

RESEARCH REVIEW

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In this Issue

We present the *Research Review* (RR), a publication of the *Joining Forces Joining Families* (JFJF) group. RR consists of summaries of research of interest to family advocacy, medical, and social service providers. These summaries include articles on child maltreatment and intimate partner violence (IPV) issues that may not be commonly encountered in research and practice. We present articles on how intimate partner violence (IPV) can affect a victim in the workplace, animal abuse and its association with IPV, how providers can inquire about the welfare of a pet, parental burnout and its association with child maltreatment, challenges of working with batterers, and controlling behavior as IPV and child maltreatment. Other summaries of articles on child maltreatment include the misattribution of infants' personalities by parents and caretakers and its relation to the risk of child maltreatment, and the risk of violence to child protection workers.

INTIMATE PARTNER VIOLENCE

Intimate Partner Violence is an Occupational Issue as Well as a Personal One

Intimate partner violence (IPV) is not limited to the home. As a public health issue, it can involve many others including coworkers. IPV in the workplace is frequently an economic issue for victims in terms of employment status (forced victim to quit work or not look for work, lost wages, and limits on lifetime earnings), health care costs, criminal and civil justice expenses, as well as the risk of homicide.

A Canadian study of the relationships of IPV, work, and health was conducted via an online survey between December 2013-June 2014 (Wathen, MacGregor, & MacQuarrie, 2015; 2018). The survey was available to anyone 15 years or older regardless of IPV experience or work status. A total of 8,429 persons completed the survey (78.4% women). Measures were demographic characteristics, employment status, IPV status, impact of IPV on work, quality of life, and health.

The great majority (95.4%) were working in some way. Work status was defined as permanent, temporary/fixed term contract, casual/seasonal, unemployed, and other. IPV status was current, 6.5%; past 12 months, 3.3%; more than past 12 months, 31.5%. The total lifetime IPV was 33.6%.

Respondents reported the following impacts of IPV at or near work: ability to get to work (abuser hiding keys, made late or missed work), job loss and time off, and impact on coworkers (coworkers stressed or concerned for victim). For all these outcomes, men were much less affected than women. IPV at multiple time points was associated with poorer general health, mental health and quality of life. Respondents with lifetime IPV experience and not currently working had the lowest quality of life.

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Animal Abuse is Associated with IPV

In most families with pet animals, the welfare of the animal is important. However, that is not always the case, particularly when intimate partner violence (IPV) occurs. Pet abuse is often used as a means of control over the partner. In order to understand relationships between IPV and pet welfare, a study was conducted in a battered women's shelter in Canada (Barrett, Fitzgerald, Stevenson, & Cheung, 2017). Participants took the Partner's Treatment of Animals Scale (PTAS) (Fitzgerald, Barrett, Shwom, Stevenson, & Chernyak, 2016), the Revised Conflict Tactics Scales (CTS2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), and the Checklist of Controlling Behaviors (CCB) (Lehmann, Simmons, & Pillai, 2012). The PTAS is a 21-item scale measuring five types of acts of commission and omission perpetrated to cause physical or emotional harm to animals (see Table). The CTS2 has 78 items measuring the type and severity of conflict tactics of perpetrators and victims in an intimate relationship. The CCB is an 84-item instrument that addresses violence and coercive control in violent relationships. It has 10 subscales: physical abuse, sexual abuse, male privilege, isolation, minimizing and denying, blaming, intimidation, threats, emotional abuse, and economic abuse.

Participant women were divided into three groups: women with no pets (n=31), women with pets who reported little or no animal maltreatment (n=21), and women with pets who reported frequent or severe animal maltreatment (n=34). The most common form of animal maltreatment

was threatening to get rid of the pet, 65.5%. The most frequently reported severe abuse was injury of a pet, 20%. More than half the sample stated that the abuse had never been reported to the authorities. Eighty-nine percent of women who had pets reported that their partner had mistreated them. In general, women whose pets were more frequently and severely abused reported greater levels of violence and coercive control directed at them.

Women with pets who want to leave an abusive relationship are often concerned about the safety of their animals. Fifty-six percent of women with pets who lived in a shelter for battered women reported that they had delayed leaving the relationship due to concern for their pet (Barrett, Fitzgerald, Stevenson, & Cheung, 2017). Animal welfare (n=32) and

Table. Types of Animal Abuse and Examples in Partner's Treatment of Animals Scale

Emotional abuse	Five items, e.g., Leaving a pet outside longer than safe
Threats to harm	Four items, e.g., Threatening to get rid of a pet
Physical neglect	Three items, e.g., Refusing to feed a pet
Physical abuse	Five items, e.g., Kicking a pet
Severe physical abuse	Four items, e.g., Breaking a pet's bones

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The welfare of a family pet is often in jeopardy when there is intimate partner violence (IPV).

