

Safeguarding

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August 2026

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1. Caregiver adverse childhood experiences and burden: associations with child welfare risk in a caregiver-child-sample

Authors: Albert, Fabienne; Baschab, Julia Franziska; Hussong, Justine; Leininger, Dominik; Möhler, Eva and Kauczor-Rieck, Katja

Publication Date: 2026

Journal: Frontiers in Child and Adolescent Psychiatry 5, pp. 1827054

Abstract: Background Adverse Childhood Experiences (ACEs) are well-established risk factors for long-term psychosocial impairments and can affect both parental functioning and child well-being. The present study investigates the impact of caregiver ACEs on child welfare risk over the course of a caregiver-focused intervention. Methods 41 caregiver-child dyads (children: $M = 4.85$ years, $SD = 1.41$) were assessed at three time points: baseline (T1), after 4 weeks of intervention (T2), and six months post (T3). Caregiver ACEs were measured using a standardized questionnaire (ACE), and child welfare risk was assessed with a short form of the

German version of the Child Abuse Potential Inventory (CAPI) Eltern-Belastungs-Screening zur Kindeswohlgefährdung (EBSK)]. Linear mixed-effects models (LMMs) examined changes in EBSK scores over time and the influence of ACE number and domain. Results Child welfare risk did not decrease immediately post-treatment (T1-T2), but a significant reduction was observed at follow-up (T2-T3). Higher caregiver ACE scores were consistently associated with elevated EBSK scores. Analyses of ACE domains revealed that history of parental household dysfunction, but not abuse, significantly predicted higher child welfare risk. The number of ACEs (≥ 4 vs. < 4) did not significantly moderate EBSK trajectories. Conclusions Child welfare risk scores were lower at follow-up than at post-treatment assessment. However, given the absence of a control group, these findings should be interpreted as temporal associations rather than evidence of intervention effects. Caregiver ACEs, particularly history of household dysfunction, remain a persistent risk factor for child welfare. Systematic assessment of ACEs can help identify at-risk families and implement trauma-informed interventions, follow-up support, and professional training in clinical settings.

2. Artificial intelligence in intimate partner violence risk pathways: a PRISMA-ScR review of femicide prevention and medico-legal accountability

Authors: Bailo, Paolo;Nittari, Giulio;Spasari, Tommaso;Gibelli, Filippo and Ricci, Giovanna

Publication Date: 2026

Journal: Frontiers in Digital Health 8, pp. 1877651

Abstract: Introduction Artificial intelligence (AI), machine learning, natural language processing and related decision-support methods are increasingly studied in intimate partner violence (IPV), domestic-violence and gender-based violence contexts. The key question is not whether AI can predict femicide as an individual lethal event, but whether AI-related methods may help institutions recognise, document, communicate and act on distributed signs of escalation across clinical, legal, police, social-service and digital settings. Methods This PRISMA-ScR scoping review, informed by Joanna Briggs Institute guidance and structured using the Population-Concept-Context framework, mapped English-language AI-related literature in IPV, domestic violence, coercive-control and femicide-related risk pathways. Sexual violence was included only when embedded in IPV, domestic-abuse, coercive-control, family-violence, lethality-risk or femicide-related pathways. Results Searches identified 4,099 records; after deduplication, 2,906 were screened, 166 reports were assessed at full text and 125 were included in the core evidence map. The evidence was heterogeneous, spanning clinical and electronic health records, police narratives, legal documents, social media or online posts, survey data, linked administrative data and survivor-facing digital tools. AI-related methods were used mainly for detection, classification, record linkage, risk stratification, text mining, triage or decision support rather than for direct evaluation of femicide-prevention interventions. Femicide, lethality and severe escalation were addressed in only part of the corpus, and few studies examined implementation, human oversight, false reassurance, fairness, privacy or downstream institutional action in depth. Discussion The findings do not support individual femicide prediction or demonstrate that AI prevents lethal violence. Instead, they support a more defensible role for AI as a bounded component in human-led risk-recognition pathways. The review develops a six-layer conceptual synthesis linking distributed risk signals, AI-assisted signal processing, human contextual review, multi-agency response,

legal-ethical governance and medico-legal accountability. AI may support institutional recognition and coordination, but it cannot substitute for professional judgment, survivor-centred practice, due process or adequately resourced prevention systems.

3. Children's experience of surviving the web of exploitation

Authors: Bloxsom, Genevieve;McKibbin, Gemma;Davidson, Jennifer;Halfpenny, Nick and Humphreys, Cathy

Publication Date: 2026

Journal: Children & Youth Services Review 188, pp. N.PAG

Abstract: Perpetrators are frequently offering children monetary resources to self-produce child sexual exploitation material (CSEM). There has been little exploration of how victim children make sense of this form of exploitation, which is frequently facilitated by technology. This study explored how Australian children interpreted their lived experience of being given commodified resources in exchange for their CSEM. Five children aged 16 and 17 who had lived in out-of-home care and had been financially coerced into self-producing CSEM engaged in one-hour semi-structured interviews. Interpretative Phenomenological Analysis was utilised to understand this form of exploitation from the perspective of children who had experienced it. Findings pointed to a Web of Exploitation that children were required to navigate. Six themes were generated, and presented in chronological terms as per children's experiences: (1) Stepping into the Web exhausted and desperate; (2) Assessing who is using whom; (3) Feeling like a willing participant; (4) Surviving and navigating the Web; (5) Risking escape; and (6) Looking back at the Web. Children's resistance to exploitation was frequently observed, and tensions arose for children about their conceptualisation of agency, control, choice and coercion. The findings are discussed in terms of how children escaped exploitation, the collapse of the online/offline dichotomy, and children's experience of the co-existence of coercion and agency. The paper provides novel insight into how vulnerable children can be better supported when financially coerced to self-produce CSEM.

