

RESEARCH REVIEW

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In This Issue

We present the third edition of *Research Review* (RR), a publication of the *Joining Forces Joining Families* group. RR consists of summaries of published research of interest to family advocacy, medical, and social service providers. These summaries consist of topics that provide tips for service providers, some issues that are not commonly encountered in family maltreatment, and innovations for research and practice. Among the IPV articles are the expression of contempt in IPV, vicarious resilience in counselors, financial stressors and IPV, risks of violence during pregnancy, and non-fatal firearm use. Child maltreatment articles are on effects of animal abuse on children, new measures of child neglect, emotional abuse and suicidality, and hospital staff responses to child spanking.

INTIMATE PARTNER VIOLENCE

Contempt Is Associated with Bidirectional Physical Intimate Partner Violence

Expression of contempt for one's intimate partner during conflictual situations is extremely detrimental to the relationship. Contempt is an emotional display that could include anger, eye rolling, sarcasm, mockery, insults, name calling, disrespectful comments, and facial displays of disgust and dislike. It can also be a source of intimate partner violence (IPV).

The relations between one partner's verbal aggression through contempt and anger and the perpetration of IPV by both partners was investigated in a laboratory study of dyadic communication. Couples experiencing conflict (n=340) were recruited through newspaper advertisements and flyers. Men and women reported perpetrating physical violence during the past year (79% of males and 82% of females). Couples were required to engage in a conflict discussion task in which contempt and anger were rated. During the conflict

discussion, women were observed to demonstrate significantly more contempt than men, but there were no differences in observed anger. If one partner engaged in a higher level of contempt toward the other, both were more likely to engage in IPV. This was not found for anger.

Interventions aimed at distressed communication for couples, including contempt, may reduce physical and psychological violence and perhaps even be more effective than anger management. The authors' work highlights the importance of targeting contempt in couples therapy.

Reference

Sommer J, Iyican S, & Babcock J. (2016). The relation between contempt, anger, and intimate partner violence: A dyadic approach. *Journal of Interpersonal Violence*; doi: 10.1177/0886260516665107.

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Vicarious Resilience: Working with Victims of Interpersonal Trauma Can Build Counselor Resilience

Bearing witness to clients' burdens of distress from family violence and other forms of trauma need not be all negative. Counselors often hear of incidents that are difficult to bear. The emotional and cognitive costs to the counselor of bearing witness to trauma are well known in mental health training and practice. However, clients may also demonstrate personal strengths leading to vicarious resilience in the counselor. Using a qualitative research design, the investigators learned about the experience of resilience among clients. Themes were developed from the individual cases allowing investigators to identify common elements. Four counselors were chosen to report their experiences of working with trauma clients, including child and youth victims of abuse, and the positive impact personally derived from their work with clients.

Participants reported a wide variety of strengths in their clients who were facing adversity. Based on observations of client strengths, counselor participants reported their own increased senses of hope, optimism, and inspiration, which

can increase the quality of their work and enrich their own lives. For example, counselors reported that they were better able to reflect on their own challenges and put these challenges into perspective.

The concept of vicarious resilience can be applied personally and in clinical practice. Training programs can use its benefits to build resilience in young counselors facing difficult and sometimes tragic situations to be able to continue their work and counteract a sense of helplessness. Sharing stories, whether in supervision or in professional discussions, can help with many aspects of counselor resilience, such as a better understanding the resilience that clients demonstrate rather than just focusing on the negative aspects of clients' situations.

Reference

Silveira FS & Boyer W. (2015). Vicarious resilience in counselors of child and youth victims of interpersonal trauma. *Qualitative Health Research*; 25(4): 513–526.

By observing client strengths, counselors can build their own increased sense of hope, optimism, and inspiration, which can increase the quality of their work and enrich their own lives.

