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Family Advocacy Research Digests

RESEARCH REVIEW

CURRENT RESEARCH FOR FAMILY ADVOCACY PROGRAMS • Volume 1, Issue 1 • Winter 2016

Welcome to *Research Review*

Research Review is a new publication of the *Joining Forces Joining Families (JFJF)* group of publications. It is a companion to the *JFJF. Research Review* presents new information for use by Army Family Advocacy Program (FAP) personnel on a variety of important topics. Each review provides the most important points of a recent publication. Readers can go to the reference cited for complete information. We will publish *Research Review* twice per year. Please distribute *Research Review* to your colleagues in FAP as well as medical and social service providers.

Is Adolescent-to-Parent Abuse Domestic Violence?

The prevalence of a young person hitting their parent was estimated at between 6.5 and 12% in a three year period and 60% for verbal aggression in the last six months. Mothers have been the predominant victims and young men significantly likely instigators. Serious legal and social questions are raised by considering this issue. Is adolescent-to-parent family conflict, domestic violence, or violence against women? Additional issues are the importance of not criminalizing children and labeling them as perpetrators of abuse, interference with the ability to parent effectively, and harm to other family members, particularly other children who witness. The author favors a restorative framework of maintaining a relationship between the adolescent and the parent. This article provides few solutions, but highlights the challenges to those working in this field.

Reference

Holt A. (2015). Adolescent-to-parent abuse as a form of "domestic violence": a conceptual review. *Trauma Violence Abuse.* doi: 10.1177/1524838015584372.

CONTENTS

Center for the Study of Traumatic Stress
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda, MD 20814-4799
www.CSTSonline.org

Bullied and Maltreated Children Are More Likely to Have Adult Mental Health Problems

Bullying in childhood may have significant effects on adult mental health and should be inquired by family advocacy workers in addition to child maltreatment. Both maltreatment and bullying have long-term negative effects. Does bullying have a unique effect? Both were investigated with interviews and questionnaires in samples of children and parents in the UK (4,026 children) and the US (1,420 children). In the US sample, children who were only maltreated were at increased risk for depression in young adulthood compared to children who were not maltreated or bullied. In the UK sample, only those who were both maltreated and bullied were at increased risk for mental health problems: anxiety, depression, and self-harm. Children in both groups who were only bullied were more likely than children who were only maltreated to have mental health problems.

Reference

Lereya ST, Copeland WE, Costello EJ, & Wolke D. (2015). Adult mental health consequences of peer bullying and maltreatment in childhood: two cohorts in two countries. *Lancet Psychiatry; 2*: 524-531.

Deployment and Risk of Maltreatment of Very Young Children

Maltreatment of children less than two years of age was measured in relation to the deployment periods (before, during, after) of soldiers who had deployed only once and those who had deployed twice. Maltreatment rates were highest in the six months after deployment for soldiers who had deployed only once. For soldiers who had deployed twice, maltreatment was highest during the deployment, nearly double that of those in the first deployment period. These findings illustrate the complexity of the study of deployment and its effects on soldiers and families. Soldiers were not the only perpetrators identified. Different rates of maltreatment during and after deployment suggests different stressors based on the time period as well as soldier-family variables such as prior experience with deployment and many other factors beyond the scope of this study. Importantly, the period prior to deployment did not yield elevated risk of child maltreatment compared to the other periods. This is surprising in that the time prior to deployment is filled with increased tempo of operations including time away from home for training. Perhaps resilience is mobilized during this period, but a different resilience is needed both during and after deployment to counter the unique stresses of these time periods. Documentation of the stresses and strategies during these periods would be helpful to the improvement of prevention and intervention efforts by the helping agencies.

Reference

Taylor CM, Ross ME, Wood JN, Griffis HM, Harb GC, Mi L, … Rubin DM. (2015). Differential child maltreatment risk across deployment periods of US Army soldiers. *American Journal of Public Health*; published online ahead of print.