4. Evaluating a child abuse prevention programme's influence on knowledge, attitudes, and beliefs

Authors: Cathorall, Michelle L.;Fisher, Daniel;Pegram, Sadie and Opoku-Agyeman, William

Publication Date: 2026

Journal: Health Education Journal 85(5), pp. 461–473

Abstract: Background: Child sexual abuse confers immediate and long-lasting trauma on victims, their families, and communities. Prevention programmes focus on providing education and support to the victims, but service providers who work with children also need training and support in child sexual abuse prevention. Purpose: To assess the impact that a child sexual abuse prevention programme has on adults' knowledge, attitudes, and beliefs about child sexual abuse. Methods: Three counties in North Carolina participated in the Darkness to Light's Stewards of Children® Child Sexual Abuse Prevention Programme. We report findings

from 2,473 participants, including service providers who worked closely with children. A nonexperimental pre-/postevaluation design was used to assess the training's immediate impact on participants' knowledge, attitudes, and beliefs related to abuse prevention. Electronic surveys were administered before and after the training. Each participant completed a 24-item pretest and posttest survey. Confirmatory factor analysis was used to assess the instrument's structure, yielding three subscales: knowledge, attitudes, and beliefs, with strong internal consistency (Cronbach's alpha $\geq .75$). Paired-sample t -tests and two-way repeated measures analyses assessed within-subject changes and subgroup differences by organisational affiliation, race, and ethnicity. Results: Significant changes in knowledge, attitudes, and beliefs from pre- to posttest were found among all participants and across all outcomes, across different organisational and demographic groups. Discussion: Demonstrated improvements highlight the impact and implications of evidence-based training on child abuse policy and practice and providing justification for future research to further develop this field of study.

5. Identifying clinical signs of child abuse in primary care: a systematic review

Authors: Corsi, Naïs;Van der Windt, Nolwenn;Menage, Quentin;Rouge, Laure;Laporte, Catherine and Vicard-Olagne, Mathilde

Publication Date: 2026

Journal: Family Practice 43(4)

Abstract: Introduction Child abuse may be the cause of clinical signs that are often poorly understood, leading to an underestimation of violence. According to United Nations agencies, 1 billion children worldwide are victims of violence. Objective The objective of this study was to identify the clinical signs of abused children during a consultation in primary care. Study Design A systematic review was conducted in the PubMed, Cochrane, PsycInfo, Embase, and CINAHL databases from 1996 to January 2024. The studies included focused on children aged 0-18 who were victims of abuse and presenting in primary care. Results Among the 3811 articles found in the databases, 19 were included in the review. Signs of physical trauma included fractures, bruises, burns, and genital and neurological injuries. Somatic symptoms in children may include abdominal pain, persistent nonspecific symptoms, and atopic manifestations such as eczema or asthma. The psychological symptoms identified were depression, despair, and anxiety. Abuse is also associated with behavioral disorders (externalizing or internalizing behaviors) and developmental delays (language, learning, and social interaction disorders). Conclusion Few articles have investigated the clinical signs of child victims of violence presenting in primary care. These children may present with various clinical signs (physical trauma, pain, atopy, psychological disorders, behavioral disorders, developmental delays) that highlight the importance of considering abuse as the cause.

6. Upholding Young Children's Right to Child Protection Through Quality Relationships and Policy

Authors: Downey, Belinda;Gibbs, Leanne and Grimmond, Joanne

Publication Date: 2026

Journal: Language, Speech, and Hearing Services in Schools , pp. 1–5

Abstract: Purpose Children's rights to protection and participation, as outlined in the United Nations Convention on the Rights of the Child, Article 3 (Best interest of the child), Article 12 (Respect for children's views), and Article 19 (Protection from violence), must be upheld, and education and health professionals working with children hold a critical role in ensuring these rights are protected. Infants and children with disabilities are especially vulnerable to maltreatment, representing a significant proportion of abuse cases. Children who use diverse communication styles often face additional barriers when expressing concerns or reporting harm, increasing their risk of harm when adults fail to recognize or respond to their communication effectively. This article advocates for education and health professionals to create a culture of safety that enables children to express their safety and well-being concerns through recognition of their diverse communication styles as expressions of their agency and rights. Conclusions Education and health professionals must prioritize unhurried, relationship-focused time with children to create safe, responsive environments that support diverse communication for active engagement with children's cues. High-quality practices and child-inclusive policy and governance are essential measures that can be implemented to reduce the risk of child abuse or maltreatment. Implementation of these measures ensure that children's rights to safety and participation are upheld.

7. Unlocking participation: factors associated with attendance on a voluntary domestic abuse perpetrator programme

Authors: Eisenstadt, Nathan;Gaunt, Daisy;Leach, Rwth;Morgan, Karen;Feder, Gene and Cramer, Helen

Publication Date: 2026

Journal: Frontiers in Sociology 11, pp. 1787740

Abstract: Introduction Domestic abuse perpetrator programmes (DAPPs) show evidence of reducing recidivism, but study size, quality, varying participant risk levels, and intervention length have all contributed to limited effect sizes. A significant challenge for both the effectiveness of DAPPs and the measurement of that effectiveness is high treatment attrition. Despite a growing body of research, there remains uncertainty about which participant characteristics predict drop-out versus completion, and most existing evidence focuses on court-mandated rather than voluntary programmes. Methods This paper analyses factors associated with attendance on REPROVIDE, a voluntary 23-week DAPP for men in relationships with women. Referral routes, perpetrator demographics, intrapersonal characteristics, and violence-related variables were examined using number of sessions attended as a continuous dependent variable. Univariate linear regression analyses were conducted first, followed by multivariable linear regression incorporating age, income, PHQ-9 score, income reporting status, and number of pre-group assessment sessions attended. All predictors were measured at baseline. Results Univariate analyses identified several factors associated with higher session attendance: number of pre-group assessment sessions attended, older age, greater depression severity (higher PHQ-9), higher reflective functioning

(higher RFQ-6), self-referral, employment, and higher income. Lower attendance was associated with refusal to disclose income, involvement of Child and Family Court or Children's Social Care, and referral by health, criminal justice, or social services. The multivariable model showed evidence of an association with number of group sessions attended, with an adjusted R^2 of 0.1696. Discussion Greater clarity on the factors associated with men's voluntary DAPP attendance has practical implications for both researchers and practitioners. For researchers, these findings can inform the design and testing of future interventions. For practitioners, they can guide resource allocation and process design aimed at maximising treatment adherence.

