

RESEARCH REVIEW

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In this Issue

Research Review (RR) is a publication of the *Joining Forces Joining Families* group. *RR* consists of summaries of family maltreatment research for family advocacy, medical, and social service providers. These summaries provide tips on issues not commonly encountered and innovations for research and practice. We present four summaries on intimate partner violence (IPV) including a discussion on measuring IPV, on coercive control, and on infidelity. Six child maltreatment articles summarize common risks for maltreatment. Among these are economic hardships, inattentive parenting practices, injuries and deaths with firearms, and suicides associated with bullying and emotional abuse. Finally, we describe a long-term study of home visiting in which child maltreatment was reduced partially due to improvements in mothers' life course trajectory.

INTIMATE PARTNER VIOLENCE

How Do People Argue? The Conflict Tactics Scale (CTS) is One Measure of Intimate Partner Violence (IPV)

The CTS (Straus, 1979) and a later version, the CTS-2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), are standardized instruments that are widely used in research and practice to evaluate how couples attempt to resolve conflicts. The CTS consists of 19 items involving three scales: reasoning, verbal aggression, and physical assault. Each of the 19 items is answered by a respondent and also answered by (or for) the respondent's partner for a total of 38 items. The CTS was considered innovative when it was first developed because it asked for specific behaviors rather than general terms like abuse.

The CTS has been criticized because investigators used its data to support the argument that violence by husbands and

wives is approximately equal, a concept referred to as gender symmetry (Dobash, Dobash, Wilson, & Daly, 1992). The CTS-2 was an attempt to respond to criticisms of the CTS. The CTS-2 has 39 items for each respondent for a total of 78 items comprising the following scales: negotiation, psychological aggression, physical assault, injury, and sexual coercion.

Jones, Browne, and Chou (2017) reviewed the extensive data on the CTS and the CTS-2 and concluded that, in spite of efforts to address the limitations of the CTS, many of the same shortcomings remain. Criticisms of the CTS and CTS-2 include the following: (1) behaviors reported are open to interpretation, (2) the context of the violence and the events precipitating it are unknown, (3) the violence is artificially

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delimited, (4) severity is poorly operationalized, and (5) it fails to connect the outcomes with the acts.

In spite of the criticisms, the CTS and the CTS-2 are still the most widely used instruments for measuring IPV and can be clinically useful. These instruments can be used to assess risk to the victim, particularly when there are high scores on the physical assault, injury, and sexual coercion scales. When these scores are high, steps to safeguard the victim should be considered. Higher scores on the psychological aggression scale suggest that the respondents should increase their awareness of its harm in their relationship. Higher scores on the negotiation scale suggest that couples are trying to resolve their conflicts without violence.

In addition to evaluation based on the scores on the scales, clinical use should include evaluation for the contexts of violence and risks to the victim that are not measured

such as stalking, threats, financial abuse, and other coercive tactics.

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The CTS and the CTS-2 are the most widely used measures of tactics used by couples in IPV conflicts

INTIMATE PARTNER VIOLENCE

What is Coercive Control?

Coercive control is a conceptualization of how one partner in an intimate relationship exercises dominance over another. It is often considered the central mechanism in intimate partner violence (IPV). It consists of controlling the behaviors of one's partner through such tactics as economic abuse, decision-making, acting to exercise ownership over the other person by limiting freedom of movement, sexual demands, not allowing the partner to work, deprivation of resources, explicit and implicit threats, and stalking. Hamberger, Larsen, and Lehrner (2017) address whether there is a common understanding of its meaning and how it is measured.

This review article identifies three aspects of coercive control: (1) intentionality of the behavior by the abuser, (2) the negative perception of the controlling behavior by the victim, and (3) the ability of the abuser to gain control by means of a credible threat and the capitulation of the victim to the threat. A challenge for research, policy, and social services in studying and understanding the role of coercive control is that it lacks a uniformly agreed upon definition and measure. Hamberger et al. extensively describe various attempts to define coercive control as it is presented in

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JOINING FORCES

Joining Families

RESEARCH REVIEW

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What is Coercive Control?, from p. 2

scientific literature. Is coercive control a goal or intention of the perpetrator? Is it an internal motivation of the perpetrator such as for violence or for control? Is it measured by the perpetrator's behavior? Is it the outcome of coercion in a relationship? If coercive control is a subjective experience, is the perpetrator conscious of the coercive behavior?

The authors review 22 paper and pencil instruments that attempt to measure coercive control. Some look at behaviors, frequency of behaviors, or both. However, it is unclear how any patterns impact risk and subsequent behaviors of victims and perpetrators. The authors propose that a definition of coercive control should involve the perspectives of both the victim and the perpetrator. It should include not only the perpetrator's behavior, but also the context within which

the behavior takes place, and its consequences. The measure should also be cumulative rather than a single-incident focus. These are difficult challenges.