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Editor-in-Chief
James E. McCarroll, PhD
e-mail to James.McCarroll.ctr@usuhs.mil
(301) 319-8003

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Editorial Advisor
LTC Ricky J. Martinez. PhD, MSC, USA
Family Advocacy Program Manager
Installation Management Command
Department of the Army

Editorial Consultant
Joshua C. Morganstein, M.D.
Commander, U.S. Public Health Service
Scientist, Center for the Study of Traumatic Stress
Department of Psychiatry, Uniformed Services University

Military-Connected Kids Have Greater Risk of Adverse Outcomes than Nonmilitary Kids

The 2013 California Healthy Kids Survey of 54,679 military-connected and 634,034 nonmilitary-connected secondary school students found that the military-connected kids had greater odds of substance use, experience of physical violence and nonphysical harassment, and weapon carrying. The military-connected kids had a 73% greater odds of drug use (cocaine and LSD) and twice the odds of bringing a gun to school compared with nonmilitary-connected kids. Similarly, the odds of the military-connected kids being threatened with a weapon or being in a fight were almost twice that of the nonmilitary-connected kids. The odds of military-connected kids having adverse outcomes also showed an increase over data collected in 2011. It was concluded that military-connected adolescents require concern regarding the well-being of their families during wartime.

Reference

Sullivan K, Capp G, Gilreath TD, Renbenishty R, Roziner I, & Astor RA. (2015). Substance abuse and other adverse outcomes for military-connected youth in California. *JAMA Pediatrics;* doi:10.1001/jamapediatrics.2015.1413. Published online August 17, 2015.

Negative Self-Appraisals Due to Intimate Partner Violence can Worsen Posttraumatic Stress Symptoms

Non-treatment seeking women who were victims of intimate partner violence (IPV) were studied for their self-appraisals and the relation of those appraisals to posttraumatic stress disorder (PTSD) symptoms. This research characterized the way female victims of IPV reported trauma-related symptoms. Not all PTSD is the same. Profiles of different responses can suggest different treatments. Women were given measures of PTSD and trauma-related symptoms and a trauma questionnaire that asks respondents to describe their cognitive reactions to a traumatic event. 46% had a very low endorsement of PTSD symptoms while others had intermediate levels of different PTSD symptoms (hypervigilence, exaggerated startle, re-experiencing, and avoidance). Three types of self-appraisals were related to PTSD symptoms: fear, alienation, and self-blame. Fear appraisals were associated with more symptomatic PTSD; alienation appraisals were associated with intermediate symptoms. Self-blame appraisals were more complex. They were less likely to belong to the least and most symptomatic profiles. Self-blame might be an attempt to identify ways to prevent or change the outcome of the traumatic event, but more research is needed here. The greater the severity of the IPV incident, the more likely was the woman to have more severe symptoms. Clinical interventions for IPV may also help to alleviate other trauma-related symptoms such as depression and substance abuse.

Reference

Hebenstreit CL, MaGuen S, Koo KH, & DePrince AP. (2015). Latent profiles of PTSD symptoms in women exposed to intimate partner violence. *Journal of Affective Disorders; 180*: 123–128.

What Happened When Physical Punishment of Children was Banned?

Stopping physical punishment of children can result in fewer mental health and social problems. After passage of a law in 1983 in Finland banning the physical punishment of children, there was a significant drop in reports of being slapped or beaten and in the number of murdered children. In an investigation in 2011 of 4,609 persons born between 1931 and 1996, ages 15-80 years, respondents answered a questionnaire on physical punishment during childhood. There was a significant drop in reports of being slapped or beaten among respondents who were born after the law was passed. There was also a decline in the number of murdered children. However, respondents who had been exposed to higher than average amounts of physical punishment before the law was passed scored significantly higher on alcohol abuse, depression, mental health problems, and schizotypal personality. Those who were divorced and those who had attempted suicide in the past 12 months reported having been significantly more physically punished than others.

Reference

Österman K, Björkqvist K, & Wahlbeck K. (2014). Twenty-eight years after the complete ban on the physical punishment of children in Finland: trends and psychosocial concomitants. *Aggressive Behavior*; *40(6)*: 568–581.

Stalking Can Cause Distress Even When People Do Not Report Being Afraid

Stalking often occurs in the context of intimate partner violence (IPV), but it can be difficult to define and to identify. State and federal definitions make a distinction between stalking and harassment. Harassment can involve the same behaviors as in stalking, but the victim does not feel fearful nor experience actions by the stalker in which a reasonable person would feel fear. This definition is intended to prevent harassment from being criminalized. 1,430 victims of stalking were identified by the 2006 Supplemental Victim Survey, part of the National Crime Victimization Survey (Catalano, 2012) to assess stalking in the past 12 months. Fear experiences of stalking victims differ. The victim who does not feel fear of stalking can suffer other effects

Owens (2015) differentiated between two types of fears from being stalked (a) subjective fear and (b) that which would cause a reasonable person to feel fear, from no fear. Most respondents reported some measure of fear, but usually not both. Of the three groups that reported fear, 15.3% experienced subjective fear, but no threats or attacks that would cause reasonable fear. 20.8% (n=298) experienced at least one of the 23 measures of reasonable fear, but did not report feeling afraid, and 20.4% (n=292) experienced both types of fear. However, 43.4% (n=621) did not report experiencing either form of fear, but did report anger or annoyance when the behaviors started or progressed.