8. Intergenerational transmission of child abuse risk: Cognitive mediators in a multigenerational study

Authors: Fairchild, Jewelina N. and Rodriguez, Christina M.

Publication Date: 2026

Journal: Child Abuse & Neglect 180, pp. 108238

Abstract: Background Although the intergenerational transmission of aggressive parenting behaviors is well documented, few studies utilize multigenerational, multi-informant longitudinal designs to clarify the mechanisms underlying continuity in child abuse risk. Objective This study examined the underlying cognitive process accounting for the intergenerational transmission of child abuse risk, testing whether prenatal parenting attitudes approving aggressive parenting predicted parental child negative intent attributions sequentially mediating associations between first (G1) and second (G2) generation child abuse risk. Participants and Setting G2 parents were drawn from a longitudinal study of first-time mothers and their male partners recruited during the third trimester of pregnancy. Multigenerational data were available for 120 G1 mothers of G2 parents. Methods A longitudinal, multi-informant, sequential mediation model was estimated. Child abuse risk variables were estimated using multiple measures for G1 and G2 parents. G1 abuse risk was modeled predicting G2 parents' prenatal approval of parent-child aggression (PCA) as a mediator predicting negative child intent attributions at six months postpartum, which then predicted G2's child abuse risk. Results G1 child abuse risk predicted greater G2 prenatal approval of PCA use. Prenatal PCA approval mediated the association between G1 and G2 child abuse risk, both directly and sequentially through increased negative child intent attributions at six months postpartum. Conclusions Prenatal approval of PCA represents a key cognitive mechanism linking child abuse risk across generations, highlighting pregnancy as a critical period for prevention-focused intervention.

9. Brief interventions to support parents' use of positive discipline and lessen use of harsh discipline strategies: Qualitative findings from a randomized controlled trial

Authors: Fleckman, Julia M.;Pineros-Leano, Mar;Brown, Komal C.;Bai, Rong;Scholer, Seth and Taylor, Catherine A.

Publication Date: 2026

Abstract: Despite the evidence for intensive parenting programs in promoting child wellbeing and reducing risk for child abuse, little research has been conducted to examine the efficacy of brief, potentially more universal programs for parents in promoting positive parenting practices. The purpose of the current study is to investigate participants' perceptions of two brief parenting interventions implemented within Women, Infant, and Children (WIC) clinics as part of a randomized controlled trial. Women with children ages 2-7 years were recruited from WIC clinics in New Orleans, Louisiana, completed a baseline interview, and then were randomized to one of three conditions: (1) Triple P-Level 2, (2) Play Nicely, or (3) a "usual care" control group. Participants' qualitative responses to new strategies caregivers had learned during their last visit were assessed via open-ended survey questions at 3 months post-intervention (n=720; 88% retention from baseline). Thematic analysis was used to analyze the qualitative responses of participants. Participants in both intervention conditions reported improvements in parent-child communication, increased patience, and increased use of quiet time or time out. Triple P-Level 2 participants more often reported implementation of logical consequences and rewards for good behavior, whereas Play Nicely participants described stopping the use of physical punishment. The majority of women in the control group reported no changes in their discipline strategies. Participants indicated that a short intervention helped them improve their skills for encouraging desirable behavior and dealing with misbehavior with their children. Implementing brief parenting education sessions within WIC or other family health service settings, may help to improve parenting practices and reduce the use of harsh parenting strategies including physical punishment.

10. Cultural adaptation and updating of the ICAST-R child abuse and neglect instrument for Denmark

Authors: Græsholt-Knudsen, Troels;Bundgaard Bak, Johanne;Vestergaard Stadelhofer, Michelle;Dahl Elgaard, Anette;van Mastrigt, Sarah;Mogensen Givskud, Tina;Houmann Stentoft, Mathilde;Spitz, Pernille;Meinck, Franziska and Ingemann-Hansen, Ole

Publication Date: 2026

Journal: Social Science & Medicine (1982) 405, pp. 119535

Abstract: We describe the validation, cultural adaptation, and updating of The International Society for the Prevention of Child Abuse and Neglect, Child Abuse Screening Tool, Retrospective version (ICAST-R) for use in a Danish context. Thorough Danish questionnaires on child abuse and neglect exist, but some are proprietary, and their development precedes widespread use of social media. As forms of abuse evolve, including online sharing of abuse material, updated tools are needed, and we are not aware of any recent, comprehensive and validated questionnaires that are culturally adapted for Danish. The free ICAST-R measure has been translated into at least 20 languages and is widely used in the field. To develop a Danish version, the questionnaire has been back-and-forth-translated and has undergone cognitive testing and focus group interviews by eight individuals within the target age range and seven experts by experience with abuse and neglect. Further adaptation was done through focus group interviews with professionals from research and practice. Categorisation of severity of abuse was done through a Delphi process, and acceptability of the adapted

measure was assessed in an online survey distributed to 450 Danish adults. The ICAST-R has also been reviewed in focus group interviews with 11 professionals working with child abuse and neglect, representing practitioners, researchers and non-governmental organisations. The final Danish measure incorporates additional questions focused on online sexual abuse, free-text options for other experiences of abuse, and items describing acts of abuse with subcultural attributions of meaning. The neglect section is substantially altered, and the section on sexual child abuse has been restructured into non-contact sexual abuse, non-contact technology-facilitated sexual abuse, and moderate and severe contact sexual abuse. For sexual abuse, the structure was changed so that sexual experiences were recorded and subsequent questions explored consent and age at the event. For all events, a number of questions exploring disclosure was added.

11. Performance and Yield of Retinal Examinations in Cases of Suspected Physical Abuse Without Intracranial Injury

Authors: Hamlin, Irene;Breedon-Carino, Karli;Christian, Cindy W.;Wood, Joanne N.;Binenbaum, Gil;Campbell, Kristine A.;Lindberg, Daniel M.;Bachim, Angela;Frasier, Lori;George, Caroline L. S.;Horton, Danielle;Laub, Natalie;Letson, Megan M.;Valente, Matthew;Leonard, Jan;Kiely, Jenna and Henry, M. K.

