

# PEDIATRIC MALTREATMENT

## **Pediatric Maltreatment**

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## PEDIATRIC MALTREATMENT

### **Pediatric Maltreatment: Literature Review**

The Crisis Nursery of Effingham is an exceptional and highly-needed resource that provides care to the maltreated pediatric population of six-year-olds and below. The children who receive care from this organization are subject to some form of maltreatment or trauma, whether that be neglect or abuse. Also, overwhelmed parents, medical stress, judicial engagement, and shelter desolation are examples of crises inducing childrens' guardians to enter them into Crisis Nursery services.

Choosing this organization revolved around our group's willingness and desire to volunteer to assist young children in desperate need of excellent, nurturing care. Our group volunteered at the Crisis Nursery of Effingham County on September 29, 2021. Our group had the pleasure of receiving a tour from Meghan Rewers, the founder, and discovered many services they provide. We aided the Crisis Nursery staff and volunteers with seasonal clothing donations and configuration and cultivated mailing letters to send to community members during our time here, which otherwise would have taken their organization substantially longer. As a group, we thoroughly enjoyed our opportunity to learn more about and help with the Crisis Nursery.

Zachariah Bovard:

### **Crisis Nursery Services and Foster Care Prevention: An Exploratory Study**

The overarching idea of this study is that when caregivers utilize nurseries during a crisis, it offers social workers a chance to encourage participation in the services they offer (Crampton & Yoon, 2016). This observation begs the question of whether caregiver participation yields measurable benefits (Crampton & Yoon, 2016). Crampton and Yoon (2016) analyze administrative data from a crisis nursery in Cleveland, Ohio, to determine if parenting education

## PEDIATRIC MALTREATMENT

and case management services lower the risk of placement in foster care. The population sample consisted of 322 children belonging to 186 families in Ohio (Crampton & Yoon, 2016). The authors determined foster care placement status by cross-referencing Case Western University's Childhood Integrated Longitudinal Data system (Crampton & Yoon, 2016). Crampton and Yoon (2016) use Chi-Square testing to establish the statistical significance of the difference in foster placement between participating, non-participating, and not recommended for inclusion groups.

The authors discovered that while time in crisis care did not influence the likelihood of foster placement, that participation in case management and parenting education lowered the risk significantly (Crampton & Yoon, 2016). The percentage of children placed into foster care after using a crisis nursery was 43.6% when families did not utilize case management compared to 20.3% for families who participated (Crampton & Yoon, 2016). The children of parents who received parenting education classes were 23.4% less likely to be placed in foster care (Crampton & Yoon, 2016). Based on the results of this study, the families and children utilizing crisis nurseries stand to benefit from efforts to encourage the utilization of case management and parenting education resources. Moreover, interventions aimed at facilitating participation can further help this aggregate. Staff at the nursery in the study identified several barriers to receiving ancillary resources, including employment issues, lack of transportation, and insufficient trust in program effectiveness (Crampton & Yoon, 2016). The evidence from this study suggests that, when dealing with at-risk families in the clinical setting, nurses can similarly help by making referrals for case management or educational intervention.

### **A Trio of Risk Factors for Childhood Sexual Abuse: Investigating Exposure to Parental Domestic Violence, Parental Addiction, and Parental Mental Illness as Correlates of Childhood Sexual Abuse**

## PEDIATRIC MALTREATMENT

In this study, Fuller-Thomson and Agbeyaka (2020) investigate parental domestic violence, parental addiction, and parental mental illness as risk factors for childhood sexual abuse (CSA). Because CSA can cause lasting adverse physical and mental health issues in survivors, prevention and screening interventions are crucial (Fuller-Thomson & Agbeyaka, 2020). However, the incidence of false positives associated with universal screening is problematic (Fuller-Thomson & Agbeyaka, 2020). Investigating all false-positive cases could strain protective agencies and unduly disrupt the lives of families (MacMillan & Canadian Task Force on Preventative Health Care, 2000, as cited in Fuller-Thomson & Agbeyaka, 2020). Thus, the authors propose a targeted approach to CSA screening based on risk factors as an alternative (Fuller-Thomson & Agbeyaka, 2020). The study aimed to answer two questions; whether a correlation between individual risk factors and CSA existed and whether a cluster model or cumulative model had better predictive power for CSA (Fuller-Thomson & Agbeyaka, 2020). Fuller-Thomson and Agbeyaka (2020) collected data from the Centers for Disease Control's Brief Risk Factor Surveillance Survey in 2010 and 2012. Their sample, in sum, consisted of 11,656 men and 18,145 women in five states and the District of Columbia (Fuller-Thomson & Agbeyaka, 2020). The researchers used logistic regression to determine, for each sex, the odds of CSA based on the presence of risk factors individually, in clusters, and as cumulative sets (Fuller-Thomson & Agbeyaka, 2020).