The group that experienced both types of fear had the most severe stalking experiences and negative effects. However, the group that experienced no fears still reported serious stalking behaviors and effects. They reported being followed for long periods of time, used self-protecting behaviors, and were financially burdened. These analyses suggest that by excluding persons who did not feel either type of fear will underestimate the number of people affected by stalking and thereby reducing the understanding of stalking and its consequences.

Estimates by the BJS of stalking were that between 1 and 3.5 million people are annually stalked. The percentage of male victims varied between 13.8-33.1% suggesting that they are undercounted. In all persons reporting stalking it is important to assess all effects on the individual's life, particularly when fear is not reported.

References

Catalano S. (September, 2012). Stalking victims in the United States — Revised. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. NCJ224527.

Owens JG. (2015). Why definitions matter: Stalking victimization in the United States. *Journal of Interpersonal Violence. doi: 10.1177/0886260515573577.*

New Connections between Adverse Childhood Experiences and Health

The many negative effects of adverse childhood experiences are well-known (Felitti et al., 1998). The Adverse Childhood Experiences (ACE) scale assesses 10-items that have been shows to predict health outcomes. In order to improve the prediction of negative health outcomes, four new items were added based on data from the National Survey of Children's Exposure to Violence 2014 (Finkelhor, Shattuck, Turner, & Hamby, 2015). This was a telephone survey conducted between August 2013 and April 2014 of 1,949 children and adolescents aged 10–17 and caregivers. Caregivers were asked for demographic information, the child's physical health condition, and mental health symptoms. Child and adolescent participants were asked about adversities using the existing 10 items from the ACE scale: five on child maltreatment (physical abuse, psychological abuse, sexual abuse, physical neglect, and emotional neglect) and five on parental or family incapacities (substance abuse, mental illness, parental loss separation or divorce, parental imprisonment, and violence against the mother). Four new measures added in this study to determine their effectiveness at predicting health outcomes. The new items were: low socioeconomic status (SES), peer victimization, peer isolation/rejection, and exposure to community violence. Peer victimization, peer isolation/rejection, and community violence exposure added significantly to the prediction of mental health symptoms. Low SES added significantly to the prediction of physical health problems. These four new items are valuable because of their connection with adverse health outcomes and suggest the need for increased understanding of how ACEs affect development and what can be done to mitigate their effects.

References

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, & Marks JS. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine; 14(4)*: 245–258.

Finkelhor D, Shattuck A, Turner H, & Hamby S. (2015). A revised inventory of Adverse Childhood Experiences. *Child Abuse & Neglect; 48*: 123–21.

Posttraumatic Stress Disorder Symptoms and Victims of Intimate Partner Violence: Men and Women Differ

In a nationally representative U.S. sample of men and women who had been in a relationship in the past year, a posttraumatic stress disorder (PTSD) diagnosis within the past year was associated with a two-fold increased rate of perpetration of physical intimate partner violence (IPV). Arousal/reactivity symptoms were associated with IPV perpetration for both men and women. Intrusive symptoms were associated with PTSD for men only; for women, negative cognitions and mood were significant. Avoidance symptoms were not associated with PTSD for either sex. The differences in symptoms by men and women were unexpected. The authors speculated that men and women were differentially disturbed by their symptoms: men by intrusion and women by negative mood. Because this was a cross-sectional study, it was not possible to determine if the PTSD caused the IPV. However, it was suggested that examining symptoms clusters of PTSD may help clinically in identifying those with PTSD who are at higher risk for perpetration of IPV.

Reference

Smith KZ, Smith PH, Violanti JM, Bartone PT, & Homish GG. (2015). Posttraumatic stress disorder symptom clusters and perpetration of intimate partner violence: Findings from U.S. nationally representative sample. *Journal of Traumatic Stress; 28*: 469–474.