Publication Date: 2026

Journal: Pediatric Emergency Care

Abstract: Objectives Retinal hemorrhages (RHs) are reported as rare in children with concerns for physical abuse without intracranial injury (ICI). The current performance of retinal examinations in this population is unknown. We sought to assess factors associated with performing a retinal examination in young children without ICI and describe the yield of these examinations. Methods We performed a retrospective, multicenter cross-sectional study of children younger than 2 years undergoing subspecialty physical abuse evaluations between February 2021 and August 2023. Children were excluded if they had ICI, lacked neuroimaging, had RHs prompting evaluation for abuse, or died. Outcomes were (1) performance of a retinal examination and (2) yield of these examinations. We used descriptive statistics to report frequencies and proportions, and χ^2 or Fisher exact tests to assess unadjusted associations between clinical and consult characteristics with performance of retinal examinations. Results Among 2591 children without ICI, retinal examinations were obtained in 10.5% (272). Performance of a retinal examination was significantly associated with younger age, in-person CAP evaluation, transfer status, CAPNET site, presence of high-risk bruising, presence of high-risk fractures, presence of subconjunctival hemorrhage, evidence of head trauma, and ill appearance. Four (1.5%) of the 272 children receiving retinal examinations had RHs on examination, all of which had potential alternate explanations for the RHs. Conclusion Retinal examinations rarely reveal RHs in young children without ICI who are undergoing abuse evaluations, suggesting that these examinations may be safely deferred in this population. Retinal examinations may be warranted in cases of suspected strangulation or other signs of ocular trauma.

12. Injuries in Children Undergoing Subspecialty Abuse Evaluations Because of Intimate Partner Violence

Authors: Henry, M. K.;Tiyyagura, Gunjan;Wood, Joanne N.;Leonard, Jan;Campbell, Kristine A.;Lindberg, Daniel M.;Bachim, Angela N.;Brink, Farah W.;Frasier, Lori D.;Harper, Nancy S.;Hickey, Claire;Laub, Natalie;Melville, John D.;Sahud, Hannah and Scribano, Philip V.

Publication Date: 2026

Journal: Pediatrics Open Science 2(3)

Abstract: Background and Objectives Intimate partner violence (IPV) and child physical abuse often co-occur, but the frequency and risk factors for abusive injuries in IPV-exposed children remain unknown. Our objectives were to (1) determine frequency of skeletal surveys (SSs) and neuroimaging use because of IPV and their diagnostic value in children aged less than 24 months evaluated by a child abuse pediatrics specialist (CAP) and (2) identify factors associated with performance of and findings on SS and neuroimaging. Methods We conducted a retrospective study of children aged less than 24 months undergoing CAP consultations because of IPV exposure from February 2021 to February 2024 in a multicenter child abuse research network. We analyzed use of SS and neuroimaging and associations between imaging use and sociodemographic factors and associations between imaging positivity and clinical factors (age, injury-related chief complaint, presenting trauma history, injury on physical examination). Results Among 326 children, 305 (93.6%) underwent SSs, with 29 (9.5%) positive for a new fracture. Among 267 children without signs/symptoms of head trauma, 110 (41.2%) had neuroimaging, with 7 (6.4%) positive for intracranial injury. There was no disproportionality in SS use, but race/ethnicity and insurance type were associated with the use of neuroimaging. The presence of an injury on physical examination finding was associated with newly identified fractures (15.7% vs 6.4%; $P = .009$). Conclusions Current evidence supports use of SSs in children aged less than 24 months undergoing medical evaluations after exposure to IPV. Further research is needed to assess risk factors for positive findings on SSs and neuroimaging with larger sample sizes.

13. Trauma-Informed Principles on Informing Caregivers of Referrals to Child Protective Services

Authors: Hsiung, Kimberly;DePoy, Allison A.;Gunton, Tishia;Hendricks-Johnson, Taylor;Weikel, Kim and Crichton, Kristin Garton

Publication Date: 2026

Journal: Journal of the American Academy of Child and Adolescent Psychiatry

Abstract: Informing caregivers of the plan to make a referral to child protective services (CPS) for concerns of child abuse or neglect is a challenging conversation. Some fears that healthcare professionals have include risk of caregiver agitation, damage to the therapeutic relationship, and litigation. Although the body of literature exploring the decision to place the referral itself is more robust, publications on how to inform the caregiver that a referral is being placed are scant. We draw on the literature and expert opinion to provide practical trauma-

informed guidance in informing a caregiver of the decision to make a referral to CPS. There is a need for additional education and training to apply these principles into practice to improve confidence and competence of healthcare professionals with these ethically challenging and uncomfortable conversations.

14. Disadvantaged ethnic minority communities and legalising assisted dying: coercion, trust and equity in end-of-life care

Authors: Hussain, Jamilla Akhter;Jacob, Ikhtlaq;Khalid, Rubina;Balaz, Natalie;Peltier, Carol;Jensen, Mercia;Grewal, Bhajneek;Brara, Amrita and Hackett, Julia

Publication Date: 2026

Journal: BMJ Supportive & Palliative Care

Abstract: Objectives To explore perspectives on assisted dying legislation among disadvantaged ethnic minority communities in a UK city with high ethnic diversity and socioeconomic deprivation to inform deliberation of the Terminally Ill Adults (End of Life) Bill in England and Wales. Methods Three community consultations were facilitated using semistructured discussions. Groups consulted included: (1) 98 adults from ethnic minority communities living in disadvantaged areas; (2) 24 ethnic minority women with experience of domestic abuse and (3) 15 parents of young people aged ≥ 18 years who are autistic and/or have learning disabilities. Findings were analysed thematically. Results Across all consultation groups, participants expressed both compassion for people experiencing severe suffering who want assisted dying, alongside concerns about how assisted dying might be experienced by marginalised groups. Four themes were developed: fear and mistrust of healthcare systems; risks of direct and indirect coercion, including structural and interpersonal forms; concerns about decision-making, capacity and family involvement; and unintended consequences for trust in palliative care services. Conclusions Consultations provide insights into how assisted dying legislation may affect groups experiencing end-of-life inequalities. Findings suggest that without attention to equity, trust and safeguards, assisted dying policy risks widening disparities and undermining engagement with palliative care.