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Behavioral Couples Treatment for Substance Abuse Improves Relationship Satisfaction and May Reduce Child Maltreatment

Behavioral couples treatment (BCT) for substance abuse disorder (SUD) may reduce child abuse and increase relationship satisfaction. In the study reported here (Kelley, Bravo, Braitman, Lawless, & Lawrence, 2016), 61 couples with one or more minor children residing at home and one or both parents diagnosed with a substance abuse disorder (SUD) participated in BCT (O'Farrell & Schein, 2011). Couples were offered 12 free counseling sessions. BCT for couples teaches skills that promote partner support for abstinence and attempts to alter dyadic patterns to support a family environment that is conducive to long-term abstinence. Among the 61 couples, 92% of men and 46% of women met criteria for a drug or alcohol diagnosis. In nearly all circumstances, the female had sought therapy for their substance-abusing male partner.

The number of treatment sessions attended significantly impacted the risk of child abuse as measured by the Child Abuse Potential Inventory (CAPI) (Milner, 1986). The CAPI is the most widely used and supported child abuse risk measure (Begle, Dumas & Hanson, 2010). This change was due to improved relationship satisfaction for both mothers and fathers. The more sessions attended, the stronger the reductions in child abuse potential. In the absence of changes in drug or alcohol use, fathers still reported higher relationship satisfaction at post-intervention, but this declined in the 6-month follow-up. However, fathers who increased their days abstinent showed increases in relationship satisfaction and reductions in child abuse potential. The authors speculat-

ed that improved relationship satisfaction may reduce a range of psychological and behavioral stressors, such as depression, loneliness, arguing, and over-reactivity. This reduction in stress may, in turn, be linked to decreased potential for subsequent child abuse.

This study shows that increases in abstinence and improvements in relationship satisfaction have the potential to reduce the risk of child abuse. Innovative approaches such as this give family advocacy personnel another intervention to reduce child abuse and improve marriages.

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Pregnancy, Homicide, and Intimate Partner Violence

Pregnancy and the postpartum period should receive emphasis in intimate partner violence (IPV) prevention programs. Statistics of IPV-related deaths of pregnant and postpartum women are scarce because surveillance of mortality normally only identifies the cause and manner of death. Two recent reports have documented increased risks of homicide during pregnancy. A retrospective review of maternal mortality in Illinois between 2002–2011 found that 13% of 636 pregnancy-associated deaths were the result of homicide (Koch, Rosenberg, & Geller, 2016). Pregnant and postpartum females aged 10–29 were at twice the risk of homicide compared with their counterparts who were neither pregnant nor postpartum. However, there was a decreased risk of homicide for older pregnant women, 30–49 years, compared with non-

pregnant and non-postpartum women.

A similar study compared pregnancy-associated homicide and suicide in 37 U.S. states from 2005–2010 for four groups of women aged 10–54 years: pregnant, early postpartum (pregnant within 42 days of death), late postpartum (43 days to one year of death), and non-pregnant/non-postpartum women (Wallace, Hoyert, Williams, & Mandola, 2016). Pregnancy-associated homicide victims were most frequently young, black, and less educated. The overall risk of homicide of pregnant and postpartum women compared to non-pregnant and non-postpartum women was 1.84 times. Pregnancy-associated suicide occurred most frequently among older white women. However, the overall the risk of

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Nonfatal Firearm Use is Abuse and Has High-Level Risks in Intimate Partner Violence

Fatalities are not the only result of firearm use. Threats with a gun can be psychological violence, a form of coercive control, and the means of escalating a violent conflict to a tragic conclusion. Pointing a firearm and threatening are intimidation.

Firearm use in intimate partner violence (IPV) is almost always lethal, but non-fatal firearm use also poses significant risks. There has been little research on this topic, but this review summarizes 10 studies. In these studies, about 4.5 million women have had an intimate partner threaten them with a gun and nearly one million have been shot or shot at. During the past five years, 0.8% of women reported being the recipient of a hostile display of a firearm by an intimate partner; 3.5% in their lifetime. For women in a shelter, about 37% experienced a hostile display of a firearm in their most recent relationship.