Resources for Help with Intimate Partner Violence, Posttraumatic Stress Disorder, and More

The National Center for PTSD, a resource of the Department of Veterans Affairs (VA), publishes a monthly update on issues of trauma and posttraumatic stress disorder (PTSD) *http://www.ptsd.va.gov/about/subscribe.asp*. Subscribers to this free service receive a monthly update. A wide variety of resources are available for providers, researchers, and other subscribers. The subject of the October 2015 issue is PTSD and intimate partner violence (IPV). Links are provided for information about both subjects as well as the numbers for help lines for IPV (800-799-7233) and the National Sexual Assault Hotline (800-656-4673). Free continuing education credits are available to providers outside the VA in the form of a lecture series. The publication also briefly notes research underway at the Center and news about events of interest. An example is the story about infidelity and its effects on Soldiers' and veterans' relationships and mental health. This article was by Miranda Escobar and appeared in the 6 October 2015 issue of the Yale News. This resource is a quick and easy way to be informed of current developments affecting military personnel and veterans and their families.

Intimate Partner Violence: Health Care Provider Self-Awareness Can Improve Care

Statistics abound on the prevalence of intimate partner violence (IPV) (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2014). Practitioners in the health fields often encounter victims and perpetrators, some known and some unknown. In addition to recognition, referral, and treatment of both groups, it is important for professionals in health practice to recognize the barriers that might exist between them and their patients / clients in addition to the complexity of treatment and legal issues that can exist (Chapman & Monk, 2015). For example, practitioners may share such issues such as the presence of aggression and impulse control with perpetrators; empathy, pity, fear of abandonment, and self-preservation with victims.

Recognition of these feelings can help to reduce the barriers that exist when the practitioner sees the victim as *them* and self as *me*. How to approach this dichotomy is a professional as well as a personal decision. Admission of such feelings to colleagues can be embarrassing and could lead to consequences for the person who admits to facing this struggle. Regardless of how it is approached, it is a duty to continually be aware of how such feelings affect health care.

References

Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, & Merrick MT. 2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization – National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report. Surveillance Summaries, September 5, 2014/63 (SSo8): 1-18.*

Chapman A, & Monk C. (2015). Domestic violence awareness. *American Journal of Psychiatry; 172(10)*: 944-945.

What are the Helpful Ingredients of Social Support?

Social support is commonly advocated as a means to prevent and alleviate stress. It has been a topic of research for nearly 50 years. Social isolation is associated with poorer psychological functioning and the increased risk for child maltreatment. The question raised by this article is how to understand the relation of social support, particularly when the family is socially isolated, to the prevention of child maltreatment. What is the nature of the isolation? How is it related to the risk of child maltreatment? What are the characteristics of support that buffer against risks? What are the barriers to creating support? Which people are capable of providing it? Is support alone enough? These are challenges to creating effective interventions.

Most often, support comes from informal networks that may or may not be helpful in providing constructive behaviors to the at-risk families. Support can be provisioning or monitoring. Provisioning consists of emotional support through encouraging, counseling and guiding, giving access to information and resources, and skill acquisition. However valuable and easily conducted, it may fall short of helping families when it rationalizes or fails to challenge harmful family practices.

Monitoring, on the other hand, consists, in part, of challenging dysfunctional behavior. Formal supports, such as home visitors, need to include the monitoring function if they are to be effective in changing parents' behavior. Those who assist at-risk families need to have the skills to integrate proactive parenting guidance and correction with emotional support. Effective monitoring also requires close attention to the reactions of the recipient so as not to alienate that person. Support includes assistance in accessing resources. This is particularly important when the home visiting is short-lived. Families often need continued support from many networks for lessons to stick. The goals of home visiting research and program development have been to identify the effective ingredients of support to at-risk families, efforts that are challenging, but worthwhile.

Reference

Thompson RA. (2015). Social support and child protection: Lessons learned and learning. *Child Abuse & Neglect; 41*: 19–29.

Crying Babies: Helping Parents Cope

It is well-known that infant crying is distressing for parents and can result in behaviors that cause harm to the infant. In addition, excessive infant crying can cause parents to question their parenting ability. This study summarizes literature on infant crying in order to improve professional understanding of parental response to and experiences of it. Better understand may lead to enhanced infant-parent attachment, better infant development, and reduced risk of maltreatment. Health visitors can be crucial in helping parents prevent as well as manage this problem and access additional resources. This literature review found that common experiences of parents were feeling angry, frustrated, guilty, ashamed, unprepared for parenthood, and having unrealistic expectations of life with a new baby. Parents can also feel less tender and empathetic toward their baby and feel rejected by the baby. Fathers spent less time alone with the baby due to the impact of crying. Parents felt most frustrated when they were tired. Harmful actions found during the first six months including smothering, slapping, and shaking. Other actions reported were losing their temper, screaming, crying, and hitting things. Some parents reported feeling a loss of the baby they had expected to have such as one that was happy and easy to love.

