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RESEARCH REVIEW

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In This Issue

We present the second edition of *Research Review (RR)*, a publication of the *Joining Forces Joining Families* group, on a variety of recent publications. RR consists of summaries of published research studies that are of interest to family advocacy and medical and social service providers. The articles are grouped by topic: *child neglect, factors affecting child maltreatment, effects of child maltreatment, effects of intimate partner violence (IPV),* and *interventions for IPV.* In each summary, we highlight its relevance to clinical providers and for program and policy makers. Finally, we note some articles that we believe represent innovations in the field of child maltreatment and IPV.

CHILD NEGLECT

Increased Risk of Child Neglect for Children with Disabilities Whose First Report is Not Substantiated

Child neglect is difficult for child protective services (CPS) to substantiate due to limitations related to its definition, lack of societal agreement, cultural expectations, and poverty, particularly when neglect may be a matter of omission of caregiving. Children with disabilities are among the most vulnerable for abuse and neglect. The increased risk of neglect of children with disabilities was compared to children without disabilities using data from the National Child Abuse and Neglect Data System (NCANDS, 2014). Disability was classified as chronic medical neglect, behavioral problems, emotional disturbance, learning, intellectual, or physical disability, or vision or hearing impairment. Children whose report for child neglect in 2008 that was not substantiated were followed for four years to determine if they were re-referred to CPS and then were later substantiated for neglect. There were 12,610 (2.7% of all children followed) children with disabilities. Children with disabilities were more likely to be re-referred (45% compared to 36%), experience substantiated maltreatment (16% vs 10%), and be placed in foster care (7% vs 3%) compared to children without disabilities. Providers who encounter children with disabilities should be aware of the possibility of neglect. In addition to showing that children with disabilities are at higher risk for future maltreatment after an initial unsubstantiated report, this study indicates the importance of the need for a targeted intervention plan to prevent subsequent maltreatment of disabled children.

References

Kistin CJ, Tompson MC, Cabral HJ, Sege RD, Winter MR, & Silverstein M. (2016). Subsequent maltreatment in children with disabilities after an unsubstantiated report for neglect. Journal of the American Medical Association; 315(1): 85–87.

NCANDS. (2014). http://www.ndacan.cornell.edu/datasets/dataset-details.cfm?ID=195

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Youth's Reported Experiences of Child Neglect

Neglect, as a one-word description of maltreatment, is inadequate to understand the acts of caregivers and the experiences of children. Records of 303 children identified by a large public welfare agency as maltreated were abstracted to describe the nature of neglect in child welfare clients, to describe their experiences, to examine typologies, and to understand how types of neglect co-occurred with each other and with other forms of maltreatment. Abstraction was conducted by use of the Maltreatment Case Record Abstraction Instrument (English and LONGSCAN, 1997). Child Protective Services (CPS) had classified 41% of the children as neglected, but this review revealed that 71% actually qualified as experiencing some type of neglect. This discrepancy could have been due to the practice of classifying a child's maltreatment only as the type that brought the child to the attention of the authorities and not additional maltreatments. This higher prevalence of neglect found by the abstraction suggests that neglect is part of a larger pattern of maltreatment that may be obscured in official records.

There were 13 types of parental behavior that were classified into five subtypes of child neglect: supervisory (72.5%), environmental (61.6%), care (42.4%), educational (30.8%), and medical (23.2%). There was a high rate (55.3%) of caretaker absence or inability to provide adequate care for the child due to physical or mental illness or drug abuse. All types of neglect except medical neglect were correlated with each other indicating that the prevalence of several types of neglect was common.

When compared to maltreated children who were not neglected, maltreated children who were neglected experienced a higher overall prevalence of maltreatment as well as more different types of maltreatment. Neglect was accompanied by an additional type of maltreatment in 95% of the cases. The highest rate of co-occurrence was with emotional abuse, nearly two-thirds of the children. Practice implications suggested by the authors included the need for individualized interventions for neglected children based on their unique experiences and the needs and characteristics of the family. At a minimum, when neglect is found to occur, the practice suggestion is that other types of neglect, as well as additional forms of maltreatment, should be explored.