There are other risks to the IPV victim when a firearm is displayed or its use is threatened. In addition to the adult IPV victim, the hostile display of a firearm is a traumatic exposure to children who witness it. Property damage can also occur from throwing the weapon or from an accidental discharge. Providers should inquire if IPV clients have ever been threatened with a firearm or other weapon. Providers should also be aware of changes in state gun laws related to the carrying of firearms. More permissive gun laws may make non-lethal as well as lethal outcomes more likely in IPV.

Reference

Sorenson SB, & Schut RA. (2016). Nonfatal gun use in intimate partner violence: A systematic review of the literature. *Trauma, Violence, & Abuse*; doi: 10.1177/1524838016668589.

Financial Stress and Intimate Partner Violence

Financial stress has the potential to increase intimate partner violence (IPV). However, these relationships are complex. The National Longitudinal Study of Adolescent to Adult Health (<http://www.icpsr.umich.edu/icpsrweb/DSDR/studies/21600>) collected interview data on 11,499 participants during 2008. Their interview asked about three types of IPV during the past 12 months: minor physical violence (threats, being pushed, shoved, or thrown something that could have hurt), severe physical violence (slapped, hit, or kicked), and violence that caused injury (sprain, bruise, or cut as a result of a fight). Respondents also reported if they had experienced any of six categories of financial stress during the past year: utility non-payments, utilities turned off, housing non-payments, food insecurity, no phone service, and eviction.

Overall, the number of financial stressors was strongly associated with each form of physical IPV. Each additional financial stressor increased the odds of perpetration of physical violence by 1.16 times for threats or minor violence, 1.22 times for severe violence, and 1.27 times for IPV resulting in injury. Four of the six types of financial stress (utilities non-payment, housing non-payment, food insecurity, and disconnected phone service) were associated with significantly higher odds of perpetrating each type of IPV.

Interventions to reduce financial stress have the potential to reduce IPV. Classes in career counseling and financial management are important interventions that can prevent or directly address financial stress. However, it is important to distinguish between financial stresses caused by poor financial management compared to limited financial resources. Early intervention with those experiencing financial stress of a less severe nature, such as non-payment of bills, could prevent the development of more severe results such as eviction from property. It is also important for service providers to inquire if there are multiple forms of financial stress (minor and major) and whether any of these appears to be significantly related to IPV or other relationship issues. Alleviating financial stress is an innovative way for the family advocacy program to partner with other military and non-military service agencies.

Reference

Schwab-Reese LM, Peek-Asa, C, & Parker E. (2016). Associations of financial stressors and physical intimate partner violence perpetration. *Injury Epidemiology*; doi: 10.1186/s40621-016-0069-4.

The number of financial stressors was strongly associated with each form of physical IPV.

Abuse of Companion Animals is Common in Households with Intimate Partner Violence

Children can suffer emotional harm when their pet is abused or the child is intimidated through threats of pet abuse. Practitioners should be aware of pet abuse and prepared to address this particular form of violence toward children.

Fifty-eight children, ages 7–12, were asked to describe their experiences of threats and harms to their pets. Their descriptions fell into five themes: (1) perpetrator using animal abuse or threats in the context of intimate partner violence (IPV) to intimidate the mother and prevent or punish her for efforts to leave or to demonstrate her independence; (2) both mothers and fathers punished or abused an animal for misbehavior, which can involve a wide variety of actions and levels of severity; (3) cruelty to an animal can involve more than one child; (4) children take preventive actions to protect their pet from threats of harm by the use of behavioral and emotional cues from the perpetrator of a potentially dangerous situation; (5) children can directly intervene when a perpetrator threatens to harm a pet, which can result in injury to the child as well as to the pet.

Children have strong emotional attachment to their pets. Pets can help the resiliency of children by providing comfort and consistency when they experience fear and uncertainty, which is particularly important if mothers are less available due to IPV victimization. Caregivers of animals should be educated on the potential impact of children's exposure to animal abuse and promote and model respectful, non-violent behaviors of caring for and disciplining animals in the home. Clinicians should be aware of these complexities because of the emotional harm to children that can occur through intimidation or threats of their pet being abused or killed.