15. Implementation of Universal Child Abuse Screening Tool (U-CAST): Real-world implementation of a standardized electronic health record-based child physical abuse screening in the pediatric emergency department

Authors: Knowlton, Morgan;Cauley, Elizabeth;Hammond, Brooke;Lee, Moon;Egge, Melissa K.;Harnish, Elena and Chao, Stephanie D.

Publication Date: 2026

Journal: Child Abuse & Neglect 179, pp. 108234

Abstract: Background Universal screening tools can help detect child physical abuse. Epic released an electronic health record-embedded universal child physical abuse screening tool (U-CAST) that can quickly be implemented by any institution that uses Epic. Objective We evaluated the first year of implementation of an adapted U-CAST in the pediatric emergency

department at an academic hospital. Participants and Setting All patients less than four years of age who arrived in the pediatric emergency department were screened using a four-question tool embedded into the electronic health record. Methods A screen was positive if at least one question was answered "yes". For positive screens, a Best Practice Advisory prompted the attending to document low risk, order specialty consultation, or indicate they were not the responsible physician. The Suspected Child Abuse and Neglect (SCAN) team reviewed all positive screens. Results From May 28, 2024 to May 27, 2025, 11,326 screenings were initiated; 10,634 (93.9%) were completed and 198 (1.7%) were positive. Thirty-eight positive screens were associated with Child Protective Services (CPS) reports for concern of child physical abuse (true positives). Eight CPS reports for concern of child physical abuse occurred after negative or incomplete screens. Demographic proportions were similar across screening stages. Implementation achieved a 97% corrected completion rate and an 83% sensitivity for CPS reports for concern for child physical abuse. Conclusions The successful implementation in the first year is promising evidence for the adoption of U-CAST among pediatric emergency departments. We will continue to monitor sustainability beyond the first year.

16. The Invisible Abuser: Attachment, Victimization, and Perpetrator Perception in Repeat Abuse

Authors: Lesiak, Mags and Gelsthorpe, Loraine

Publication Date: 2026

Journal: Violence Against Women 32(11), pp. 4195–4214

Abstract: Current models of trauma bonding often understate the perpetrator's role in shaping victims' emotional attachment, risking both victim—blaming and conceptual distortion. This study addresses that gap through interviews with 18 women who experienced repeat domestic abuse and sustained attachment to their perpetrators. The analysis identifies attachment weaponisation as a core mechanism of coercive control. Through grooming, trauma—sharing, and alternating cruelty with care, abusers deliberately manufacture emotional entrapment. These cycles don't merely mimic intimacy — they weaponise it, turning affection into a mechanism of control that binds victims to their perpetrators without the need for force or visible constraint. The findings also indicate a distinct perpetrator profile marked by volatility, manipulateness, and performative vulnerability. The paper shows that trauma bonding isn't a symptom of weakness — it's a strategy of control. Abusers create attachment through manipulation, turning love into a tool of domination.

17. Obstacles and Strategies in Nursing Care for Migrant, Asylum-Seeking, and Refugee Children: A Scoping Review

Authors: Marcelino, Carolina;Marcelino, Tânia;Ramos, Sílvia;Romeiro, Joana and Caldeira, Sílvia

Publication Date: 2026

Journal: Journal of Transcultural Nursing : Official Journal of the Transcultural Nursing

Abstract: Introduction The migratory phenomenon is reaching record levels, with children as a vulnerable group, facing challenges during travel and adaptation. This review aims to map the obstacles and strategies in the provision of nursing care to migrant, asylum-seeking, and refugee children. Methods This is a scoping review according to JBI guidelines; searches were conducted in June - July 2024 and updated in May 2026 in MEDLINE Complete, PubMed, CINAHL Complete, and Web of Science. Inclusion criteria were language (Portuguese, English, or Spanish), population (migrant children), and various settings. Results Ten studies identified several obstacles to nursing care, including cultural barriers, communication difficulties, nurses' attitudes, inadequate translation services, and limited knowledge of the health care system. Discussion Culturally congruent nursing care is essential for improving outcomes for vulnerable children. This review emphasizes the need for inclusive health policies and ongoing training to promote cultural competence among nurses.

18. Emotion Regulation and Empathy in Child Abuse Potential: Gender Differences in Parents

Authors: Miragoli, Sarah;Milani, Luca and Camisasca, Elena

Publication Date: 2026

Journal: Journal of Interpersonal Violence 41(17-18), pp. 6332–6356

Abstract: The Social Information Processing model suggests that impairments in parental characteristics (cognitive and affective) can lead to important dysfunctions in parenting. This study aimed to investigate the relationships among risk of maltreatment (Child Abuse Potential, CAP), emotional regulation, and empathy, exploring gender differences for the possible moderating role of empathy in the relationship between emotion regulation and CAP. A community sample of 110 fathers and 149 mothers of Italian children, aged 6 to 14 years ($M = 9.6$; standard deviation $SD = 2.3$), was recruited. Correlational analyses showed that risk of child maltreatment was related to various difficulties in emotion regulation and empathy, with gender difference that played a different role in the moderation models. Specifically, in fathers, the lack of perspective-taking moderated the effects of difficulties in controlling impulsive behaviours and CAP. In mothers, empathic concern moderated the effects of difficulties in recognizing emotions and lack of emotional awareness on CAP. Clinical implications were discussed.

