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RESEARCH REVIEW

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In this Issue

We present *Research Review* (RR), a publication of the *Joining Forces Joining Families* (JFJF) group. RR consists of summaries of research on intimate partner violence (IPV) and child maltreatment. IPV-related summaries include two papers on IPV and coercive control: coerced debt and non-sexual coercive control. The additional summaries describe aspects of parenting that can affect child development as well as child maltreatment. These include the effects of parental aggravation on children's adjustment, the importance of positive parenting in high risk families, and ways that parents may deal with infant crying. Two final articles describe how child neglect can lead to unintentional childhood injuries and be associated with suicidal behavior of adults.

CHILD MALTREATMENT

Child Supervisory Neglect and Unintentional Injuries

Child neglect is a substantial problem in the U.S. In 2018, neglect accounted for 60.8% of all child maltreatment and 80.9% of child maltreatment fatalities (72.8% neglect and 8.1% medical neglect) (U.S. Department of Health & Human Services, 2020). There are many types of child neglect including the major subcategories of physical, supervisory, and emotional (Coohey, 2003). However, the most common and the most studied is supervisory neglect.

Unintentional injuries — often due to lack of supervision — are commonly seen in children brought to emergency departments. The type of supervisory neglect and its association with the mechanism (type) of injury were recently studied in 553 unintentionally injured children who were identified from a hospital forensic registry of the Phoenix Children's Hospital from 2010-2016 (Notrica et al., 2020). Children under four years of age were 93.2% of the forensic population, but only 37.7% of the trauma population. About 80% of the children had neglect-associated injuries. Four types of supervisory neglect were found for 376 children who suffered falls: (1) interrupted supervision in which the child fell or rolled off of furniture (53.4%); (2) failure to adapt the home environment such as not having a non-slip bathtub or household clutter resulting in a fall (26.7%); (3) non-compliance with child seat, carrier, or other child safety equipment (12.8%); and (4) inadequate care by a sibling or other adult (7.0%). In addition to falls, 62 (11.2%) of cases were involved non-fall-related injuries, such as burns and rough handling.

This study describes injury patterns that have not been identified as maltreatment, but shows a common pattern in which supervisory neglect occurs to very young children — negligent supervision. Many of these unintentional injuries associated with negligent supervision were serious. Head injuries were found in 62.2% of 553 cases and 20% had evidence of prior head injury, bleeds, or fractures from previous serious falls..

The authors suggested that identification of supervisory

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Childhood Neglect and Later Suicidal Behavior

In spite of the prominence of reports of child physical and sexual abuse, child neglect remains the most prevalent and lethal form of child maltreatment. In 2018, 60.8% of the 678,000 substantiated cases of child maltreatment in the United States involved neglect. (U.S. Department of Health & Human Services, 2020). While these numbers are truly only an estimate since they are reported cases, it is still important to consider the effects of neglect on the lives of children and how it echoes into adulthood.

Suicidal behavior and child neglect were examined in a psychiatric epidemiologic study of a sample of 5,665 respondents who were representative of the U.S. population (Kessler et al., 2004; Kessler & Merikangas, 2004; Stickley et al., 2020). The mean age of the sample was 45 years and 53% were female. Three types of lifetime suicidal behavior were examined: suicide ideation, suicide plans, and suicide attempts. Respondents were classified as neglected if they reported sometimes or often having experienced any of three different types of neglect: care neglect (e. g., lack of food, going without things), supervisory neglect (e.g., left alone, made to do chores that were too difficult or too dangerous), and medical neglect (i.e. failure to get treatment when sick or hurt).

Having had thoughts of killing oneself at some time in one's lifetime was reported by 15.54%, of making a suicide plan by 5.42%, and of having attempted suicide by 5.00%. Any childhood neglect was reported by 13.99%. Supervisory neglect was reported at a higher level than the other types: being unsupervised was 7.66% and chores too difficult or dangerous was 7.33%. Care neglect (going without things) was reported by 3.87% and going hungry by 2.50%. Medical neglect was reported by 2.28%.