References

English DJ, & the LONGSCAN investigators. (1997). Modified Maltreatment Classification System (MMCS). *http://www.iprc.unc.edu/longscan/*. Accessed 30 June 2016

Mennen FE, Kim K, Sang J, & Trickett PK. (2010). Child neglect: Definition and identification of youth's experiences in official reports of maltreatment. Child Abuse & Neglect; 34: 647–658.

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RESEARCH REVIEW

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Neighborhood Factors Can Influence Child Maltreatment

Exploring the relationships between communities and child maltreatment is an innovative approach to its prevention. In addition to individual and family factors that can influence child maltreatment, neighborhood ecological factors can also play a role. Among neighborhood factors are poverty, housing stress and instability, childcare burden, substance availability, residential density, immigrant concentration, and crime. Neighborhood social impoverishment has been suggested as a mechanism to influence child maltreatment in three major ways: inhibited sharing behaviors among neighbors due to need; a dearth of positive role models, which reinforces inappropriate and inadequate behaviors; and a lack of intimate and confident interactions, which inhibits nurturance and feedback (Garbarino & Barry, 1997). However, there are protective factors in neighborhoods that can be mobilized to reduce child maltreatment and social and physical disorder. Among these factors that can strengthen communities are collective efficacy, intergenerational closure, and social networks. Collective efficacy is the shared belief of a group in their capabilities to succeed (Sampson, 2003). Intergenerational closure refers to the extent to which people know each other's children and the parents of their children's friends. Social networks are indicators of intimate and community social relationships.

The relationship between child maltreatment and neighborhood social processes was tested in Chicago by examining child maltreatment data from 1995–2005 (Molnar, Goerge, Gilsanz, et al., 2016). Child maltreatment outcomes were neglect, physical abuse, sexual abuse, and substance-exposed infants. Neighborhoods that were higher in collective efficacy, intergenerational closure, and social networks had lower proportions of neglect, physical abuse, and sexual abuse. Similarly, higher collective efficacy and social network size predicted a lower proportion of substance-exposed infants. There are social and policy implications to this work. The authors suggested that mobilizing neighborhoods to improve protective factors can decrease child maltreatment and may be more effective than individual and family-focused efforts in lowering child maltreatment.

References

Garbarino J & Barry F. (1997). The community context of child abuse and neglect. In J. Garbarino, & J. Eckenrode (Eds.), *Understanding abusive families: An ecological approach to theory and practice* (pp. 556–85). San Francisco: Jersey-Bass.

Molnar BE, Goerge RM, Gilsanz P, et al. (2016). Neighborhood-level social processes and unsubstantiated cases of child maltreatment. *Child Abuse & Neglect; 51*: 41–53.

Sampson RJ. (2003). Neighborhood-level context and health: Lesson from sociology. In I. Kawachi & LF Berkman (Eds.), *Neighborhoods and health* (pp. 132–146). New York: Oxford University Press.

Type of Parental Debt May Affect Children's Well-Being

When family finances are stretched, the associated stress can affect family functioning and is a risk for child maltreatment. Financial stress was considered in the National Longitudinal Study of Youth, which included 9,011 children and their mothers observed annually or biannually from 1986-2008. Socioemotional well-being was also measured. Mothers responded to 28 questions about their child's behavior. Analyses were controlled for time stable variables and time varying variables. Total amount of parental debt was associated with poorer child socioemotional well-being, but the association varied by type of parental debt. Higher levels of home mortgage and education debt were associated with higher levels of child well-being whereas higher levels of and increases in unsecured debt (credit card, money owed to businesses, and medical debt) were associated with lower levels of child well-being. Credit card debt accounted for 2/3s of all unsecured debt. Thus, debt is not universally harmful. Debt that allows for home investment may provide access to better neighborhoods and schools. Unsecured debt may reflect limited resources to invest in children as well as parental stress. Clinically, providers might inquire of parents whether they are experiencing unsecured debt and if there are other financial-related stressors and how these stressors might be affecting their relationships with their children and their parenting. There are many resources for debt counseling. For example, referrals could be made to a financial coach or a community agency for help as a means of reducing household stress and preventing family maltreatment.