The studies' results provide several valuable findings. First, males and females with all three risk factors were, respectively, 16 and 17 times more likely to experience CSA than their counterparts with no risk factors (Fuller-Thomson & Agbeyaka, 2020). Furthermore, a substantial increase in odds of CSA relative to subjects with no risk factor persists when two indicators are cumulatively present (Fuller-Thomson & Agbeyaka, 2020). Finally, while a cluster

## PEDIATRIC MALTREATMENT

model is more accurate in predicting CSA, the difference is relatively small, and a cumulative screening is less complex to administer (Fuller-Thomson & Agbeyaka, 2020). Accordingly, the authors recommend that children with two or more risk factors receive additional screening for CSA and propose that doing so can lower false positives than universal screening or screening based on a sole risk factor (Fuller-Thomson & Agbeyaka, 2020). This student believes this study has practical implications for caregivers in a crisis nursery setting. Not only does the research offer evidence-based criteria for CSA screening, but the targeted approach its authors advocate could improve efficiency by reducing unnecessary screenings. The study can similarly benefit nursing practice; when a professional nurse sees a pediatric client in the clinical setting, it represents an opportunity to assess if CSA screening is appropriate.

Bryson Cutts:

### **Timing and Chronicity of Child Neglect and Substance Use in Early Adulthood**

Neglect is the most common form of maltreatment a child undergoes (Dubowitz et al., 2019). Pediatric neglect correlates with substance abuse in the latter stages of one's life (Dubowitz et al., 2019). This article deciphers longitudinally, a five-study conglomerate using a collective of 1,354 children and their primary caregivers who received exposure to maltreatment or were at risk for neglect (Dubowitz et al., 2019). The age range of the children whom the researcher sought to analyze resides between four and six (Dubowitz et al., 2019). The original participants received follow-up surveillance at two-year periods until they reached 18 years old; 475 participants completed the follow-up surveys (Dubowitz et al., 2019). The collected data involved neglect cases from the Child Protective Services (CPS) and those who self-reported neglect (Dubowitz et al., 2019).

## PEDIATRIC MALTREATMENT

In concurrence with neglect, participants and their caregivers underwent questioning regarding substance abuse, demographics, behavior, and life circumstances (Dubowitz et al., 2019). In the sociodemographic neglect groups, females experienced chronic neglect at 57.8% compared to the males (Dubowitz et al., 2019). Black participants experienced chronic neglect at a proportion of 55% compared to White and Hispanic participants (Dubowitz et al., 2019). In the substance use groups, alcohol, tobacco, and marijuana have the highest application rate compared with more illicit drugs such as cocaine, ecstasy, and amphetamines (Dubowitz et al., 2019).

The CPS and self-reported data involving confirmed or presumed maltreatment have evidence of inadequacy. Many children reported that their child-caregiver relationships developed as entirely positive, which does not hinder the incident of maltreatment since young children are not aware or cannot understand what type of care they are missing (Dubowitz et al., 2019). The Crisis Nursery of Effingham County is an essential resource to combat neglect. Children have alternative caregivers who recognize the maltreatment and institute environmental stability by bringing them to the organization. As workers with the youth, the faculty and volunteers of the nursery are required to report signs of neglect. Crisis Nursery is an excellent resource because it provides the capability of removal of neglect.

### **Physical Child Abuse Demands Increased Awareness During Health and Socioeconomic Crises Like COVID-19**

Unfortunately, neglect is not the worst form of maltreatment children horrifically experience; physical abuse is far worse. This type of abuse tends to worsen in times of crises that evolve, like COVID-19. Abusive head trauma (AHT), alongside many other forms of bodily harm, occurs in roughly 20% of children (Martinkevich et al., 2021). However, the

## PEDIATRIC MALTREATMENT

interdisciplinary team members of healthcare do not have the tools to recognize physical abuse, so it is often underreported (Martinkevich et al., 2021). This article, a compilation of literature reviews, shines a light on the pandemic shutting down daycares and schools, which are the major parties involved with mandated reporting (Martinkevich et al., 2021).