After adjusting for demographic, socioeconomic, mental health and childhood physical abuse variables, neglect of any type was associated with a more than two-fold increase in the odds of suicide attempt (adjusted odds ratio = 2.05) and suicide plan (AOR = 2.37), while suicidal ideation odds increased by 80% (AOR = 1.80). Overall, this means those who reported neglect were nearly twice as likely to have some type of suicidality. When all five forms of neglect were considered simultaneously, supervisory neglect was associated with all three suicidal behaviors (ideation AOR = 1.85; plan AOR =

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Consideration of the types of neglect that an adult experienced as a child are important in understanding the relationships affecting adult suicidality.

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Coerced Debt is Coercive Control

Coercive control is a component of domestic abuse. It includes behaviors by one partner in a relationship to control the other. Many forms of coercive control exist, including isolation, emotional harm, manipulation, coercion, and threats of harm (Brennan, Burton, Gormally, & O'Leary, 2019). Limiting a partner's access to finances is a common means of coercive control. A more severe form of manipulation and control is coerced debt (Adams, Littwin, & Javorka, 2019).

A sample of 1,823 women who had experienced intimate partner violence (IPV) and called the National Domestic Violence Hotline in summer 2014 were asked to take a survey to assess if they had been a victim of coerced debt. The women were first asked if an intimate partner had convinced or pressured them to borrow money or buy something on credit when they did not want to. If the answer was positive they were asked what they thought would happen if they said "no." The second question was if she had ever found out about bills or debts that a partner had put in her name without her knowing. Coerced debt occurred if the women answered positive to either question (a coercive or fraudulant transaction).

Fifty-two percent of the total sample of respondents reported that debt had been put in their name. A coercive transaction was reported by 43%. Sixty-six percent of respondents who disclosed a consequence (What they thought would happen if they said "no") described fearing psychological consequences such as name calling, yelling, and threatening to end the relationship. Others (38%) cited fear of physical consequences including being beaten or killed and 10% cited some form of economic consequence such as loss of job, money, or property.

Twenty-two percent of all respondents and 46% of those who experienced any coerced debt reported a fraudulent transaction. Discovery of the fraud came through the mail, creditor or bill collector-initiated contact, finding bills in the trash, after a move, or when the abuser failed to intercept them or was away. Callers also learned of the debt through a variety of other means: reviewing their credit report, applying for a loan, notification of the debt, seeing unauthorized activity on credit cards or bank statements, abuser confession, and through the divorce process. In total, women who had a partner who hid financial information from them were 3.6 times more likely to have debt in their name due to coercive or fraudulent transactions perpetuated by their intimate partner.

Among the findings of this study was that coerced debt is common for women seeking help for intimate partner violence. Additionally, hiding financial information is a control tactic that creates partner vulnerabilities. That is, they create partner vulnerabilities. Financial dependence is a likely consequence of coerced debt making it hard or impossible for women to pay debts and making it harder to leave the relationship and support themselves or their children.

The authors suggested several practice implications of this study including the ability of service providers (hotlines, shelters, advocacy programs, and legal services) to identify and address the coerced debt, damaged credit and financial dependence of women seeking help for IPV. There are also intensive services for victims disputing fraudulent charges, changing financial security information, such as account numbers and passwords, and contacting attorneys with expertise in consumer and family law to discuss legal options although there may be no remedy for debt incurred through coercion.

The military has programs for financial assistance as well as legal aid for victims. It is important that advocates be familiar with coerced debt and possible remedies through financial and debt assistance resources, state and federal law, and the policies of lending institutions and credit bureaus.

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Coerced debt includes non-consensual financial transactions, such as pressure to buy something unwanted, and fraudulent financial transactions damaging the victim's financial and credit status.

Nonviolent Sexual Coercion is Intimate Partner Abuse

Coercive control, a form of intimate partner violence, consists of perpetrator behaviors that assert power through restriction of freedom such as isolation from friends, intimidation, surveillance and monitoring, withholding money, threats, and physical and psychological abuse of the victim, the victim's children, and pets (Dutton & Goodman, 2005; Mitchell & Raghavan, 2019). Sexual coercion involves persuading an unwilling partner to comply with nonconsensual sex through nonviolent means.