Family advocacy providers should be aware that coercive control may be present in an intimate relationship: the pattern of actions and intentions of the perpetrator, the responses of the victim, and the effects on the relationship. They should also be clear about how they assess coercive control in relationships. The authors suggest that a structured interview of each partner may be the most effective means of understanding coercive control in an intimate relationship.

Reference

Hamberger LK, Larsen SE, & Lehrner A. (2017). Coercive control in intimate partner violence. *Aggression and Violent Behavior*; 37: 1–11.

Coercive control is often the central mechanism in IPV. A structured interview of each partner may be the most effective means of understanding coercive control in an intimate relationship.

INTIMATE PARTNER VIOLENCE

Threats of Intimate Partner Violence are Forms of Coercive Control

Coercive control includes not only physical abuse, but also tactics that create an ongoing sense of fear and chronic stress. Threats are a form of coercive control in intimate partner violence (IPV). The U.S. Department of Justice reported that from 1993–1998 about two-thirds of IPV victims were attacked while one-third were threatened (Rennison, 2002). Threats to female and male victims consisted of threats to kill (32% and 27%, respectively) “other threats” (52% and 41%), threaten with a weapon (18% and 22%), threaten to hit, slap, or knock victim down (13% and 15%), throw object at victim (4% and 11%), and rape (1% females).

Threats can be a common aspect of IPV and the more severe and frequent the threats, the worse the outcome. Logan (2017) investigated explicit threats to 210 women with protective orders against abusive partners. A high frequency of threats of harm was associated with the highest rates of abuse, violence, distress, and fear. Ninety-four percent of the women endorsed at least one of the 11 threats inquired. Threats of harm were reported in 90% of cases at least once: 81% were threatened with serious harm, 76% were threatened with death, and 41% were threatened with a knife or gun. These women received threats of harming friends and family, actual threats to friends and family, and threats to harm children and pets, coworkers, and supervisors. These threats were

only moderately correlated suggesting that they are specific risk factors for harm and may be unique to each situation. Threats have important implications for safety planning, not only for the victim, but also to others threatened.

Explicit threats are common in relationships in which there is IPV. Threats of violence are, at a minimum, psychological abuse and a form of coercive control. However, threats of harm are also a criminal act of assault. Threats of harm to a victim as well as to a wide variety of others, including pets and property, are serious issues for law enforcement, medical, and social service providers. Service providers should assess for the presence of threats and the types of threats in relationships in which there is IPV. Referring victims for law enforcement and legal assistance can prevent injury and death of victims.

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Threats are a form of coercive control that create an ongoing sense of fear and chronic stress. Service providers should assess for the presence of threats and the types of threats

Infidelity and Intimate Partner Violence: Once a Cheater, Always a Cheater?

Concerns about infidelity are often associated with intimate partner violence (IPV). Published research on infidelity is rare due to the sensitive nature of the topic in romantic relationships. IPV is multi-determined; there is seldom a single reason for it. Fifty-two couples who had received pre-marital counseling, but later divorced reported that the major contributors were lack of commitment, infidelity, and conflict/arguing (Scott, Rhoades, Stanley, Allen & Markman, 2013). The most common “final straw” [authors quotes] reasons were infidelity, domestic violence, and substance abuse. A study of 422 married couples in rural Malawi found that the perception of a partner’s infidelity was significantly associated with both the perpetrator’s and the partner’s risk for sexual coercion and physical violence (Conroy, 2014). In addition to actual, perceived or feared infidelity, sexual jealousy is another motive for intimate partner violence and homicide (Harris, 2003). Sexual jealousy can be a form of coercive control of a partner.

Concerns about infidelity are often brought to the attention of social service providers in the context of IPV, marital relationships, and premarital counseling. When infidelity has been suspected or known, there is concern for whether this is a pattern and is likely to occur again. In other words, “Is a cheater always a cheater?” A longitudinal study of 484 individuals, including 155 men and 329 women, who were in a current romantic relationship collected data every six months for five years (Knopp, Scott, Ritchie, Rhoades, Markman, & Stanley, 2017). Participants were asked if they had had sexual relations with someone other than their partner. Extra-sexual involvement (ESI) was examined over two relationships. Forty-five percent of those who engaged in ESI in their first relationship also reported ESI in their second relationship. This was compared to 18% of participants who did not report ESI in their first relationship, but did report it in the second relationship.

Twenty-two percent of participants who *knew* of partner ESI in their partner’s prior relationship reported known partner ESI in the current relationship compared to 9% who did not know of ESI by their partner in the prior relationship, but

knew of it in the current relationship. Thirty-seven percent of participants who suspected their partner of ESI in the prior relationship reported suspecting their partner in the current relationship compared to 6% who did not suspect their partner of ESI in the partner’s prior relationship, but did suspect them in the current. Gender, income, and marital status were not associated with ESI.

