Some Child Abuse References
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1. Kirkengen AL. **Indicators of childhood sexual abuse in gynaecological patients in a general practice.** Scand J Prim Health Care. 1993 Dec;11(4):276-80.
Department of General Practice, University of Oslo, Norway.
OBJECTIVE--To find indicators of a history of childhood sexual abuse in patients consulting for a gynaecological examination in a general practice. DESIGN--Semistructured interview after a consultation. SETTING--General practice in the city of Oslo, Norway. PARTICIPANTS--Of 117 women aged 20-49 with a gynaeco- logical problem, 85 were interviewed. MAIN OUTCOME MEASURE--History of childhood sexual abuse. RESULTS--24 (28%) of 85 women interviewed by their female GP when consulting for a gynaecological problem reported childhood sexual abuse. In total they reported 32 abusive events, quite different as to the type of assault, the relation to the offender, and the duration. A history of pelvic pain or gynaecological surgery showed a significant association with reported childhood sexual abuse with odds ratios of 4.0 (CI 1.0-15.8) and 4.1 (CI 1.0-17.0), respectively. As adverse sexual experiences may lead to somatization as a coping strategy, certain findings might be indicators of unknown childhood sexual abuse in patients presenting for gynaecological disorders. CONCLUSION--A history of pelvic pain and gynaecological surgery may be indicators of sexual abuse in childhood.

2, Anda RF, Dong M, Brown DW, Felitti VJ, Giles WH, Perry GS, Valerie EJ, Dube SR. The relationship of adverse childhood experiences to a history of premature death of family members. BMC Public Health. 2009 Apr 16;9:106.
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BACKGROUND: To assess the association between adverse childhood experiences (ACEs), including childhood abuse and neglect, and serious household dysfunction, and premature death of a family member. Because ACEs increase the risk for many of the leading causes of death in adults and tend to be familial and intergenerational, we hypothesized that persons who report having more ACEs would be more likely to have family members at risk of premature death. METHODS: We used data from 17,337 adult health plan members who completed a survey about 10 types of ACEs and whether a family member died before age 65. The prevalence of family member premature death and its association with ACEs were assessed. RESULTS: Family members of respondents who experienced any type of ACEs were more likely to have elevated prevalence for premature death relative to those of respondents without such experience ($p < 0.01$). The highest risk occurred among those who reported having been physically neglected and living with substance abusing or criminal family members during childhood. A powerful graded relationship between the number of ACEs and premature mortality in the family was observed for all age groups, and comparison between groups reporting 0 ACE and >or= 4 ACEs yielded an OR of 1.8 (95%CI, 1.6-2.0). CONCLUSION: Adverse childhood experiences may be an indicator of a chaotic family environment that results in an increased risk of premature death among family members.
Available Full Text at: http://www.biomedcentral.com/1471-2458/9/106

3. Bensley LS, Van Eenwyk J. Self-reported childhood sexual and physical abuse and adult HIV-risk behaviors and heavy drinking. Am J Prev Med. 2000 Feb;18(2):151-8.
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CONTEXT: Although studies of clinical samples have identified links between childhood abuse, especially sexual abuse, and adult health-risk behaviors, the generalizability of these findings to the population and the relative importance of different types of abuse in men and women are not known. OBJECTIVE: To estimate the risk of self-reported adult HIV-risk behaviors and heavy drinking that is associated with self-reported childhood histories of physical and/or sexual abuse for men and women in a general-population sample, after controlling for age and education. A second objective is to determine whether, among women, early and chronic sexual abuse is associated with heightened risk compared to later or less extensive abuse. DESIGN: A population-based telephone survey, the 1997 Washington State Behavioral Risk Factor Surveillance System (BRFSS), asked a representative sample of adults whether they had ever been

physically or sexually abused in childhood, and if so, the age at first occurrence and number of occurrences. The survey also asked about levels of alcohol use and, for those under 50 years, about HIV-risk behaviors. PARTICIPANTS: Three thousand four hundred seventy-three English-speaking non-institutionalized civilian adults in Washington State. MAIN OUTCOME MEASURES: Self-reported HIV-risk behaviors in the past year and heavy drinking in the past month. RESULTS: We identified associations between reported abuse history and each health-risk behavior that we examined. For women, early and chronic sexual abuse (occurring without nonsexual physical abuse) was associated with more than a 7-fold increase in HIV-risk behaviors (odds ratio [OR], 7.4; 95% confidence intervals [CI] 2.4 to 23.5); and any sexual abuse, combined with physical abuse, was associated with a 5-fold increase in these risk behaviors (OR, 5.0; 95% CI, 2.2 to 11.5). For women, only combined sexual and physical abuse was associated with heavy drinking (OR, 6.2; 95% CI, 2.2 to 16.9). Physical abuse alone was not associated with either health-risk behavior for women. For men, any sexual abuse was associated with an 8-fold increase in HIV-risk behaviors (OR, 7.9; 95% CI, 1.8 to 35.1). Physical abuse alone was associated with a 3-fold increase in risk of HIV-risk behaviors (OR, 3.2; 95% CI, 1.3 to 7.9) and a similar increase in risk of heavy drinking (OR, 3.2; 95% CI, 1.8 to 5.5). Although only 29% of the women and 19% of the men who were asked about HIV-risk behaviors reported any history of childhood abuse, these accounted for 51% and 50% of those reporting HIV-risk behaviors, respectively. For heavy drinking the corresponding figures were 25% of the women and 23% of the men reporting any abuse, who accounted for 45% and 33% of those reporting heavy drinking, respectively. CONCLUSIONS: Efforts to prevent or remediate adult health-risk behaviors should consider the possibility of a history of childhood abuse, as one third to one half of those reporting HIV-risk behaviors or heavy drinking in a general-population survey also reported childhood abuse.

4. Moody CW. Male child sexual abuse. J Pediatr Health Care. 1999 May-Jun;13(3 Pt 1):112-9.
Up to 92,000 male children report sexual abuse each year, and as many as 31% of all male children under age 18 years experience sexual molestation. Male child sexual abuse is now believed to be a far more common occurrence than it once was. Pediatric nurse practitioners are in a key position to prevent and recognize the sexual exploitation of male children. This article addresses the incidence of male child sexual abuse, the psychological and physical ramifications for the child, and the roles and responsibilities of the clinician, including interview, physical and psychological assessment, legal aspects of reporting, and referral. Prevention techniques in a primary care setting are also discussed.