In a study of 136 men recruited from a batterers' treatment group, 20.6% reported regular use of coercive controlling behavior of their partner including sexual coercion (Mitchell & Raghavan, 2019). Coercive control was measured using the Interpersonal Relationship Rating Scale-Coercive Control Subscale (IRRS) (Beck, Menke, Brewster, & Figueredo, 2009). The IRRS is an 11-item self-report scale that measures the frequency of controlling behavior over the current or most recent partner. Examples are: "I demanded that my partner obey me," and "I controlled my partner's coming and going." A three-level variable of coercive control use (low, moderate, high) was used to predict the use of sexual coercion tactics.

Sexual coercion was measured by the Multidimensional Sexual Coercion Questionnaire (MSCQ) (Raghavan, Cohen, & Tamborra, 2014). The MSCQ is a 42-item scale that contains eight sexual coercion tactics subscales: threats of physical force, exploitation, humiliation/intimidation, pressure, relational threats, hopelessness, helplessness, and bullying. Items begin "My partner had sexual intercourse even though she did not want to because …" An example of helplessness is "I ignored her verbal requests to stop." An example of bullying is "I accused her of being a prude or not being feminine enough." An example of exploitation is "I made her false promises." The original 7-point Likert scale ranging from "none" to "twenty times or more" was dichotomized such that any use of a given tactic was equal to 1 and no use was equal to zero.

Results were that higher levels of overall coercive control were associated with increased likelihood of overall sexual coercion: all of the MSCQ subscales, except humiliation/intimidation and physical violence, were statistically significant. Perpetrators who used moderate amounts of coercive control were about 3-6 times more likely to use sexually coercing behaviors to obtain sex from an unwilling partner; perpetrators who used high levels of overall coercive control were 6-12 times more likely to use sexually coercion tactics. The odds ratio of sexual coercion tactics was highest for bullying (OR=6.17) followed by exploitation (OR=4.53) hopelessness (OR=3.85) and pressure (OR=3.28) among perpetrator using moderate levels of coercive control. The lowest was for relational threats (OR=2.77).

The authors noted that the type of tactic used for sexual coercion can contribute to different types of relational environments. For example, bullying, exploitation, and hopelessness attack victims' sense of self-worth whereas relational threats increase the victims' fear they will lose the relationship. In response to many of these coercive tactics, victims may feel that they have more to lose by saying "no" than complying with demands or threats or may have difficulty engaging in protective behaviors due to feelings of fear, distress, or other intense emotions.

Clinical and forensic implications of these results are that nonphysical sexual coercion requires a different level of understanding of the plight of the victim compared to forced sex and an awareness that both coercion and physical force may be both be employed by perpetrators. Nonviolent tactics may not be seen by those outside the relationship as either evident or detrimental. This may also put the burden of proof on the victim to explain how she communicated that sex was not wanted and result in self-blame as well as a more difficult path to obtaining social or formal support. The authors recommended educating providers in legal and clinical practices about the types of nonphysical sexual coercion to help victims that struggle with emotional and cognitive consequences of the abuse and blame themselves. There are also implications for interventions with perpetrators such as working on communication regarding sex and learning new ways of communicating feelings such as tolerating rejection by the partner and empathy-building activities to understand the destructive effects of sexual coercion. For perpetrators with high usage of overall coercive control, exploring sexual coercion may lead to better understanding of it destructive role in relationships.

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Tactics of nonphysical sexual coercion include threats of physical force, exploitation, humiliation/intimidation, pressure, relational threats, hopelessness, helplessness, and bullying.

How do New Parents Perceive Infant Crying? Pathways to Prevention

Inconsolable infant crying can be a trigger for parental frustration resulting in abusive head trauma (AHT) of infants (Barr, 2014). AHT is a frequent cause of death as well as life-long disability (Choudhary et al., 2018). In order to develop prevention strategies to decrease parental frustration with infant crying, a qualitative study explored first-time parents' beliefs, emotions, and experiences of infant crying (Wiley et al., 2019). Anticipation of strategies to manage infant crying can prevent parental frustration and possible harm to children as well as harm to the relationship of parents to their infant.