Pet abuse is often used as a means of control over the partner.

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RESEARCH REVIEW

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Maltreatment and Animal Abuse: When Should You be Concerned?

Abuse of animals by children and adults is not uncommon. For adults, animal abuse may be related to intimate partner violence (IPV) as a means of controlling a partner. For children, it may include abuse of animals by children as well as the effects of watching pets being abused by parents or caretakers.

There are many issues of concern about the well-being of pets for providers and for parents when there is IPV and child maltreatment in the family, including children who abuse animals. [See *Research Review* Vol. 2, Issue 2, Summer 2017 for a review of IPV and animal abuse.] When evaluating abused children and adults it should be normal practice by providers to inquire the welfare and safety of pets. FINISH is a mnemonic for questions that should be asked when there is suspicion that pet animals are being abused. FINISH provides guidelines for the safe care of pets (Lee-Kelland, & Finlay, 2018).

- F** FOOD — Are pet animals adequately fed and watered?
- I** INJURY — Have family animals been injured or died and were they taken to a vet?
- N** NUMBER — How many pets are there in the household and is there a high turnover due to death or injury?
- I** INTIMIDATION — Is the treatment of animals ever used to intimidate or control other family members?
- S** SHELTER — Are animals adequately housed?
- H** HOW — Are injuries to animals consistent with the mechanism given? (For example, are the injuries consistent with the owner's explanation?)

There are resources to help parents and providers learn about ways to prevent animal abuse. The National Link Coalition (nationallinkcoalition.org/) has resources as well as a means to report animal abuse in every US state. The UK, National Society for the Prevention of Cruelty to Children (nspcc.org.uk/) has information and resources for understanding the links between animal abuse, child maltreatment, and domestic violence.

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When evaluating abused children and adults it should be normal practice to inquire about the welfare and safety of pets.

Animal Abuse is Associated with IPV, from p. 2

IPV service providers (n=47) in Canada found that many IPV service provider agencies were unable to assist with animal safeguards to assist women attempting to leave an abusive partner (Wuerch, Giesbrecht, Jeffrey, Knutson, & Wach, 2018). Thirty-five percent did not ask participants if they had animals. However, 47% reported that their agency works with animal welfare agencies. Eighty-four percent of animal welfare agencies reported that they were able to accommodate animals for short periods of time, a few days to a week.

The inability to create safe plans for pets poses safety issues for some women, leaving them feeling trapped in an abusive relationship. Policies and procedures that enhance collaboration between IPV services and animal welfare agencies could help reduce these barriers. When IPV is suspected or confirmed, social welfare and healthcare personnel should inquire about animal abuse as part of a comprehensive evaluation of potential barriers a victim may face in efforts to leave a harmful relationship.

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There are complex interactions between IPV, work, and health. This research indicates that IPV is not just a domestic issue, but is one that affects victims' work lives as well as the lives of their coworkers. Among participants with a history of IPV, for the three health outcomes (general health, mental health, and quality of life), those who were currently working had a better outcome than those who were not working, suggesting the protective effect of employment on well-being. Thus employment status moderated the relationship between IPV exposure and health status.

IPV that extends to the workplace may indicate the severity of violence as well as the presence of harassment and stalking. Providers assisting IPV clients should inquire about their current work status, work history, and their ability to participate in and maintain employment. This information

can help a provider assess the occupational effects of IPV as well as the victim's safety at home and away from home. Resources and support to assist victims in establishing and maintaining employment may have protective effects on health and quality of life.

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There are complex interactions between IPV, work, and health. IPV is not just a domestic issue, but is one that affects victims' work lives as well as the lives of their coworkers

INTIMATE PARTNER VIOLENCE

Challenges of Working with Batterers

Batterer intervention programs (BIPs) are frequently required by states for treatment of (largely male) batterers who have been charged or convicted of intimate partner violence (IPV) offenses. Morrison et al. (2018) briefly reviewed the purposes and methods of BIPs with the conclusion that these programs are generally not effective in reducing recidivism. They conducted a 2-year ethnographic study between 2013-2015 of two community-based BIPs for male IPV perpetrators in a U.S. urban area investigating factors that promoted or impeded change among the clients. Their methodology including observing BIP groups, conducting debriefing interviews with facilitators, and semi-structured interviews with facilitators and other professionals who had contact with perpetrators. Topics addressed in the interviews were barriers to program success in changing the batterers' behavior, means of facilitation, best practices, factors contributing to IPV perpetration, and suggestions for improving BIPs.