This study shows that previous infidelity is a strong risk factor for future infidelity, but it may or may not always be true. Of participants who reported ESI in their first relationship, less than 50% reported ESI in their second relationship. However, it should also be noted that since infidelity is a highly emotionally charged topic, its concealment is highly likely and difficult to measure.

There are clinical implications to these results. When infidelity is an issue in marital conflict, the presence of IPV should be considered. Clinicians and chaplains could explore whether infidelity has occurred in previous relationships in an attempt to encourage individuals to make relationship decisions that reduce the likelihood of future infidelity.

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When infidelity is an issue in marital conflict, the presence of IPV should be considered.

Many Impacts of Family Economic Hardship

Economic hardship for families can come from many sources such as job loss, divorce, death of a family member and others. Economic hardship is often leads to poverty which, in turn, is associated with child maltreatment. The Ontario Incidence Study of Reported Child Abuse and Neglect–2013 examined the characteristics of children in families investigated by child welfare authorities (Lefebvre, Fallon, van Wert, & Filippelli, 2017). In 9% of all cases, the family suffered economic hardship: ran out of money for food, housing, or utilities. Few social supports as well as mental health and substance abuse in caregivers were more likely compared to families in which economic hardship did not occur. In addition, developmental concerns and academic difficulties of children were more frequently noted compared to families without such hardship (43% vs. 21%). In families with economic hardship, physical neglect, including failure to adequately care for the child (inadequate nutrition, clothing, and unhygienic and dangerous living conditions) was more likely to be substantiated than other neglect subtypes. The authors concluded that families facing economic hardship have multiple complex needs and that child welfare needs to consider how to best promote positive child adaptation in the face of these adversities.

A study of women who had borne children within the past 2–7 months in California (2011–2014) found that 51% experienced some form of economic hardships in childhood (Braverman, Heck, Egerter, Rinki, Marchi, & Curtis, 2017). The economic hardships included hunger, having to move due to problems paying rent or mortgage, and the family's inability to pay for basic needs. Almost 12% reported the highest level of economic hardship. Intermediate or higher levels of economic hardships in childhood were linked to maternal health and well-being: poverty, food insecurity, homelessness or no regular place to sleep, intimate partner violence, and binge drinking. The authors noted that economic issues were not included in classic studies of adverse childhood experiences, but should be since economic hardships are linked to adverse maternal health.

A national study of fatalities of children ages 0–4 in the U.S. from 1999–2014 found that higher poverty concentrations were associated with increased rates of child abuse fatalities (Farrell et al., 2017). Forty-five percent of child fatalities ages 0–4 years old were less than one year old and 56% were boys. Counties in the U.S. with the highest poverty concentration had three times the rate of child fatalities compared with counties with the lowest poverty rates.

The studies reported here show a strong relationship between economic hardship and a variety of health issues, such as child maltreatment, child fatalities, and maternal health. The complex needs of such families are significant challenges to public health. While low levels of economic stress may not indicate a hardship at the time they occur, taking measures to prevent future economic hardship can be beneficial to family well-being and prevent later adverse circumstances for children and families. Social service guidance on financial responsibility can help with planning, accounting, and disposition of finances, but including an explanation of the risks associated with economic hardship during counseling can lead to better family health and prevent adverse consequences before it is too late.

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Household poverty may consist of diverse complex needs such as running out of money for basic needs, failure to pay rent or mortgage, food insecurity, homelessness or no regular place to sleep, intimate partner violence, and binge drinking.

Child Deaths and Injuries by Firearms

Firearm violence is a serious public health problem in the U.S. and it significantly affects children. Such violence does not occur in isolation. Firearm injuries to children can be intentional or unintentional, fatal and non-fatal. Children are exposed to firearms in a variety of ways such as intimate partner violence (IPV), suicide, and community violence that involves homicide, robbery, and threats, as well as legal uses such as hunting and sports, including marksmanship training and target practice.

Firearm-related deaths are the third leading cause of death in children 1-17 and the second leading cause of injury-related death of this age group. There were an average of 1,300 child deaths per year for the period 2012–2014, for an overall rate of 1.8 per 100,000. The greatest percentage of deaths was homicide (53%, n=693), followed by suicides (38%, n=493), and unintentional injuries (6%, n=82). An average of 5,700 children were treated in an ER for a firearm-related assault, self-harm, or an unintentional injury for an average annual rate of 7.9 per 100,000.

The rates of homicide and suicide during 2012-2014 were greatest in the age group 13–17 years, 2.6 and 2.3 per 100,000, respectively. Boys are the primary victims of child firearm deaths, about 82%. Their annual rate was 4.5 times that of girls, 2.8 and 0.6 per 100,000, respectively. For 13–17 year old boys, the rate was six times higher than same age girls, 8.6 and 1.4 per 100,000. African-American children have the highest rate of firearm homicide (3.5 per 100,000) while

white and American Indian children have the highest rates of firearm suicide (2.2 per 100,000 each).