New parents (25 mothers and fathers) listened to a one-minute audio tape of infant crying followed by a preventive message about AHT, the content of which included never shaking a baby (Alexander, Alexander, Esernio-Jensen, & al., 2017). The mothers and fathers were interviewed separately immediately after listening to the audio tape and preventive message. Interviews were semi-structured with seven open-ended questions to elicit parents' perceptions of infant crying and its relationship to AHT. For example, "Did you ever hear a baby cry like that?", "What have you done/can you do to help a baby stop crying?"

Four themes emerged from the initial interviews.

1. Parents believe that personal experience is helpful to manage infant crying.
2. Parents believe their infants cry for a reason.
3. Parents cannot understand why someone would shake an infant.
4. Parents use safety planning to manage frustration with infant crying.

Subsequent interviews were conducted with 16 participants at 8 and 12 weeks following the initial interviews. Nine questions inquired what they thought and did when their baby cried. For example, "Did you think about the audio recording of the infant crying since your first interview? If so, what were your thoughts?" Two additional themes emerged from the subsequent interviews.

1. Parents use supports to manage infant crying.
2. The audio clip had an impact on infant crying consequences.

Many examples were given of thoughts and feelings described by parents. The methodology of this study could be easily adapted to clinical and teaching settings and offers providers an opportunity to elicit information from parents in order to more effectively work with them.

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Anticipation of strategies to manage infant crying can prevent parental frustration and possible harm to children as well as harm to the relationship of parents to their infant.

In Addition to Adverse Childhood Experiences, Parental Aggravations Have an Effect on Children's Adjustment

Adverse childhood experiences (ACEs) like parental divorce or witnessing domestic violence are associated with negative physical and psychosocial health (Hughes et al., 2017) as well as with many causes of death in adults (Felitti et al., 1998). In addition to their effects on adult health, ACEs also have direct effects on the children. A cross-sectional study of 499 children 5-11 years old who were evaluated for ACEs during well-child visits reported that children with two or more ACEs were more likely to experience sadness, anger, sleep problems, bullying, school problems, and enuresis (Marie-Mitchell, Watkins, Copado, & Distelberg, 2020).

Although ACEs can be a major factor in the health and development of children and adults, it is important to consider other influences such as how any ACE's are affecting current relationships between parents and their children. National Survey of Children's Health data from 35,718 adults with children 6-17 years old were used to assess the relative contributions of ACEs and parent's feelings of aggression when predicting child internalizing and externalizing problems (Suh & Luthar, 2020). Findings were also broken out by the child's sex (18,226 males and 17,492 females). Nine ACE items of household dysfunction included finances, divorces, death, incarceration, domestic and neighborhood violence, mental illness, substance abuse, and race/ethnicity discrimination. Positive responses were summed for a total ACE score.

Parental aggravation was measured by three items: child hard to care for, child does things that really bother caregiver, and anger with the child. If any of the three were answered *usually* or *always*, the parent was identified as experiencing parental aggravation. Personal support for parenting (i.e., having a spouse or other family member/close friend a parent could turn to for emotional support for parenting) and external resources (e.g., health care provider, religious leader a parent could turn to for emotional support for parenting) were examined for possible moderating effects on the relationship between the child problems and ACEs and parental aggravation.

Twenty-three percent of children (23.2% of males, 22.6% of females) experienced at least one ACEs, with parental divorce/separation being the most common. Both ACEs and parental aggravation significantly and independently predicted child internalizing and externalizing problems, but the relative magnitude of parental aggravation compared to ACEs was generally 1.5 to 2 times stronger. However, more parental support for parents from family and close friends decreased the negative effects of ACEs and parental aggravation on children's outcomes. Conversely, child problems were more likely when external resources were involved.

Interventions which focus on reducing parental aggravation are indicated by this study as an important part of caring for children. Interventions that directly address parental aggravation and associated negative parenting behaviors are likely to have a broad impact on the home environment relative to interventions which target a specific ACE (e.g., support groups for children of divorce).