Reference

Berger LM & Houle JN. (2016). Parental debt and children's socioemotional well-being. *Pediatrics; 137(2)*: e20153059 1-8. doi: 10.101542/peds.2015-3059.

EFFECTS OF CHILD MALTREATMENT

Multiple Maltreatments of Children Can Be Classified Differently and Can Lead to Different Outcomes

Many, if not most, child victims of maltreatment suffer more than one type. It is not clear whether any one or any combination of maltreatments has a greater impact. This study of 358 maltreated German children and adolescents (ages 4-17) aimed to identify maltreatment profiles and associate them with short-term clinical outcomes. Data were obtained between 2012-2015 through clinical assessments, questionnaires, interviews from participants and their primary caregivers on their history of maltreatment, sociodemographics, psychopathology, psychosocial functioning, and quality of life. Six types of maltreatment were explored: sexual abuse in general, sexual abuse with penetration, physical abuse, emotional abuse, neglect, and exposure to domestic violence. Analysis resulted in three classes based on the history of maltreatment: (1) multiple maltreatments excluding sexual abuse (63.1%), (2) multiple maltreatments including sexual abuse (26.5%), and (3) predominantly sexual abuse (10.3%). Eighty-five percent of participants reported more than one type of maltreatment. The children in class 2 showed significantly worse short-term outcomes on psychopathology, level of functioning, and quality of life compared to the other classes. However, exposure to multiple forms of maltreatment was associated with worse outcomes for all variables. Members of class 3 showed the most resilience, defined as an absence of psychopathology. The authors speculated that this was due to the lower level of exposures to maltreatment. About half the children (45.5%) showed no psychopathology suggesting resilience in other classes as well. However, this was a short-term outcome study and resilience is likely to change over time. The authors further suggested that their study shows that it is not the specific type of maltreatment that matters, but the occurrence of multiple types. Providers working with abused children should carefully explore the extent of maltreatment histories as well as the outcomes.

Reference

Witt A, Münzer A, Ganser HG, Fegert JM, Goldbeck L, & Plener PL. (2016). Experience by children and adolescents of more than one type of maltreatment. *Child Abuse & Neglect; 57*: 1–11.

EFFECTS OF CHILD MALTREATMENT

Spanking and Child Outcomes: Old Controversies and New Analyses

This research reported in this article tackled the question of whether spanking children is harmful or helpful. In addition to concerns of parents and the many organizations and individuals interested in child welfare, the result has possible legal and policy implications. This study was conducted through the use of meta-analysis, a statistical technique for analyzing the results of several studies in order to answer a research question that might have different, and sometimes conflicting, results in single studies. The statistic of interest from a meta-analysis is simply the difference between no effect and the outcome of interest. A total of 558 studies were selected for inclusion in the analysis.

The effects investigated were detrimental outcomes for the child or adult based on a history of spanking by parents. The effects could be grouped as affective, cognitive, and behavioral. Examples of negative childhood outcomes were aggression, antisocial behavior, low self-esteem, and mental health problems. The adult negative outcomes were antisocial behavior, mental health problems, and positive attitudes about spanking. A total of 13 out of 17 negative outcomes were statistically significant, nine for children and four for adults. All the negative outcomes indicated a link between spanking and increased risk for detrimental child outcomes. The authors also examined studies that compared spanking with physical abuse. They found that spanking and physical abuse were significantly associated and had relations with child outcomes that were similar in magnitude and in the same direction. The analyses reported in this study also found no evidence that spanking was associated with improved child behavior.

The authors noted that these results can have large societal impacts in that there is no evidence for spanking doing good; the evidence examined here points to the risk of harm. Healthcare providers, social services and medical personnel should educate families about the harmful effects and lack of benefit associated with spanking. Given the similarity in outcomes between spanking and child physical abuse, policy makers should consider the implication of these findings in the development of broader public health policy.

