percentage, and wake bouts. These markers, thereby, mediated the trajectory from paternal abuse to higher PD severity (average causal mediation effects (ACMEs): βs = 0.003-0.020, 95% CIs excluding zero, p < .001). Likewise, paternal affection deficits predicted greater disturbances in rest- and sleep-stage actigraphy (all p < .05), thereby mediating the link to greater PD severity (ACMEs: βs = 0.001-0.002, p ≤ .04). Neither maternal abuse nor affection was a significant mediator.; Discussion: These outcomes aligned with, but do not verify, a causal mediation argument wherein actigraphy-derived nocturnal sleep-wake disturbances partially accounted for the trajectory from adverse paternal caregiving encounters to adulthood PD severity. Strategically targeting sleep disturbances may reflect a viable intervention approach for persons with past child paternal abuse learning histories.

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28. **Exploring Emotional Abuse, Physical Abuse and Mobile Phone Dependence in Left- and Non-Left-Behind Adolescents: Roles of Self-Esteem, Social Anxiety, and Loneliness**

Authors: Zhen, Baohua;Yang, Xima and Yao, Benxian

Publication Date: 2026

Journal: Scandinavian Journal of Psychology

Abstract: Child abuse has been significantly associated with children's mobile phone dependence (MPD), particularly in left-behind children (LBC). However, whether distinct forms

of child abuse (physical and emotional) are associated with MPD in LBC and non-left-behind children (NLBC) through common or distinct psychological pathways remain uncertain. This research examined the comparative associations of different abuse types with MPD in LBC and NLBC, as well as the separate or combined roles of self-esteem, social anxiety, and loneliness. In total, 4864 children (2296 LBC) responded to a self-reported questionnaire. Structural equation modeling was employed to examine the indirect relations between emotional abuse, physical abuse, and MPD through self-esteem, social anxiety, and loneliness. The results showed that emotional abuse was positively associated with MPD in LBC, with indirect associations through serial mediation involving self-esteem, social anxiety, and loneliness. In NLBC, emotional abuse was positively associated with MPD through separate and serial mediation involving self-esteem and social anxiety, whereas the mediating role of loneliness was non-significant. The indirect effects from physical abuse to MPD were statistically nonsignificant in either group. These findings suggest that emotional abuse showed more robust associations with MPD than physical abuse and that the psychological pathways linking abuse to MPD showed distinct patterns in LBC and NLBC, highlighting the importance of addressing emotional abuse in prevention and intervention efforts for vulnerable LBC. (© 2026 Scandinavian Psychological Associations and John Wiley & Sons Ltd.)

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