Children suspected of suffering abuse have similar clinically manifested patterns; nurses must decipher these (Martinkevich et al., 2021). A full body assessment opens up the possibility to expose bodily ailments. Skin manifestations include strange bruises, bite marks, and burn injuries, accounting for 90% of cases (Martinkevich et al., 2021). 20% of physical abuse cases are burn injuries, and nearly 14% of burn injuries are abuse-related (Martinkevich et al., 2021). In addition to physical signs, psychosocial indications of irritability and sleep disturbances can indicate abuse (Martinkevich et al., 2021). All-in-all, nurses and the rest of the healthcare professionals, even those with Crisis Nursery, must educate themselves and improve their abilities to recognize abuse when it is staring them in the face (Martinkevich et al., 2021). While crises involving children are always essential to defuse, the Crisis Nursery stepped up once the pandemic began, so they continued to provide for children in need in a safe way.

Jenna Helton:

### **Preventing Child Sexual Abuse: A Systematic Review of Interventions and Their Efficacy in Developing Countries**

Sexual abuse in children occurs around the world and continues to grow. Researchers are finding ways to decrease the incidences of sexual abuse in children. Sexual abuse can impact cognitive development like depression, anxiety, PTSD, and suicidal ideations (Higgins et al., 2020). The incidences can also affect the children when they develop into adults by causing a

## PEDIATRIC MALTREATMENT

detrimental impact on their adult roles. These roles include employment, parenting, education, and relationships (Higgins et al., 2020). Preventing child sexual abuse is vital. Educating the population about sexual abuse can encourage children to say no and inform them what to do when someone is trying to harm them (Higgins et al., 2020). Parents and people who work with young children will need to identify signs that children are being abused and report them to the proper authorities.

The employees at Crisis Nursery help children ages newborn to three years old; they contact children from all backgrounds, even sexually abused children. They are mandatory reporters of any abuse or suspected abuse. The Crisis Nursery is available to take children into their care and care for them until the state places children in the correct facilities where they are safe. The employees at the nursery feed, shelter, and provide daily living activities for the children. They also go through special training to help identify abuse and help the children cope with it. The employees can make the children comfortable and may even have them talk about how they feel.

### **The Relationships Between Harsh Physical Punishment and Child Maltreatment in Childhood and Intimate Partner Violence in Adulthood**

Children that are involved in physical punishment play a factor in public health concern. Pushing, grabbing, shoving, hitting, and slapping consider to be physical abuse (Afifi et al., 2017). The amount of force that will cause marks and bruises receives measuring through these interventions (Afifi et al., 2017). Physical abuse can increase the chance of the abuse leading to emotional abuse, physical neglect, sexual abuse, and intimate partner violence (Afifi et al., 2017). Parents and other caregivers should result in discipline that does not include physical

## PEDIATRIC MALTREATMENT

intervention to prevent these traumatic events. Communication and listening will benefit the parent or caregiver and the child more compared to physical intervention. Education on healthy relationships and identifying characteristics of intimate partner violence can help prevent physical abuse from reoccurring (Afifi et al., 2017). These interventions can help increase the relationship between the parent/caregiver.

The Crisis Nursery helps families within their community. Children that come from all kinds of situations get help from there. The Crisis Nursery works with families that need help with healthy discipline. The employees are mandated to report any abuse they may suspect and see physical marks or bruises on the child. The Crisis Nursery can house the children until they can go back home safely or until the state finds them a place to stay. The appropriately trained employees know how to care for abused children and know how to approach the situation. They are trained not to pressure the children into talking about the abuse but rather to decide when they are ready to discuss it.

Andrew McSparran:

### **Projected Geographic Disparities in Healthcare Worker Absenteeism from COVID-19 School Closures and the Economic Feasibility of Childcare Subsidies: A Simulation Study**

The first article in this literature review studies the correlation between school closures related to the COVID-19 pandemic and the short-staffing experienced by all hospitals around the country (Chin et al., 2020). Throughout the COVID-19 pandemic from early 2020 until the present day, October 2021, hardworking families have made many sacrifices. One necessary sacrifice, in particular, is sending children home from school due to suspected infection with the virus then quarantining them at home for the necessary time being.

## PEDIATRIC MALTREATMENT

The most significant concern with sending children home, blocking them from coming to school, or shutting down a school due to a viral breakout, is finding who will watch the children. Sometimes this decision must be made on brief notice. Frequently, at least one of the parents has to leave work or take time off from work to care for their children. This same scenario affects healthcare workers as well. During a time of dire need in local community hospitals, healthcare workers must stay home with their children instead of working in their understaffed hospitals, causing a deficiency in the quality of care that critical patients can receive (Chin et al., 2020). Organizations like Crisis Nursery can come to the rescue in situations such as these. If the facility has the space, they can take the children on sometimes short notice, and for a relatively affordable cost, until a more permanent childcare solution is found.