Reference

Gershoff ET, & Grogan-Taylor A. (2016). Spanking and child outcomes: Old controversies and new analyses. *Journal of Family Psychology; 30*: 453–469.

EFFECTS OF CHILD MALTREATMENT

Childhood Maltreatment Increases the Risk of a Suicide Attempt

Child maltreatment is associated with an increased rate of suicide attempts. Various types of child maltreatment frequently co-occur, but it is not known if the effects of maltreatment are specific to the type or occur as a general result of all types of maltreatment. This question was examined by analyzing the responses of 43,653 adult respondents to the 2004–2005 National Epidemiologic Survey on Alcohol and Related Conditions, weighted to be representative of the 2000 U.S. Census data for the civilian population. Types of childhood maltreatment inquired were emotional neglect, physical neglect, emotional abuse, physical abuse, and sexual abuse. Participants were asked if they had ever attempted suicide. The analysis was controlled for demographic factors and psychopathology. Childhood maltreatment was associated with an increased risk for attempting suicide at an earlier age for first attempters. This relationship occurred mostly through shared effects of childhood maltreatment. In other words, the risk of suicide was conferred through a broad liability, not a specific one based on the type of child maltreatment. The exception was for sexual abuse, which had a direct effect on the risk for suicide above the shared risks for all other types. The authors concluded that the prevention of all types of maltreatment may have broad benefits on children's suffering, but also on the long-term risk of a suicide attempt. Providers should be aware that risks for self-harm can be associated with all types of child maltreatment as well as combinations of several.

Reference

Hoertel N, Franco S, Wall MM, Oquendo MA, Wang S, Limosin F, & Blanco C. (2016). Childhood maltreatment and risk of suicide attemwpt. *Journal of Clinical Psychiatry; 76(7)*, 916–923.

EFFECTS OF INTIMATE PARTNER VIOLENCE PERPETRATION

Emotional Abuse May Have a Unique Effect on Later Depression

Intimate partner violence (IPV) has many adverse health outcomes including depression. An evaluation of the effects of IPV was conducted in a group of 156 women who had left the relationship and were receiving legal and case management aid (Estefan, Coulter, & Weerd, 2016). This program included a wide variety of interventions such as safety, employment, finances, transportation, housing, health care, and social support to improve the quality of life for them and their children. The program followed the women for an average of two years after they left the violent relationship. A data collection measure was developed for this project, the Global History Questionnaire (GHQ), which included depression as the outcome variable. This was asked as a single question: "Are you currently depressed?" Independent variables included demographics, violence, safety, and other social support measures. Clients completed the GHQ upon entry to the program, after about six months of services, and when they exited the program. At entry, 37% reported depression; at post-test, 22% continued to report depression. The likelihood of depression for those women who experienced emotional abuse more than once per week (57% of respondents) was almost five times that of those who did not experience emotional abuse (odds ratio=4.864, 95% CI=1.246-18.992). Those who were worried about contact by the abuser were almost six times as likely to experience current depression (odds ratio =5.898, 95% CI=1.690-20.580). Emotional abuse was the only form of IPV that showed this effect. The correlations between physical abuse and depression and sexual abuse and depression were not statistically significant. The authors suggested that emotional abuse may be the most critical long-term effect to be considered in intervening in the long-term mental health of IPV survivors. Clinicians should be especially aware of the possibility of depression in victims of emotional abuse as well as those who fear being stalked by the abuser.

Reference

Estefan LF, Coulter ML, & Weerd CV. (2016). Depression in women who have left violent relationships: The unique impact of frequent emotional abuse. *Violence Against Women;* 1–17. doi: 10.1177/1077801215624792.

The likelihood of depression for those women who experienced emotional abuse more than once per week (57% of respondents) was almost five times that of those who did not experience emotional abuse. Emotional abuse may be the most critical long-term effect to be considered in intervening in the long-term mental health of IPV survivors.