Impairment in the parent-infant bonding can have adverse effects on a child's development during the first 24-36 months of life, particularly for brain development. It is important that steps be taken to identify parents with these frustrations and provide support to them. Suggested interventions were pre-parenting programs that are educationally-based to help parents develop knowledge and skills to respond positively to infant crying. Both parents should be included in outreach and education programs. Parents should be encouraged to talk about their feelings regarding the potential impact of crying on bonding. Early identification of parents experiencing difficulties is an essential component of lowering risk to infants.

The Army has emphasized preparing parents for crying infants through a pre-natal program for first time parents and home visiting. (For a helpful tip card on soothing a crying baby, see *Joining Forces Joining Families*, Winter 2014 http://www.cstsonline.org/resources/resource-master-list/joining-forces-joining-families-winter-2014).

Reference

Oldbury S, & Adams K. (2015). The impact of infant crying on the parent-infant relationship.*Community Practitioner; 88(3)*: 29–34.

Children and Adolescents Who Damage Property: A Form of Parent Abuse?

Domestic property violence (DPV) can be considered an important type of family violence, that of children and adolescents toward parents. It is unlikely to ever be considered under state or military criteria for maltreatment, but it can have a significant effect on parents and their relations with each other and with their children. DPV is property damage or loss carried out "as a means of causing emotional distress or financial harm, intimidating, threatening, or assuming control over a parent." Parents' experiences of making meaning of DPV were described by interviews of 14 volunteer women and men. DPV was almost always accompanied with verbal and physical abuse, often of an extreme nature that was experienced by the parent as traumatic and created fear, uncertainty, anger, sadness, hopelessness, desperation, self-blame, and guilt. All participants reported the experience of loss, particularly in terms of the parent-child relation and emotional impacts, rather than the financial losses. Most parents who had sought help reported a lack of support, unhelpful advice, and negative judgments about their parenting. Causes were difficult to determine. Parental separation and impacts of grief and loss were common, but also suspected were child mental health and drug and alcohol problems as well as school stress and peer pressure. Five participants reported their child's exposure to adult family violence. This study showed that DPV can create unique and harmful impacts that should not be underestimated. The facets of DPV are personal, social, cultural, political, and environmental and any of these can impede or facilitate parents seeking help. Self-blame did not lead to better personal adjustment for the parents. Better levels of adjustment were associated with making meaning such as strengthening their resolve to overcome the violence and achieve turning points sooner rather than later. DPV is complex legally and socially. It could be a topic for Child Protective Service or Family Advocacy in terms of precipitating factor if a child or adolescent accuses a parent of abuse. However, it is also politically volatile. If social service providers encounter property destruction in the course of investigation or intervention of family violence, it is important to consider its role in family dynamics rather than focusing on individual disorders as the basis of causation.

Reference

Murphy-Edwards L, van Heugten K. (2015). Domestic property violence: A distinct and damaging form of parent abuse. *Journal of Interpersonal Violence*. doi:10.1177/0886260515613341.

Intimate Partner Violence is Strongly Associated with Sleep Disturbance

While intimate partner violence (IPV) has frequently been associated with physical and mental health problems, there is little information on the role of sleep disturbance in this relationship. IPV, sleep disturbance, and physical and mental health were assessed in 34,975 females and males in the 2006 Behavioral Risk Factor Surveillance System (the BRFSS), a state-based system of health surveys collecting information on health risk behaviors related to chronic disease and injury. Three types of IPV were assessed: threatened, physically hurt, or forced to have sex by an intimate partner. Sleep disturbance was measured as difficulty falling asleep, staying asleep, or sleeping too much for at least 6 of the last 14 days. When adjusted for age, sex, race, income, education, and physical and mental health, IPV predicted sleep disturbance. For example, those who were ever threatened, hurt, or forced to have sex were two to three times as likely to report sleep disturbance at least three times per week. Those reporting being hurt or forced to have sex *in the past year* were 7-8 times as likely to report sleep disturbances.