Reference

McDonald SE, Collins EA, Nicotera N, Hageman TO, Ascione FR, Williams JH, & Graham-Bermann SA. (2015). Children's experiences of companion animal maltreatment in households characterized by intimate partner violence. *Child Abuse & Neglect*; 50: 116–127.

An Instrument to Measure Child Neglect of Older Children

How do you conceptualize child neglect that can occur with older children? Much research on child neglect emphasizes the neglect of very young children. However, child neglect poses many hazards to child development as well as to adolescent and adult health and well-being. The Child Neglect Questionnaire (CNQ) was developed to measure neglect in a more complex way than is possible with very young children by incorporating multiple perspectives of neglectful behaviors by parents (emotional, physical, educational, and supervisory neglect).

This research was based on the participation of 172 families with 10-12-year-old children. The CNQ consists of 46 items measuring parental physical (16 items), emotional (15 items), educational (8 items), and supervisory (7 items) neglect. Examples of physical neglect are "Made sure your child had warm clothes to wear in winter" and "Taken your child to the dentist for regular checkups." Examples of emotional neglect are "Listened to your child when s/he wanted to talk"

and "Hugged your child." Examples of supervisory neglect are "Known if your child did something wrong" and "Known who your child's friends are." Examples of educational neglect are "Taken your child to a zoo, library, or museum" and "Talked to your child about events in the news." The CNQ is scored on a 4-point scale where 1=Always and 4=Never.

The CNQ is useful for the exploration of child neglect from multiple perspectives that offer valuable insights for the risk of child neglect. It is also a useful instrument for teaching parenting classes, for home visiting, and for research on child neglect.

Reference

Stewart C, Kirisci L, Long AL, & Giancola PR. (2015). Development and psychometric evaluation of the Child Neglect Questionnaire. *Journal of Interpersonal Violence*; doi: 10.1177/0886260514563836.

In addition to exploring the risk of child neglect, the CNQ is a useful instrument for teaching parenting and for home visiting.

Measuring 10 Types of Child Abuse and Neglect during Development

How many types of child abuse and neglect commonly occur? In most current official reports and research, the types are limited to caregiver physical, emotional, and sexual abuse as well as neglect. Measures of abuse and neglect can describe the range, frequency, timing, and severity of experiences. Ten types of child maltreatment are measured in the Maltreatment and Abuse Chronology of Exposure (MACE) scale. These types, as measured by the subscales, are emotional neglect (5 items), non-verbal emotional abuse (6 items), parental physical maltreatment (6 items), parental verbal abuse (4 items), peer emotional abuse (5 items), peer physical bullying (5 items), physical neglect (5 items), sexual abuse (7 items), witnessing interparental violence (5 items), and witnessing violence to siblings (4 items). In the development of the MACE, 1,051 participants, ages 18-25, provided detailed retrospective information on maltreatment during each year of childhood.

The prevalence of reported abuse ranged between 33% for peer emotional abuse to 6% for physical neglect. Prevalence was between about 16-21% for non-verbal emotional abuse, parental verbal abuse, peer physical abuse and emotional neglect. Reports for other subscales were witnessing interparental violence (8%), sexual abuse (10%), and parental physi-

cal maltreatment and witnessing violence to siblings were 13% each. About 42% reported no significant exposure to any kind of maltreatment.

The time course by year and gender differences for each type of maltreatment are presented graphically. For example, females were slightly higher than males on emotional neglect and non-verbal emotional abuse beginning at about age five years and continuing through adolescence. Parental physical maltreatment was slightly higher for males from about four to 11 years with a peak at six years.

The descriptions of these 10 types of maltreatment should encourage the clinician and the researcher to think broadly about when maltreatment occurs, the importance of the timing of maltreatment on development, and guidance on parental behaviors and possible interventions associated with different kinds of maltreatment.