Strangulation in Intimate Partner Violence

Strangulation is common in intimate partner violence (IPV) and sexual assault (SA). It can be used to control and to harm the victim. A review of 1,542 medical encounters with a forensic nurse examiner from 2004-2008 found 650 for IPV and 893 for SA (Mcquown, et al., 2016). Strangulation was reported in 38% of IPV cases, 12% in SA. Patients were significantly more likely to be strangled by an intimate partner than by another perpetrator, only 20% by a non-family member. Victims were more likely to be strangled if pregnant or the perpetrator was the owner of a firearm. There were significant risk factors for lethality in 97% of the IPV cases: presence of a firearm, threats of suicide or homicide by the perpetrator, significant bodily injury, loss of consciousness, loss of bladder or bowel control, voice changes, or difficulty swallowing. It is important for providers to inquire about strangulation in cases of IPV during pregnancy as well as when visible injury to the neck is seen. Without documentation, strangulation is difficult to prove in criminal or medical proceedings.

A similar study of 1,064 women referred to a sexual assault resource center for alleged non-fatal strangulation (NFS) reported data on demographics, assault characteristics, and forensic findings (Zilkens, et al., 2016). NFS varied by age group and type of assailant. The highest proportion of NFS was in women 30-39 years old who were sexually assaulted by an intimate partner. Additional factors associated with NFS during sexual assault included deprivation of liberty, verbal threats, being assaulted in the woman's home and the use of additional blunt force. External signs of NFS were absent in 49.4% of all NFS cases.

Victims of strangulation can experience pain, terror, and a sense of impending death (Armstrong & Strack, 2016). Among 300 cases of strangulation in San Diego County in 1995, 94% were women who were strangled by a male member of their household. As most victims are strangled by hands, these cases can leave little or no sign of injury. Otolaryngology (ear, nose, and throat) is the branch of medicine most likely to be able to conduct a thorough evaluation of victims who seek care for hoarseness, sore throat, respiratory disturbance, or accidental injury to the neck. Evaluation between 48-72 hours is likely to reveal injury such as hoarseness, bruising, or other temporary injuries. A variety of medical procedures may be performed in evaluation, but the most sensitive is magnetic imaging of the neck. Providers should consider domestic violence in patients with throat complaints or bruises on the neck. Strangulation of an intimate partner often occurs in front of children. Repeated strangulation brings the risk for brain injury and death.

The findings of these three related studies lead to similar conclusions for medical and social service practitioners and law enforcement including greater awareness of strangulation in IPV incidents and screening for NFS by those who come in contact with victims of sexual assault as well as other types of IPV.

References

Armstrong M, & Strack GB. (2016), Recognition and documentation of strangulation crimes. *JAMA Otolaryngology-Head and Neck Surgery: A review.* doi: 10.1001/jamaoto.2016.0293.

Mcquown C, Frey J, Steer S, Fletcher GE, Kinkopf B, Fakle M, & Prulhiere V. (2016). Prevalence of strangulation in survivors of sexual assault and domestic violence. *American Journal of Emergency Medicine.*

Zilkens RR, Phillips MA, Kelly MC, Mukhtar SA, Semmens JB, & Smith DA. (2016). Non-fatal strangulation in sexual assault. *Journal of Forensic and Legal Medicine; 43*: 1–7.

Correlates of Intimate Partner Violence Perpetration

There is no regular national United States report of intimate partner violence (IPV). However, prevalence data can be extracted from periodic surveys. Wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions provided data on the association of IPV perpetration with psychiatric disorders and other correlates of IPV such as alcohol use and psychosocial functioning. A total of 25,631 U. S. respondents 18 years of age or older, married, dating, or living with someone were interviewed face-to-face. A total of 1,677 individuals (6.5%) reported perpetrating IPV in the past 12 months, 4.2% male and 7.0% female perpetrators. Women tended to perpetrate less severe violence than male perpetrators. The IPV perpetrators had greater odds of having any psychiatric disorder (67.7% of perpetrators and 42% of non-perpetrators). Perpetration was associated with a wide range of factors: having an alcohol use disorder, personality disorder, younger age, being Black or Native American, not married or cohabiting, low levels of social support, and low income. There were no gender differences in these variables. IPV victimization had the strongest association with perpetration. These authors suggested that mental health evaluations of IPV perpetrators might provide the opportu-