These results are relevant for practice in that relieving insomnia has the possibility of at least partially reducing the effects of IPV on physical and mental health. Family Advocacy Program (FAP) staff may not often think about physiologic issues when dealing with clients. Reducing sleep disturbance can mitigate the effects of both IPV and sleep disturbance on physical and mental health. Compounding IPV with insomnia and other associated health issues is a double (or triple) hit making it harder for clients to think clearly and evaluate choices or information provided. Individuals reporting insomnia should be referred for treatment based on their preferences. These authors suggested that cognitive-behavioral therapy (CBT) for insomnia, an inexpensive therapy that gives tools for the client to change thoughts and behaviors that maintain insomnia regardless of the cause. However, people who are stressed or exhausted may not have the time or energy or cognitive resources to engage in 4-10 weeks of therapy just to start getting some rest. Short term use of hypnotic drugs can address sleep issues quickly and effectively while the clients anticipates participating in CBT or short-term trauma-focused therapy.

Reference

Lalley-Chareczko, Segal, Perlis, Nowakowski, Tal & Grandner. (2015). Sleep disturbance partially mediates the relationship between intimate partner violence and physical/ mental health in women and men. *Journal of Interpersonal Violence; 1-25.* doi: 10.177/0886260515592651.

Five Effects of Exposure to Intimate Partner Violence on Children

Thirty women in Spain who were intimate partner violence (IPV) victims were interviewed about their children's reactions. Five main themes were identified: (a) children were directly victimized, (b) child were indirectly victimized by witnessing the violence, (c) children's direct reactions included fear or attempting to intervene, (d) academic, social, and psychological consequences for children, and (e) mothers developed strategies for protecting her children during and after the violent incident. The direct victimization of children was largely psychological consisting of threats of harm to the child or mother, but physical violence toward the child also occurred. Mothers' strategies were to talk to the children and explain. Another strategy was to lock children in their room when an incident began. Eight of the 30 interviewed women reported that their adolescent children had used violence against them. Although many children showed negative reactions to the IPV, some appeared to develop resilience and displayed maturity Women who are IPV victims carry their own burden of abuse, but also carry a burden of their children's suffering and possibly becoming a victim of their children's violence.

Reference

Izaguirre A, & Calvete E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse & Neglect.* doi: 10.1016/ jchiabu.2015.05.002.

Effects of Intimate Partner Violence on Very Young Children

Few studies have examined the effects of intimate partner violence (IPV) on the behavior of children under 24 months. This is a time when children are developing self-regulating skills. If maladaptive development occurs during this time period, it may be difficult and costly to reverse. IPV is complex. It can occur with each parent in a variety of types (psychological and physical), severity, and chronicity. Likewise, similar abuse of children occurs in addition to the use of corporal punishment by parents. The participants of this study were first-time young adolescent mothers participating in a home visiting program. They were evaluated at an initial interview and then 12 and 24 months later. Evaluation included IPV perpetrated and received, maternal depression and history of maltreatment, and child behavior regulation. Both physical and psychological IPV by parents were associated with greater toddler behavior problems. Children who experienced corporal punishment (considered as child maltreatment here), evidenced even a higher level of behavior problems when IPV was occurring in the household. These results indicated that corporal punishment can amplify the effects of IPV and supports the need for early preventive education in supporting parents as well as cultivating healthy adult relationships, both to reduce negative effects on child development.

Reference

Easterbrooks MA, Katz RC, Kotake C, Stelmach NP, & Chaudhuri JH. (2015). Intimate Partner Violence in the first 2 years of life: Implications for toddlers' behavior. *Journal of Interpersonal Violence*. doi: 10.1177/0886260515614562.

Risk Factors for Suicidal Ideation in Female Victims of Intimate Partner Violence

Factors associated with suicidal thoughts were explored in a study of women of New Zealand in face-to-face interviews. Of the 956 women who had ever experienced physical or sexual intimate partner violence (IPV). Women were more likely to report that they had thought about taking their own life if:

- Their partner 's behavior had affected their mental health.
- They were current or former users of recreational drugs.
- Had experienced a stillbirth, abortion, or miscarriage.
- Experienced emotional abuse in the previous 12 month.

Health care providers need to be able to assess for and respond to IPV among their female patients presenting with suicidal ideation as well as reverse: to assess suicidal ideation among patients with IPV. Women's suicidal ideation is also affected by other factors such as having experienced a stillbirth, abortion, or miscarriage.

Reference

Gulliver P, & Fanslow J. (2013). Exploring risk factors for suicidal ideation in a population-based sample of New Zealand women who have experienced intimate partner violence. *Australian and New Zealand Journal of Public Health, 37(6)*:27–33.