Reference

Teicher MH, & Parigger A. (2015). The 'Maltreatment and Abuse Chronology of Exposure' (MACE) Scale for the retrospective assessment of abuse and neglect during development. *PLOS ONE*. doi: 10.1371/journal.ponr.0117423.

Missed Opportunities to Identify Abuse in Infants Can Lead to Later Abusive Head Trauma

Opportunities to identify child abuse are common for children who later suffer abusive head trauma (AHT) injuries. A total of 232 AHT cases that occurred from July 2009 to December 2011 were evaluated at four children's hospitals. Seventy-three of these 232 children with AHT had a total of 120 prior opportunities to identify abuse. A prior opportunity to identify abuse was defined as when a medical or child protective services (CPS) professional evaluated a child when symptoms or a referral could be consistent with abuse, but no diagnosis or an alternative explanation was given and accepted.

The median age of the children with AHT was 5.4 months and 10% of them died. Sixty percent were males. In medical settings, 25% (n=59) of children had at least one prior opportunity to identify abuse; in CPS, 6% (n=14) had a total of 22 prior opportunities. AHT can be hard to identify due to the non-specific nature of brain injury. In this study, common prior opportunities were isolated vomiting without diarrhea

(32%), prior CPS involvement (20%), accidental injury which, in retrospect, was likely abuse (22%), fussiness (7%), seizure (6%), and other (22%).

The majority of missed opportunities to identify abuse in children with later AHT occurred in medical settings. These findings point to the need for enhanced collaboration between medical and social service providers. Improved communication and records sharing may more effectively identify cases of child abuse, including AHT, which may otherwise be missed.

Reference

Letson MM, Cooper JN, Deans KJ, Scroibano PV, Makoroff KL, Feldman KW, & Berger RP. (2016). Prior opportunities to identify abuse in children with abusive head trauma. *Child Abuse & Neglect*; 60: 36-45.

Childhood Emotional Abuse is Associated with Suicidal Ideation and Attempts

There is a strong association of childhood emotional abuse and neglect with suicidal behavior. For those working with children, emphasis on the harmful effect of childhood emotional abuse and neglect is important to consider not only in interventions following maltreatment, but also in prevention programs such as parenting classes and home visiting.

The relationship between childhood maltreatment and adult suicidal behavior was investigated in a recent study, using data from the web-based Brazilian Internet Study on Temperament and Psychopathology (Araújo & Lara, 2016). The self-selected volunteers (n=71,429) were assessed with the Portuguese version of the Childhood Trauma Questionnaire (CTQ) (Grassi-Oliveira, Stein, & Pezzi, 1995) and the Suicidal Behavior Questionnaire (SBQ-17) (Bernstein, et al., 1994).

The CTQ consists of 25 items with five questions each for the domains of emotional abuse (EA), physical abuse (PA), emotional neglect (EN), physical neglect (PN) and sexual abuse (SA). Items are scored on a five-point scale and are categorized as none, low, moderate, and severe. Suicidal ideation is measured by responses to the question from the SBQ: "Have you ever thought about killing yourself". Possible responses to the question were: "No ideation", "Ideation", "Serious Ideation", "Attempt", and "Serious Attempt". Attempt

was defined as "I attempted to kill myself, but I do not think I really meant to die." Serious Attempt was defined as "I attempted to kill myself, and I think I really meant to die."

All types of child maltreatment had a positive correlation with suicidal behavior, but EA and EN had the highest correlations (EA=0.40, EN=0.33, PA=0.22, PN=0.22, SA=0.18). Severe EA was associated with suicidal ideation and severe suicidal attempts. Severe EN was moderately associated with suicidal ideation and serious attempts. Severe PN and SA were moderately correlated with attempts, but not with serious attempts. Severe PA showed no association with any suicidal behavior.