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Trauma Informed Care

Trauma informed care (TIC) is a topic of clinical interest as well as one with policy implications for child mental health and child welfare. TIC has grown out of the increasing awareness of trauma to children from adverse childhood experiences and other adversities arising from stressful life experiences. Such exposures can confer significant risk for poor health, including mental health outcomes. A trauma informed approach, as defined by SAMHSA (*www.samhsa.gov/nctic/trauma-interventions*), includes awareness of trauma and its impact on organizational functioning. However, as Berliner and Kolko point out, the SAMHSA principles are essentially those of good care: safety, trustworthiness, collaboration and mutuality, empowerment, voice, and choice. In this article, the authors review major concepts and issues of TIC. Among these issues are what defines TIC and how would providers know they are delivering it. There is no common definition of TIC, the concept has not been operationalized, tools are needed to identify traumatized children for services, and training programs are needed for providers. At the institutional level, cross-system collaborations and increased access to evidence-based treatments, such as trauma-focused cognitive behavior therapy, should occur. The most important question regarding TIC is whether awareness actually benefits children. The authors recommend that the practice changes that are most likely to have an impact of improving trauma informed care are screening for trauma exposure, assessing trauma impact, and increasing access to trauma-specific treatment. These are among the many challenges to implementing TIC and creating systems that identify traumatized children and ensure that they receive effective care.

Reference

Berliner L, & Kolko DJ. (2016). Trauma informed care: A commentary and critique. Child Maltreatment; 21(2): 168–172.

Relationship Education for Military Couples

Military personnel and their families often do not seek services for personal concerns such as mental health needs, marital problems, and child behavior problems in spite of the fact that services are generally available and free on military bases. This article reviews best practices in relationship education (RE), a form of couple's intervention that teaches skills such as communication, conflict management, support, intimacy, and relationship goal-setting. The authors propose that RE has the potential to overcome barriers to help-seeking in military couples and enhance mental health promotion services in the military environment. This article also reviews protective and risk factors that may affect mental health and family functioning. Among the protective factors are subsidized housing, employment and its associated financial security, and free health care. Risk factors include frequent relocations and deployments, the latter with significant trauma-associated contributors to personal and family disruption: substance abuse, interpersonal violence, re-establishing connections, mental health symptoms such as hyperarousal and aggression, lack of time for participation, and fear of negative influence on the service member's career. This article describes a number of different approaches to RE and discusses issues that should be considered such as timing (when couples are receptive to intervention), educator selection and training (providers who understand the special needs of military families), program format (small face-to-face groups, flexible delivery such as online or in person, single intervention or multiple sessions, audio-visual and written material, and programs designed for one partner when the other is unavailable), and support from key personnel such as senior leaders and specialist experts. Practitioners with an understanding of the risk and protective factors of military families as well as have the training and experience to conduct such programs can have a significant effect on family functioning and facilitate positive relationship changes. RE can be an innovative and effective alternative or supplement to traditional mental health and marital counseling.

Reference

Bakhurst MG, Loew B, McGuire ACL, Halford WK, & Markmans HJ. (2016). Relationship education for military couples: Recommendations for best practices. *Family Process;* 1–15, doi: 10.1111/famp.12211.

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nity to identify and treat psychiatric disorders and improve the clinical course of conditions affected by violence.

Reference

Okuda M, Olfson M, Wang S, Rubio JM, Xu Y, & Blanco C. (2015). Correlates of intimate partner violence perpetration: Results from a national epidemiologic survey. *Journal of Traumatic Stress; 28*: 49–56.