Six themes emerged from the interviews as barriers to behavior change (see table).

1. Social acceptance of violence. This theme described that, in general, society was permissive of violence toward women, which made it difficult for clients to understand why their behavior was problematic.
2. Hypermasculine attitudes. This barrier was expressed as men needing to be strong and not show sensitivity, which might be seen as signs of weakness.
3. Emotional issues. Perpetrators were often unable to identify any emotions other than anger. This barrier was the difficulty of promoting emotional knowledge and

awareness.

4. History of exposure to violence. Many batterers were exposed to violence as children and had been the victims of violence themselves. One of the issues often left unaddressed in this barrier was that batterers often have their own unaddressed trauma. Another barrier was that based on their history of trauma; batterers are often desensitized to abusive behavior.
5. Mental health and substance abuse problems. These issues are often untreated in BIP clients. This barrier limits intervention when clients are unable to address their comorbid mental health or substance abuse problems
6. Denial, minimization, and blame. These are complex, interactive factors that make it difficult for BIP clients to take responsibility for their behavior.

The challenges and barriers addressed in this study involve individual, interpersonal, and societal issues faced by BIP clients and group facilitators. Each of the six factors described is a candidate for intervention to aid in prevention of IPV perpetration. Reducing recidivism is difficult when clients do not accept their accountability or address their cognitive distortions displayed in denial of their behaviors. An awareness of the barriers identified may help family advocacy, healthcare and social services personnel to better understand and prepare for the complex challenges inherent in working with batterers in the context of IPV and to think of specific interventions for the specific barriers of an individual perpetrator.

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Risks of Violence for Child Protection Workers

Experiences of violence can be encountered in many human services occupations and settings. Child protection workers (CPWs) can function in a particularly risky environment. They often work with involuntary clients and the consequences of their work can have unwanted adverse impacts for their clients and their families. The study reviewed here documented CPWs experiences of physical and psychological violence in communities and in residential settings (Lamothe et al, 2018).

Thirty CPWs in Montreal, Canada, described their experiences of violence via semi-structured interviews that occurred between November 2013 and July 2014. Fourteen worked in community settings where they were tasked with performing investigations and outreach treatment services. The remaining 16 worked in residential settings performing treatment. Eighteen were female and 12 were male. The interviews resulted in four broad categories: descriptions of the violence, how the violence was perceived including attributions, consequences, and impacts.

Psychological violence was described as ranging from relatively minor, such as sarcasm, to more severe actions, such as destroying property. Physical violence included intentional harm and intentions to do so such as throwing things and threats of violence. While violence was found to be a recurring and pervasive problem, CPWs perceived it differently. Some saw client violence as a part of their job while others saw it as a cry for help. Violence as part of the job was described as unpredictable and quickly escalating to a violent state resulting in fear for safety and emotional reactions of

the CPW, such as crying after the event. Violence as a cry for help involved attributions of client violence as expressions of pain and suffering as well as possible mental health issues.

Consequences experienced by CPWs were psychological and organizational. Psychological impacts included emotional reactions as well as effects on their families. Organizational impacts were feeling less motivated, high use of sick leave, and strained relationships with clients. The most common coping strategies were reaching out to co-workers, teamwork, and training. However, lack of support or feedback from supervisors often left workers to self-evaluate, to feel neglected, and that their concerns were ignored.

While this study was conducted on a small number of participants, there are lessons for many who work with involuntary clients. Maintaining a stable, reliable, and well-trained work force are important for helping families. Particularly important is the maintenance of regular and supportive supervision as well as an organizational atmosphere of teamwork and lack of blaming, both for the individual and for the organization.

Reference

Lamothe J, Couvrette A, Lebrun G, Yale G, Roy C, Guay S, & Geoffrion. (2018). Violence against child protection workers: A study of workers' experiences, attributions, and coping strategies. *Child Abuse & Neglect*: 81: 308–321.

There are personal and organizational aspects to maintaining a stable, reliable, and well-trained human service work force. Particularly important is the maintenance of regular and supportive supervision as well as an atmosphere of teamwork and lack of blaming.