19. The evolution of adult safeguarding in Northern Ireland: a historical perspective from Joyce McKee

Authors: Montgomery, Lorna and McKee, Joyce

Publication Date: 2026

Journal: Journal of Adult Protection 28(4), pp. 209–216

Abstract: Purpose: This is an original interview, as commissioned by Dr Jeremy Dixon. The

purpose of the paper is to provide insight into the development of adult safeguarding policy and practice in Northern Ireland from the early 2000s to the post-2015 policy era. Design/methodology/approach: An interview took place between the authors of this paper to explore relevant issues in adult safeguarding in Northern Ireland and the second author's contributions to the field. Findings: Joyce McKee, the former Regional Adult Safeguarding Officer for Northern Ireland, offers a critical historical overview of the development of adult safeguarding policy and practice in Northern Ireland. Joyce reflects on the transition from an ad hoc social work interest to a standardised, purpose-driven, regional framework. The role of Northern Ireland's unique political history and integrated systems in fostering a culture of relationship-based practice and bottom-up policy development is highlighted. The conceptual move from a largely paternalistic approach to person-centred, rights-based frameworks that repositioned safeguarding as "everybody's business" is discussed along with strategic difficulties in aligning police and health priorities. Originality/value: The interview provides insight into the development of adult safeguarding policy and practice in Northern Ireland. It highlights conceptual shifts in adult safeguarding since 2000 and identifies the often-overlooked value of sensitive, non-prosecutorial police work in safeguarding and the enduring role of professional social work skills in advocating for adult autonomy.

20. Conversational AI for Child Abuse Detection Through Multistage Counseling: Model Development and Validation Study

Authors: Moon, Hyun-Young; Jin, Youn-Gyu; Kim, YoonJu; Lee, Gwang-Cheol; Oh, Hyeontaek; Kim, Hyun A.; Aliyeva, Dinara; Na, Hyunjoo and Kim, Kang-Min

Publication Date: 2026

Journal: Journal of Medical Internet Research 28, pp. e86536

Abstract: Background Child abuse severely disrupts the healthy growth and development of children, resulting in long-term physical as well as emotional consequences. In real-world settings, despite the continuous increase in reported abuse cases, the chronic shortage of certified child abuse professionals has significantly increased the workload of individual counselors, making timely intervention increasingly difficult. Objective This study aims to reduce the workload of counselors in real-world counseling settings by supporting counseling and child abuse detection processes. We propose a conversational artificial intelligence-based framework, Conversational Artificial Intelligence for Child Abuse Detection (CACAD), which conducts counseling with children and detects child abuse during the counseling process. Methods CACAD uses a large language model (LLM) to conduct counseling and to detect 4 types of child abuse: neglect, emotional, physical, and sexual. During the question generation process, the LLM serves as the primary agent, supported by 2 auxiliary modules. In the process of counseling, the LLM first determines whether a child's response provides sufficient information to understand the current situation. If the response is deemed insufficient, the LLM generates follow-up questions to elicit additional information while preserving the context of the previous question. Once sufficient information is obtained, the next question category prediction module predicts the most appropriate category for the subsequent question and passes it to the LLM, enabling more flexible guidance of the counseling flow. In parallel, the abusive question detection module filters out potentially harmful or inappropriate questions to protect children. For abuse detection, CACAD uses an instruction-tuned LLM specialized for

child abuse detection, and uncertainty quantification is applied to dynamically flag cases as pending review for counselor confirmation. Results Experimental results using a Korean child-and-adolescent counseling dataset show that CACAD achieves strong performance in child abuse detection, with an exact match of 0.907 and a macro-F1-score of 0.939. In addition, CACAD demonstrates effective performance in counseling-related tasks, including next question category prediction and abusive question detection, contributing to coherent and safe counseling interactions. Human evaluation by domain experts further confirms the reliability of CACAD in counseling sessions, and uncertainty-based selective prediction allows the system to dynamically identify cases requiring human review. Conclusions These findings demonstrate that LLM-based conversational agents can reliably perform child abuse detection within counseling conversations in real-world settings. The results further indicate that such systems can support counseling processes by integrating abuse detection, safe question generation, and uncertainty-aware decision handling in a unified framework.

21. Psychosocial and Developmental Predictors of Early Behavioral Problems in Preschool Children Referred for Developmental Risk

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Journal: Turkish Archives of Pediatrics 61(3), pp. 260–268

Abstract: Objective: Behavioral problems in children may be associated with developmental characteristics and parental stress levels. This study aimed to identify potential early risk indicators and focal points for preventive intervention related to behavioral problems among preschool children suspected of developmental delay before diagnosis or formal intervention. Materials and Methods: This cross-sectional study included 89 children aged 24-60 months referred for their first evaluation for suspected delays and 37 typically developing (TD) peers. Development was assessed with the Ages and Stages Questionnaire-Turkish version (ASQ-TR). Mothers completed the ASQ: Social–Emotional, Child Behavior Checklist (CBCL/1.5-5), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), and Parenting Stress Index Short Form (PSI-SF). Groups were compared, and regression analyses identified child and parent factors associated with behavioral problems. Concurrently, the study examined the developmental, psychological, and familial factors associated with behavioral problems among children at developmental risk. In this subgroup, regression analyses assessed the associations between predefined child variables (age, sex, ASQ-TR domain scores) and maternal measures (BDI, STAI, PSI-SF, parental education, socioeconomic status) with CBCL outcomes. Results: Children with developmental risk had significantly higher CBCL total, internalizing, and externalizing scores than TD peers. Maternal depression symptom and anxiety scores did not differ between groups, but parenting stress was higher among mothers of children with risk. Within the developmental risk group, parenting stress was consistently associated with total, internalizing, and externalizing problems. Delays in personal-social and social-emotional domains were linked to total and externalizing difficulties, while gross motor delays were related to internalizing problems. The number of delayed developmental domains correlated with both behavioral problems and parenting stress. Conclusion: Behavior problems are higher among children identified as being at developmental risk through screening, and

parenting stress is closely associated across behavioral domains even before formal diagnosis or intervention. Multiple delays appear to exacerbate both child and parent outcomes. These findings highlight the need for early, family-centered interventions addressing children's developmental and behavioral needs alongside parental well-being.