The Relationship of Deployment and Marital Satisfaction to the Perpetration of Physical Violence

There are many complex effects of military deployment, particularly when the service member has had numerous ones. U.S. Navy personnel anticipating an 8-month deployment were surveyed to determine whether the number of previous deployments and relationship satisfaction predicted their reports of perpetrating intimate partner violence (IPV) (Kelley, Stamgaugh, Milletich, & Snell, 2015). Of the possible 295 persons contacted by e-mail to participate in the survey, 72 responded positively (52 men and 18 women). Perpetration of physical IPV was measured by means of selected items from the Revised Conflict Tactics Scale (CTS2; Straus & Douglas, 2004). Respondents answered 10 items, each on a 9-point scale, regarding the perpetration of violence by themselves or their partner over the past 12 months. Relationship satisfaction was measured by the Relationship Assessment Scale (RAS: Hendrick, 1988), with 7 items, each on a 5-point scale, that assess general relationship satisfaction. Seventeen out of 72 (23.6%) reported at least one act of physical violence against their partner. The most common items were grabbing (76.4%) and pushing or shoving (71.6%). Results were that as relationship satisfaction increases, the effect the number of deployments has on perpetrating physical violence decreases. This research suggests that interventions for perpetration of IPV should consider relationship satisfaction in the context of the number of deployments. Enhancement of relationship satisfaction could also be a target for prevention by a variety of social and clinical services by making people aware of the value of such relationships in coping with deployment as well as other family stressors.

References

Hendrick SS. (1988). A generic measure of relationship satisfaction. *Journal of Marriage and the Family; 50*: 93–98.

Kelley ML, Stamgaugh L, Milletich RJ, Veprinsky A, & Snell AK. (2015). Number of deployments, relationship satisfaction and perpetration of partner violence among U. S. Navy members. *Journal of Family Psychology; 29(4)*: 635–641.

Straus MA, & Douglas EM. (2004). A short form of the Revised Conflict Tactics Scale, and typologies for severity and mutuality. *Violence and Victims; 19*: 507–520.

High Prevalence of Intimate Partner Violence among Trauma Patients

An analysis of records of patients reported in the National Trauma Data Bank from 2007-2012 found 16,575 patients out of 2,910,122 experienced intimate partner violence (IPV). Patients were stratified by age: children (≤18 years), adults (19-54 years), and elderly (≥55 years. Of the total, 61.7% were children, 33.2% were adults, and 5.1% were elderly. Of the children, 69% were infants, 60% were male, the median age was 3.5 years, and the median Injury Severity Score was 14 (range, 4-17). The prevalence of domestic violence against children increased from 14/1,000 discharges in 2007 to 18.5/1,000 in 2012, a statistically significant increase.

There were 5,503 adults who experienced IPV. Of these, 63% were female, the mean age was 35 years, and the Injury Severity Score was 5 (range, 1-10). Of all trauma patients, females were significantly more likely to have experienced IPV than other traumatic events (64% vs 26%). The prevalence of IPV against adults also increased significantly, from 3.2/1,000 discharges in 2007 to 4.5/1,000 in 2012.

Of the 848 elderly patients who experienced IPV, 57.1% were female, the median age was 66.6 years, and the median Injury Severity Score was 9 (range 4-16). The most common perpetrators of IPV among elderly patients were other relatives (42.7%), followed by a significant male relative (44.6%), and a significant female relative (31%). The increase in elderly patients also increased, but was not statistically significant (0.8/1,000 in 2007 to 0.96/1,000 in 2012). Male relatives included father, stepfather, boyfriend, husband, or ex-spouse; female relatives included mother, stepmother, girlfriend, wife, or ex-spouse; other relative included children, sibling, or grandparent. Of all IPV trauma patients, head injury was the most common injury (46.8%) followed by extremity fractures (31.2%). The overall mortality rate was 5.9% (n=980).

The prevalence of IPV trauma has increased significantly in children and adults. The authors concluded that a robust mandatory screening for IPV in trauma patients is warranted along with a focused national intervention.

Reference

Joseph B, Khalil M, Zangbar B, et al. (2015). Prevalence of domestic violence among trauma Patients. *JAMA Surgery; 150(12)*: 1177–1183.