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Childhood Exposure to Intimate Partner Violence Leads to Adverse Outcomes in Adulthood

Physical and psychological well-being are threatened when children live in dysfunctional families. Children's exposure to intimate partner violence (IPV) between parents is a type of child maltreatment. Exposure to IPV can be through direct observation of physical violence (witnessing), indirect exposure (awareness of IPV in the household), and to emotional violence by adults to each other (Gonzalez, MacMillan, Tanaka, Jack, & Tomby, 2014). Adults with childhood exposures to IPV are at higher risk of adverse adult mental health including depression, alcohol dependence, IPV in adulthood, and child maltreatment.

A retrospective longitudinal survey of 3,023 adults in France in 2005 investigated the association between exposure to IPV during childhood prior to age 18 and adult outcomes (Roustit, et al., 2009). Sixteen percent reported having direct exposure (witnessing) to IPV during childhood.

Exposure was associated with numerous other stressors: parental alcoholism, poor parent-child relationships, adverse parental life events (e.g., separation or divorce, incarceration, suicide attempts, or alcoholism), and physical or sexual abuse. In addition, IPV was more frequently reported in families with financial problems, serious parental diseases, and housing problems or unemployment. The risk of depression was higher for adult women exposed to IPV in childhood than for men. Men had a 15-times higher risk of committing violence against their own children, women a two-fold increase.

When assessing family health, providers should be aware of the need for IPV prevention in families with children when IPV is suspected. Many steps can be taken by providers to address this form of child maltreatment. Careful history-taking includes inquiries as to whether children are exposed

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What Do Medical Center Staffs Think and Do When they Observe Children Being Spanked?

In order to ensure that healthcare personnel are adequately equipped to inform the public about the negative aspects of spanking and physically disciplining children, education is needed on the potential harms of spanking as well as intervention strategies. A study of physical discipline of children reported on interviews of parents enrolled in a pediatric emergency department study investigating bruising and familial psychosocial characteristics of children younger than four years of age (Thompson, Kaczor, Lorenz, Bennett, Meyers, & Pierce, 2016). Those who reported physically disciplining their children were 2.8 times more likely to report hitting, kicking, or throwing their children. Physical discipline was reportedly used on 38% of children overall and was 2.4 times more likely to be used in families with any of the psychosocial risk factors examined (social service involvement, intimate partner violence, police involvement, substance abuse, or mental health issues).

What should hospital staff do when they witness children being spanked? Attitudes differ on this question. A study on attitudes about spanking among direct care staff (e.g., doctors and nurses) and non-direct care staff (e.g., receptionists and lab technicians) at two medical centers found that less than half (about 45% at each hospital) agreed that spanking was harmful to children (Gershoff ET, Font SA, Taylor CA, Foster RH, Garza AB, Olson-Dorff D, ... Spector L. (2016). However, most (85% and 88%) agreed that spanking can lead to injury.

Another study of hospital staff reactions to spanking found that 50% of physicians, 24% of nurses, 27% of other direct care staff, and 17% of non-direct care staff had wit-

nessed parents hitting their child in the medical center (Font et al., 2016). A majority of direct care staff reported intervening sometimes or always. Non-direct care staff rarely intervened. Intervention was predicted by staff believing that they have the responsibility to intervene and were comfortable strategies with which to intervene. Staff who did not intervene generally reported that they did not know what to do

There is no evidence that spanking children does any good and there is the potential for harm (Gershoff & Grogan, 2016). Education that includes the implications of spanking as well as skill training for intervening is an important intervention to protect children's welfare.

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to any form of adult physical IPV or emotional abuse. Providers can also advocate for prevention of IPV in all its forms, but especially regarding the protection of children, in presentations and in home visiting.

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Pregnancy, Homicide... from page 3

suicide among pregnant and post-partum women compared to non-pregnant and non-postpartum women was reduced during this same time period. Clinicians should be aware that pregnancy does not confer protection from IPV and should use opportunities with patients to inquire about their relationships with their partner.

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