22. Loneliness and mental well-being in later life: the moderating role of locus of control in safeguarding unmarried older adults

Authors: Qamer, Saleha;Ahsan, Sadaf and Gul, Mahvia

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Journal: Journal of Adult Protection 28(4), pp. 167–179

Abstract: Purpose: This study aims to investigate the relationship between loneliness and mental well-being in unmarried older adults, emphasizing the moderating role of locus of control. The objective was to ascertain whether internal, external and powerful others' control orientations mitigate or exacerbate the psychological impacts of loneliness, with the intention of informing culturally sensitive safeguarding strategies and promoting psychosocial interventions that bolster resilience, autonomy and emotional security in at-risk older populations. Design/methodology/approach: A cross-sectional correlational design was used to analyze the study variables among 200 purposively selected unmarried older adults aged 60 and up from various places across Pakistan. Standardized tools were used, such as the UCLA Loneliness Scale, the Warwick–Edinburgh Mental Well-being Scale and the Levenson Multidimensional Locus of Control Scale. Data collection followed ethical guidelines, assuring informed consent and anonymity. SPSS version 26 was used for statistical analyses, which included descriptive statistics, Pearson's correlation and hierarchical multiple regression. Findings: Results indicated a significant negative relationship between loneliness and mental well-being. Internal locus of control moderated this relationship by buffering the adverse effects of loneliness, whereas external locus of control intensified them. The "powerful others" dimension exhibited a mild positive moderating influence, suggesting that reliance on supportive figures can offer partial protection. Gender and family structure differences revealed that women and individuals in nuclear families reported higher loneliness and lower well-being. Originality/value: This study presents original data from a collectivist setting, framing locus of control as a protective psychological mechanism that informs culturally relevant safeguarding treatments to improve resilience and mental well-being in later life.

23. The Biographical Narratives and Therapeutic Outcomes of Trauma-Exposed Mothers Open to Child Protection Services: Narrative Exposure Therapy Case Studies

Authors: Ryan, Grant Thomas

Publication Date: 2026

Journal: Child & Family Social Work 31(3), pp. 1614–1622

Abstract: There are disproportionately high rates of birth parents receiving statutory child

protection services that suffer from post-traumatic stress, with an estimated prevalence of 23% meeting criteria for PTSD. Numerous studies have identified that parental post-traumatic stress can increase child abuse potential and have a significant impact on parenting and child outcomes. The current research aimed to, firstly, understand the biographical narratives of trauma-exposed mothers receiving child protection counselling by presenting extracts of Narrative Exposure Therapy (NET) transcripts. The extracts were presented based on overarching concepts experienced by the participants, including coercive control, physical assault, adult sexual assault, childhood sexual abuse, self-identity and social support. Quantitative analysis of pre- and post-intervention outcomes was also undertaken using the PCL-5, CORE-OM and SCORE-15. Results indicate reliable and clinically significant change in post-traumatic stress symptoms, psychological distress and family functioning. Limitations, future considerations and clinical implications are discussed.

24. Seeking help, finding harm: Exploring inadequate systemic responses to child maltreatment

Authors: Schwab-Reese, Laura;Hartley, Amelia;Clark, Dessie;Tasnim, Rafia;Renner, Lynette M.;Siragusa, Danielle;Jacobs, Larel and Fingerman, Michelle

Publication Date: 2026

Journal: Children & Youth Services Review 188, pp. N.PAG

Abstract: Although prior researchers have quantified gaps in systems' responses to child maltreatment, limited information exists on children's and families' experiences of these issues. In this study, we examined inadequate responses from formal systems (e.g., police, child protection services, schools) to child maltreatment reports in the United States, as perceived by children and their advocates. Using qualitative content analysis of 134 National Child Abuse Hotline text/chat conversations, we explored the contexts of inadequate responses, system efforts to protect children, perceived reasons for inadequate responses, and victims' reactions to these situations. Although other formal systems were also perceived as insufficient, child protection services were typically identified as the primary concern. These issues may be partially driven by how caseworkers engaged children, such as fact-finding while the person who allegedly used violence is present. Following inadequate responses, victims frequently resorted to maladaptive coping strategies. Overall, these findings highlight opportunities to improve formal systems' protection of children.

25. Decision-making in parent–child contact arrangements in situations of domestic abuse in one locality of England: a preliminary qualitative study

Authors: Smith, Charlotte;Olive, Philippa and Wilson, Neil

Publication Date: 2026

Journal: International Journal of Health Promotion & Education 64(1), pp. 44–54

Abstract: The significant impact of domestic abuse on children is well documented, yet when

mothers escape violent relationships, professional and legal decision-making leads to children maintaining contact with perpetrator fathers. This small-scale, pilot study used a focus group of professionals and interview with one mother to explore professional and maternal experience of the decision-making process in parent–child contact arrangements in situations of domestic abuse in one locality in England. The research explored the intrinsic and external influences on decision-making for professionals and mothers when making child contact arrangements when parental domestic abuse has occurred. Thematic analysis identified 'Inconsistency' as the dominant concept for two key themes: the inconsistency of application of the concept of 'Good Enough Parenting' and inconsistency of availability of resources to support decision-making and safe child contact arrangements. This study found a lack of specific guidance or assessment tools to support decision-making in contact arrangements. The small-scale nature of this pilot study limits transferability of results, but forms the basis for the next phase of research, which will seek to recruit a larger group of professionals and mothers to further explore the findings of this study.

26. Iatrogenic harm from restrictive interventions in mental healthcare: a human rights perspective

Authors: Stevens, Peter

Publication Date: 2026

Journal: Mental Health Practice 29(4), pp. 14–19

Abstract: Why you should read this article: • To understand the types of iatrogenic harm that may result from restrictive interventions and practice in mental healthcare • To learn about the ethical and legal issues associated with restrictive interventions and practice • To consider approaches that could be used in mental health settings to reduce the risk of iatrogenic harm. The use of restrictive interventions and practice by nurses in mental healthcare has the potential to cause varying levels of iatrogenic harm to patients. Restrictive interventions include physical and mechanical restraint, seclusion and enforced administration of medicines, while restrictive practice includes coercion, deprivation of liberty and reduced autonomy. The severity of physical, psychological and psychosocial harms experienced by patients subjected to these restrictions can be wide ranging. In addition, the use of these interventions and practices gives rise to ethical and moral contradictions, even when they are used legally and are clinically acceptable. This article explores the factors involved in restrictive interventions and practice such as culture, leadership, staffing levels, training, organisational policy and quality of care provision. The author also examines the implications for patients of being subjected to such interventions.