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The effects of parental aggravation and anger on child maladjustment were larger than those effects for ACEs. Rather than focusing only on cumulative ACEs, it could be more useful to focus on parents' struggles with their aggravation and anger toward the child.

Positive Parenting Attitudes in High-Risk Families: Appropriate Expectations, Empathy, and Valuing Non-Physical Discipline

Parenting is a complex behavior driven by many factors that operate in interacting systems involving the child, the family, and the environment. Parenting attitudes typically precede and are associated with parenting behaviors, but little is known about how interacting systems influence parenting attitudes. The study described here investigated child, caregiver, family and neighborhood correlates of parenting attitudes thought to lead to caretaker behaviors toward children (Wamser-Nanney & Campbell, 2020). Better understanding of how parental attitudes develop can help to identify caretakers who are at risk for negative, problematic parenting behaviors that can be the subject of interventions.

This study utilized data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) project, a consortium of longitudinal studies at five U.S. sites investigating predictors and consequences of child maltreatment (Runyan et al., 1998). The sample consisted of 1,071 4-year-old children (48.8% female, 55.7% Black and 24.3% White) and their caregivers from a high-risk sample. Most caregivers were mothers with an average education of 11.45 years. The average family income was $15,000-$20,000; 52% of families had income below the poverty line.

Predictors of parenting attitudes included measures of child, caregiver, family, and environmental characteristics, to include child maltreatment histories of the child and the caregiver. Parental attitudes were measured with the Adult-Adolescent Parenting Inventory (AAPI), validated to distinguish between the attitudes of maltreating and non-maltreating parents (Bavolek, 1984). Three of four AAPI subscales used in this study include: (a) appropriate developmental expectations, (b) empathy toward children and their needs and an interest in the child's perspective, and (c) rejection of physical punishment as a means of discipline.

Parenting attitudes were associated with factors at multiple levels (i.e., caregiver, child, family, and child maltreatment). Variables that were positively related to all three parental attitudes (expectations, empathy, and non-physical discipline) were greater caregiver educational attainment, lower depressive symptoms, non-violent discipline, and family income. A counterintuitive finding was that a caregiver history of physical and sexual abuse was also associated with more appropriate caregiver expectations. Psychological aggression was negatively related to parental attitudes toward the child. Minority child status was associated with greater parenting empathy, but more negative parenting expectations.

This study provided an ecological model of the relationships between caregiver, child, and family behaviors and characteristics affecting parenting attitudes in this high-risk sample. Since the study was cross-sectional, directions of effects cannot be reported. However, findings may be useful for interventions in such families. Particularly important for providers is to help caregivers understand the interplay of the characteristics of the child, the caregiver, and the family upon the caregiver's expectations of the child, empathy in terms of the caregiver's ability to see the world through the child's eyes, and the value of non-physical discipline.

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Parental attitudes are shaped in a multi-determined fashion and include the expectations of the caregiver, the empathy of the caretaker toward the perspective of the child, and valuing non-physical punishment of the child.

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neglect could be improved by the use of a checklist including the mechanism of injury (Notrica et al., 2020). Such a checklist could also be used as a screen to help differentiate between inflicted trauma and other injuries due to supervisory neglect. Finally, a checklist that includes the types of injuries resulting from supervisory neglect could also be used in a variety of locations such as primary care, pediatric clinics, ED, and schools to inform parents of the risks of supervisory neglect to children of all ages.

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Four types of supervisory neglect of children are: interrupted supervision, failure to adapt the home environment, non-compliance with safety equipment, and inadequate care by a sibling or other adult.

***Childhood Neglect and Later Suicidal Behavior,** from page 2*

1.91; attempt AOR = 1.56). Importantly, medical neglect was associated with a 67% increase in odds of suicide attempt (AOR = 1.67) and a more than two-fold increase in suicide attempt odds (AOR = 2.22).

The authors concluded that child maltreatment, specifically child neglect, is a significant risk factor for suicidality in adulthood. In addition, the types of neglect are important in understanding the relationship of child neglect to suicidality. Further research is necessary to better understand how neglect affected suicidality over the life span, previous attempts (if any) to receive help, and how the individual may see current forms of neglect in their daily life and relationships.

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