### **The Intersection of Intellectual and Developmental Disabilities with Child Exposure to Intimate Partner Violence: Implications for Research and Practice**

The second article in this literature review studies the effects of children's exposure to intimate partner violence (IPV). In particular, it studies how IPV can affect a child with intellectual and developmental disabilities (IDD) (Rizo et al., 2020). IPV is a form of toxic stress that can directly affect the development of children, regardless of age or the presence of a disability. Prior studies have shown that exposure to IPV can exhibit externalizing aggressive tendencies and the internalizing of trauma, depression, and PTSD symptoms.

The Crisis Nursery specializes in taking children (and sometimes one of their parents) when abusive conditions are present, and it is necessary to flee the situation in search of safety.

## PEDIATRIC MALTREATMENT

The Nursery provides government-funded childcare, food, clothes, and other resources to children caught in the middle of IPV situations.

Morgan Phillips:

### **Another Look at the Resilience of Children and Youth in DCFS Care: New Findings from the 2017 Illinois Child Well-Being Study.**

Children and families all over the world struggle with the obstacles of life, whether big or small. Each family has its own story, and it is important not to “judge the book by its cover.” In 2017, an Illinois child well-being study found that children and youth in out-of-home care are more likely to have significant developmental, physical, emotional, and behavioral, and educational challenges (Tran et al., 2021). On the contrary, the study also showed that some children were resilient and functioning at a high level despite the trauma of abuse and neglect (Tran et al., 2021). This study focused on the effects of abuse and neglect on children living in foster care or out-of-home facilities. These children are now trying to live prosperous lives. However, this can be a hard stepping stone to cross. These children do not receive love, affection, and compassion, which may cause them to act out behaviorally and emotionally (Tran et al., 2021). Some act out behaviorally because it is a way to seek attention and gain control of a situation they lack (Tran et al., 2021). Some do not apply themselves educationally because they feel they have no reason to; they simply do not see the point (Tran et al., 2021). On the other hand, children will use their past experiences to better themselves and prove that they can do anything they apply themselves to (Tran et al., 2021). This article shows statistically the differences between each group of children based on their background.

## PEDIATRIC MALTREATMENT

Regarding the Crisis Nursery in Effingham, Illinois, this shows the importance of why the Crisis Nursery is in place. No matter how bad the situation, children need their parents. Children need to feel loved and need to know they belong in this world. Crisis Nursery gives children a place to go when parents go through hard points in their lives. It gives parents a safe place for their children to go when they have nowhere else to go. For example, if there is an abusive parent, the other parent can leave the child with Crisis Nursery because of the arrangements for the parent and the child. Crisis Nursery also gives the parents time to get on their feet, so DCFS does not have to put their children in care right away. DCFS partners with Crisis Nursery to provide care for families who need it most. Crisis Nursery provides an extra step in providing the love and care needed for children. Providing this facility can help reduce the number of children who struggle with behavioral issues, emotional issues, and education issues. Each child admitted to the facility will need specific care and possibly counseling. However, it is still a great start to providing adequate safety and care for these children.

### **Protective Mental Health Factors in Children of Parents with Alcohol and Drug use Disorders: A Systematic Review.**

Parents of children with alcohol and drug abuse often go through many struggles in their life. These children are often at a greater risk of developing psychological and social problems (Wlodarczyk et al., 2017). They are sometimes called maladapted children because of the strain of stress these children face (Wlodarczyk et al., 2017). The article written by Wlodarczyk and colleagues shows an overview of the current state of research concerning protective mental health factors in children of parents with alcohol or drug abuse disorders (Wlodarczyk et al., 2017). Children will often see their parents addicted and follow in their footsteps (Wlodarczyk et

## PEDIATRIC MALTREATMENT

al., 2017). However, some people decide to use their parents' addiction as motivation to not follow in their footsteps (Włodarczyk et al., 2017).

The Crisis Nursery allows mothers and fathers addicted to bringing their children to a safe place without any questions asked. The family members of the children can also bring them to the facility without any questions asked. This opportunity will allow the parents time to seek help while the children are in a safe place. However, if Crisis Nursery feels that they need to contact DCFS or authorities, they are mandated to do so for the child's safety. However, giving the communities the option allows work to continue while the children are in safe hands.

Shawn Weber:

### **Early Childhood Education and Care Access for Children from Disadvantaged**

#### **Backgrounds: Using a Framework to Guide Intervention**

The purpose of this article is to analyze the disparities of access to early childhood education (ECEC) and care to disadvantaged populations. Using a systemic review of published literature, these authors quantify the importance of ECEC and propose some interventions that may potentially improve these disparities. Children brought up in poverty or abusive households benefit exponentially from having access to care and education. Impoverished communities that would benefit most from having access to ECEC are the least likely to have it readily available to those families. Factors contributing to the lack of ECEC include low socioeconomic status, immigrant status in a community, and lack of childcare options (Archambault et al., 2019).