27. Potentially modifiable mediators of the association between child abuse and dementia

Authors: Taylor, Katherine;Howe, Laura D.;Lacey, Rebecca E.;Anderson, Emma and Mukadam, Naaheed

Publication Date: 2026

Abstract: Background Literature investigating mediation of the association between child abuse and dementia has largely considered composite adverse childhood experience scores rather than individual adverse experiences, despite evidence that different experiences have different impacts on dementia risk. Additionally, prior studies consider mediators in isolation, despite known associations between mediators which may impact indirect pathways from child abuse to dementia. Objectives To investigate whether potentially modifiable health and lifestyle factors mediate the association between child abuse and dementia. Methods We used data from the English Longitudinal Study of Ageing to investigate associations between child abuse and dementia (N:5,448). Indirect pathways through four mediator categories (education, health behaviours, mental health and cardiovascular health) were examined. We used regression modelling to estimate associations between child abuse, mediators and dementia, and causal mediation analysis using the g-formula to estimate the joint indirect effect through the mediators. Results Individuals who experienced child abuse had, on average, an 80% higher hazard of dementia, compared to those who did not (RTE HR:1.80, 95% CI:1.21-2.39). Mental health mediators showed strong associations with both child abuse and dementia. Evidence for other mediators was weaker. Education, health behaviours, mental health and cardiovascular health mediated approximately 18% of the association. Sensitivity analysis revealed that almost all this mediation occurred through mental health. Conclusions Child abuse was associated with higher risk of dementia. Joint mediation analysis suggested that education, health behaviours, cardiovascular health, and mental health accounted for a relatively small proportion of the observed association, with most mediation occurring through mental health. Future research must focus on other potential pathways from child abuse to dementia, including biological and social mechanisms. Highlights On average, child abuse was associated with an 80% higher hazard of dementia. Modifiable health and lifestyle factors explained only 18% of the association. Mental health accounted for most of the observed mediation.

28. Social contact recovery and depressive symptoms after the pandemic lockdowns: the lasting impact of child neglect

Authors: Wallimann, Meret Sophie; Rosenblum, Ariela; Chokhani, Ritika; Gebus, Steffi; Maslahati, Tolou; Obradovic, Tamara; Serebriakova, Jana; Lueger-Schuster, Brigitte and Lotzin, Annett

Publication Date: 2026

Journal: European Journal of Psychotraumatology 17(1), pp. 2694158

Abstract: Background Child maltreatment is a major risk factor for depression and impairs social functioning in adulthood. The COVID-19 pandemic, through its widespread social restrictions, provided a unique opportunity to examine how adults with and without histories of child maltreatment re-established social contacts after a shared period of isolation. Objective This study investigated whether adults with a history of child maltreatment were slower to recover social contact after the COVID-19 lockdowns and whether these social contact trajectories predicted depressive symptoms one year after the pandemic. Method Longitudinal data from the German cohort of the ADJUST study ($N = 701$) were analysed across five waves

collected between June 2020 and April 2024. Child maltreatment (conceptualised to include both domains of child abuse and neglect) was assessed at baseline. Social contact frequency and depressive symptoms (PHQ-9) were measured at all timepoints. Cumulative link mixed models and linear regressions examined associations between child maltreatment, social contact change, and depressive symptoms while controlling for sociodemographic variables and baseline depression. Results Overall, social contact increased as restrictions eased. While overall child maltreatment was not associated with social contact change, child neglect (but not abuse) predicted weaker increases in social contact over time, suggesting reduced social re-engagement. Child neglect was significantly associated with higher depressive symptoms one year after the pandemic, even when baseline symptoms were controlled. Greater individual increases in social contact recovery predicted lower depressive symptoms, and this association was stronger among participants with a maltreatment history. Conclusions Recovery of social contact after large-scale social disruptions is impaired among adults with a history of child neglect and is associated with persistent depressive symptoms. Interventions fostering social reconnection and trust rebuilding may mitigate long-term mental-health risks among neglect survivors.

29. Physical and verbal abuse, psychosocial difficulties, and social media and gaming addiction among school-aged children and adolescents: A large-scale study

Authors: Wen, Hao;Luo, Yang and Liu, Yuhang

Publication Date: 2026

Journal: Child Abuse & Neglect 179, pp. 108211

Abstract: Background Childhood maltreatment is a recognized risk factor for digital addiction among adolescents. However, the differential pathways linking specific abuse subtypes to distinct forms of digital addiction through multiple psychosocial mechanisms remain underexplored. Objective Guided by general strain theory, this study examined the parallel mediating roles of four dimensions of psychosocial difficulties (e.g., emotional symptoms, conduct problems, inattention, and peer relationship problems) in the associations between physical and verbal abuse and social media addiction and gaming addiction. Participants and Setting Participants were 11,638 school-aged children and adolescents (aged 10-18 years; 53.1% male) recruited from six public schools in Chongqing, China, using cluster sampling. Methods Structural equation modeling was used to test a parallel mediation model accounting for measurement error and intercorrelations among mediators, with age and sex included as covariates. Bootstrapped confidence intervals were used to evaluate indirect effects. Results Emotional symptoms significantly mediated the associations between both physical abuse ($\beta = 0.032$, 95% CI 0.020, 0.044]) and verbal abuse ($\beta = 0.122$, 95% CI 0.095, 0.149]) and social media addiction. Inattention was the primary mediator linking both physical abuse ($\beta = 0.071$, 95% CI 0.022, 0.120]) and verbal abuse ($\beta = 0.189$, 95% CI 0.087, 0.291]) to gaming addiction. Conduct problems and peer relationship problems showed no significant independent mediating effects. Sensitivity analyses revealed a suppression effect, whereby the direction of the association between emotional symptoms and gaming addiction reversed when other psychosocial dimensions were simultaneously modeled. Conclusions These findings demonstrate differentiated strain pathways from child abuse to specific forms of digital addiction and highlight the importance of simultaneously modeling multidimensional

psychosocial difficulties in intervention design.

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