Challenges of Working with Batterers, from p. 4

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Maltreatment and Animal Abuse, from p. 3

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Parental Burnout and Child Neglect and Abuse

Parenting is complex and stressful and can lead to exhaustion of the parent, disturbances in family relationships, and maltreatment of children. In the study reviewed here, parental burnout was measured by a 22-item scale that includes three factors: (1) emotional exhaustion related to parenting, (2) emotional distancing from one's children, and (3) a sense of one's ineffectiveness in parenting (Roskam Raes, & Mikoajczak, 2017). In a study of the relationship of parental burnout to socio-demographic factors, 1,551 parents responded to survey questionnaires on consequences for the parents (escape and suicidal ideations), consequences for the partner/spouse (quarreling and quarreling in front of children), consequences for that children (violence and neglect), addictions (alcohol, drugs, gambling, and others such as mobile phone use), partner estrangement, sleep problems, and job burnout (Mikolajczak, Brianda, Avalosse, & Roskam, 2018).

The global score of parental burnout was significantly related to all consequences studied, but the highest correlation was with child neglect (0.55). Child neglect and other child maltreatments have been associated with war deployment and perhaps were related to the burden of single parenting by the non-deployed parent (Gibbs, Martin, Kupper, & Johnson, 2007; McCarroll, Fan, Newby, & Ursano, 2008). High correlations of parental burnout were also found with child abuse (0.51) and parental ideations of escapism and suicide (0.51). Lower, but still significant, correlations were found for partner conflicts and estrangement, sleep problems, and consequences of addictions.

The three specific components of parental burnout - emotional exhaustion, emotional distancing, and a sense of one's ineffectiveness in parenting - identified in this article

are concepts that providers can use to assist parents dealing with overwhelming stress. Providers can assess for adverse psychological and behavioral consequences, and provide education and referrals for parents experiencing persistent or increasing difficulties.

Parental burnout is a concept of which all providers who have contact with parents should be aware. How to detect and intervene for specific aspects of burnout is an important aspect of provider care. Given the range of its adverse impacts, it is an important public health concern to address in efforts to decrease child abuse and neglect as well as to improve the relationships between parents and between parents and children.

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Emotional exhaustion, emotional distancing from one's children, and a sense of one's ineffectiveness in parenting are components of parental burnout.

INTIMATE PARTNER VIOLENCE

Controlling Behavior and Intimate Partner Violence

The types of abusive behaviors that occur in relationships and families have broadened beyond physical, sexual, and emotional abuse and neglect. Now included among abusive behaviors in both adult relationships and with children are control and coercion. Coercive control is the use of both violent and nonviolent tactics aimed at maintaining dominance over one's partner. It is often associated with acts of IPV and child adjustment difficulties. Among couples, it includes

attempts to denigrate or restrict a partner's behavior, undermine a partner's self-image, or both. Because of the hostile, punitive, and threatening processes at the core of coercive control, coercive control in the context of IPV may be especially threatening to children (Jouriles and McDonald, 2015).

In the study reported here participants in a general population sample (n=427) in Britain responded to an online survey measuring IPV and controlling behaviors and the

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relationship between these two (Walker, Sleath, & Tramontano, 2017). IPV was measured by the Revised Conflict Tactics Scales (CTS2), which measures conflict-resolution tactics (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Five types of controlling behavior (economic, threatening, intimidating, emotional, and isolating) were measured by the Revised Controlling Behaviors Scale (CBS-R; Graham-Kevin & Archer, 2008). Both the CTR2 and the CBS-R measure both perpetration and victimization.

On the CBS-R, a high percentage of male and female respondents reported both perpetration of abusive controlling behavior (males, 86%; females, 84%) and victimization (males, 85%; females, 79%). Perpetration of economic control was the most prevalent type (males, 68%; females, 70%). There were no statistically significant differences for intimidating (males, 60%; females, 54%) or emotional control (males, 61%; females, 55%). Females reported significantly higher percentages of threatening (37% vs. 26%, respectively) and isolating (67% vs. 60%, respectively).

Cluster analysis, a statistical procedure to identify subgroups/subtypes of controlling behaviors measured by the CBS-R, identified five different subgroups (clusters) of controlling behavior for both perpetration and victimization.