This article relates to the Crisis Nursery of Effingham County Crisis Nursery as it elaborates on the reasoning for why a crisis childcare center needs to exist in this community. Crisis Nursery is a nonprofit organization that works toward the altruistic goal of benefiting

## PEDIATRIC MALTREATMENT

families in distressed situations. The most crucial goal of the center is to take endangered children out of harm's way and put them in a place of care and support. Lack of access to childcare in disadvantaged families is a problem in all communities. While the Crisis Nursery center cannot permanently rectify this issue, it can offer temporary relief to families in turmoil situations.

### **Long-term Cognitive, Psychological, and Health Outcomes Associated with Child Abuse and Neglect**

This article examines the findings of a 20-year longitudinal study that followed more than 7,000 women and their children, giving them a large sample size of a large variety of different familial circumstances to conclude. Child maltreatment takes many different forms, whether in neglect, physical abuse, sexual abuse, or emotional abuse (Strathearn et al., 2020). In the United States, there are 3.5 million reported cases of child maltreatment each year. Victims of these abuses in their youth are more likely to suffer adverse effects later in life, ranging from decreased cognition, anxiety, depression, addictive behaviors, obesity, and illicit drug use (Strathearn et al., 2020).

An essential finding of this article is that the prevention and intervention of causes of potential childhood abuse or neglect drastically diminish the potential adverse effects of these offenses on children later in life (Strathearn et al., 2020). These measures include parenting classes, prenatal doctor visits, routine checkups, and home health nurse visits. In addition to childcare services, the Effingham Crisis Nursery offers parenting classes to help train new parents on childcare and prevent offenses that lead to maltreatment. By offering support to these families at risk, they mitigate the risk of lifelong mental illnesses resulting from maltreatment.

## PEDIATRIC MALTREATMENT

Andrew Worthey:

### **Effectiveness of Nonpharmacological Interventions for Reducing Postpartum Fatigue: A Meta-Analysis**

Fatigue is the most common symptom mothers experience after they give birth, and this can impact the newborn as the mother may neglect the child if she cannot care for them properly due to exhaustion. At the Crisis Nursery, the non-for-profit can help these mothers and their offspring by offering temporary assistance until they can adequately care for their child. This assistance offers shelter, wipes, formula, food, clothing, a nurturing faculty, and care at no cost to the parent. The Crisis Nursery also offers education, cognitive behavioral therapy, and support groups for mothers with postpartum depression (Qian et al., 2021).

Postpartum fatigue may manifest differently, but the mother may experience exhaustion and mental and physical performance impairment. Psychoeducational intervention conducted at home visits, home calls, and booklets that discuss relaxation techniques, sleep health, and nutrition have significantly decreased postpartum fatigue and depression. Exercise therapy may also cause a significant decrease in depression and fatigue. These therapies include taking warm showers, breathing lavender oil aroma, and skin-to-skin contact between the mother and the infant (Qian et al., 2021). Techniques such as education and exercise therapy are essential to provide in a Crisis Nursery. These interventions can decrease postpartum depression and fatigue to care for the mother's child while feeling mentally healthy.

### **Health and Adverse Childhood Experiences Among Homeless Youth**

There are many homeless children, and the trauma for these children may cause long-term effects. Adverse Childhood Experiences (ACEs) are effects of homelessness, and over 45%

## PEDIATRIC MALTREATMENT

of children have experienced these effects. Homeless youth are more likely to experience mental health problems that lead to suicide, decreased overall health, obesity, chronic conditions, and less likely to be employed. The Crisis Nursery prevents these experiences by providing shelter, food, and clothing for these children when parents will not care for these children.

Children with housing are less likely to have physical and mental health issues, such as diabetes, heart disease, depression, and chronic obstructive pulmonary disease. Homeless children do not have access to healthcare to prevent and treat conditions, instead of children with a home who have more resources. Homeless Children with no family are 20.9% likely to have a chronic condition, whereas children with a home and a family have a 4.8% chance of having a chronic health issue. Crisis nurseries provide a shelter to protect homeless youth who have faced adversity from disasters, humanitarian crises, unsafe housing, and immigration policies (Barnes et al., 2021). Crisis nurseries are essential to prevent homeless youth from experiencing these long- and short-term effects when they do not have a family to care for them.

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## PEDIATRIC MALTREATMENT

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