The clusters and percentages of respondents for perpetration and victimization were:

(1) Perpetration high (4.2%)	Victimization high (10.4%)
(2) Perpetration intermediate (19.6%)	Victimization intermediate (19.3%)
(3) Perpetration average (25.5%)	Victimization average (21.3%)
(4) Perpetration low (30.4%)	Victimization low (28.0%)
(5) Perpetration extremely low (19.6%)	Victimization extremely low (16.1%)

As noted above, high perpetration and high victimization had the lowest percentages of respondents, 4% and 10%, respectively. Low perpetration and low victimization had the highest percentage of respondents, 30.4% and 28%, respectively. In other words, only a small percentage of respondents reported high levels of controlling behavior while the largest percentage reported low levels.

Factor analysis of responses to identify the overall factors that compose IPV revealed six factors for both perpetration and victimization of IPV: (1) negotiation, (2) minor psychological aggression, (3) severe psychological aggression, (4) minor physical assault, (5) severe physical assault, and (6) minor sexual coercion. Perpetration of minor psychological aggression was the most prevalent behavior (males, 70%, and females, 71%) and severe physical assault was the least prevalent (males, 2.7%; females, 3.2%) in the current year.

Further analysis tied together the five clusters of controlling behaviors reported on the CBS-R to the six factors found for the IPV reported on the CTS2. When the clusters on the CBS-R were differentiated in the respondents' use of violence (IPV) as measured by the CTS2, the cluster with the highest perpetration of controlling behaviors had the highest levels of IPV perpetration. The extremely low perpetration of controlling behaviors had the lowest levels of IPV perpetration.

This study provides an additional framework for clinicians to consider in anticipating the occurrence of IPV. In addition, addressing controlling behavior as an intervention could lead to lower levels of IPV.

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High levels of controlling behavior are associated with physical aggression.

Addressing controlling behavior in an intervention could lead to lower levels of IPV.

Parental Misattributions of Infants' Personality May Be Predictors of Child Maltreatment

Identification of risk of injury due to physical abuse is critical for young children. They are at the highest risk for abuse including fatal abuse (U.S. Department of Health and Human Services, 2018). Parents' misperceptions of children's personality, especially infants one year old or less, may be predictors of risks of child maltreatment (Young, et al., 2018). This study examined whether parents' negative or developmentally unrealistic words about their infants 12 months of age or younger were more likely than other infants to have been physically abused. This age group was studied because traits that parents may see as bothersome, such as independence or impatience, are less likely to be attributed to them within the first 12 months. The consensus regarding children's development is more well-established during this early period of life. As children age, their personality development can complicate a parent's expectation of what is normal and expected.

Pediatric emergency departments and child abuse assessment teams evaluated children for bruising or skin injury. A medical expert panel (MEP) categorized each case as clinically determined abuse (n=38) or clinically determined accident (n=147). Parents of all the children were asked (1) to describe their child's personality, and (2) to list three words to describe their child. Raters who were blind to the MEP classifications coded the parents' responses and identified the parents' words as positive (e.g., happy), neutral (e.g., hyperactive), or negative/unrealistic (e.g., drama-queen).

In 35 (19%) of the total 185 cases, parents used negative descriptors of their infants. A negative descriptor by a parent was found to be more likely for the abuse cases: 21 of the 38 (55%) abuse cases compared to 14 of the 147 (10%) accident cases. The age-adjusted odds ratio for an abuse classification in cases in which there were one or more negative descriptors was 10.0 (95% CI=[4.0, 24.9]). In other words, parents who used at least one negative descriptor of their child were 10 times more likely to be classified as abusing their child than those parents who described their child with neutral

or positive words. Abuse occurred at a higher rate among infants aged 0-6 months (25 of 62, 40%) than infants of age 7-12 months (13 of 123, 11%). Negative descriptors were also more commonly ascribed by parents toward children age 0-6 months (29%) compared to children 7-12 months (14%) of age.

The authors suggested that their findings may more accurately predict the risk of child maltreatment than such variables as demographic and socioeconomic circumstances. The two questions used in this study that indicate negative or unrealistic parental attributions of infants' personality can help to identify harmful parental attitudes and potentially identify infants at increased risk for maltreatment. Being younger parents as well as first-time parents may contribute to unrealistic, age-inappropriate expectations, and subsequent negative attitudes, toward an infant. It is important for family services and healthcare providers as well as others involved in childcare to address negative parental attitudes. What may seem like side comments could indicate the possibility of parents treating their infant harshly based on unrealistic expectations and distorted perceptions of their infant's personality.

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Parents' misperceptions of children's personality, especially infants one year old or less, may be predictors of risk of child maltreatment.