Firearm homicides of younger children are often precipitated by IPV, whereas homicides of older children are more likely to be precipitated by crime. Firearm suicides of children often occur as a result of a crisis in the past or upcoming 2 weeks (42%) and relationship problems (71%) with an intimate partner or a friend or family member. Mental health problems are also present, including depression (34%). About a quarter of them (26%) disclosed their suicidal intent to others and approximately 60% were completed with a handgun.

The circumstances of firearm deaths and injuries are important factors to emphasize for child and family safety. Playing with a gun is the most common cause of unintentional firearm deaths of children. Gun safety practices such as storing guns unloaded, storing weapons and ammunition separately, and using gun safety locks are essential elements of prevention of childhood deaths by firearm. However, in addition to physical security, adult supervision is required, particularly in times of child or parent crises to prevent impulsive acts.

Reference

Fowler KA, Dahlberg LL, Haileyesus T, Gutierrez, C, & Bacon S. (2017). Childhood firearm injuries in the United States. *Pediatrics; 140(1):* e1-e11. doi: 10.1542/peds.2016-3486.

Playing with a gun is the most common cause of unintentional firearm deaths of children.

Parental Insensitivity and Neglect are Associated with Unintentional Child Injury

In 2015, for each age group from 1–18, unintentional injury was the leading cause of death in the U.S. www.cdc.gov/injury/wisqars/LeadingCauses.html. Research on the prevention of unintentional injury has generally focused on environmental safety such as playground equipment and car seats. Another route to improve children's safety is through improving parenting practices that implement safety precautions (Jaques, Weaver, Weaver, & Willoughby, 2017). Unintentional injuries are largely due to car crashes (lack of appropriate car seats) and poisonings (lack of parental supervision in the home of storage of medications and cleansers). Parenting behaviors that are insensitive to a child's needs and development can result in children's injuries, particularly when insensitive behavior involves abuse or neglect (Azar, 2002).

High-risk mothers of children five years and younger completed a questionnaire of specific injury prevention behaviors. Risk was categorized for each age group. The questionnaire measured parenting behaviors (sensitivity and parental neglect); parenting satisfaction, interest, and efficacy; safety risks (poisoning and car seats); and demographics. Younger mothers (18–25) stored medications and cleansers correctly 69% of the time compared to older mothers (26–40) who stored them correctly 89% of the time. Mothers (ages not specified) whose parenting was developmentally insensitive (yelling, spanking, putting child in time out at an inappropriate age) were 4.84 times more likely to put their child in an incorrect size car seat or take the child out while the car was moving.

This article raises important issues for the prevention of

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Preventing Child Maltreatment through Home Visiting Programs

Home visiting can reduce child maltreatment as well as impact the life course of mothers who are at risk for child maltreatment. This study summarized the reported results of a 15-year follow-up evaluation of participants in the Elmira (NY) trial of the Nurse Family Partnership in which first time pregnant women at high risk for child maltreatment (low socioeconomic status, unmarried, under age 19) were randomly assigned to receive home visits from nurses. Home visits to the treatment group (n=77) were conducted during pregnancy (mean number of prenatal visits= 8.6) and from birth through the child's second birthday (mean number of home visits for each participant=22.8). Controls consisted of a combined group of mothers (n=177) whose children were given sensory and developmental screening at 12 and 24 months and another group that received prenatal and well childcare through the child's second birthday. Both intervention and control groups included women who had experienced low-to moderate-levels of intimate partner violence (IPV), defined as less than 28 incidents of partner-perpetrated violence since the birth of the child as measured by the Conflict Tactics Scale (Straus, 1979).

During the home visits, the mothers received education about health-related behaviors, care provided to their children, and maternal life course development (family planning, education, and employment). With these programs for mothers, there were many possible outcomes for them and for their children.

The study found that among all women who had experienced IPV, those who received home visits had significantly reduced confirmed child maltreatment cases compared to control women. Home visited mothers also spent fewer

months on public assistance and had fewer subsequent children than control mothers. Both of these two latter outcomes were significant predictors of child maltreatment. These two mediators, fewer months on public assistance and fewer subsequent births, explained almost 50% of the total effect of pre- and postnatal home visiting on child maltreatment for the home visited mothers. In other words, child maltreatment was reduced through the mediation of pregnancy planning (fewer children) and improved economic circumstances (decreased reliance on public assistance). An important implication of this research is that an emphasis by home visitors on maternal life-course planning and development can promote long-term improvements in their parenting and as well as reducing child maltreatment.

Attention by home visitors, clinicians, and other social service providers to the long-term personal development of mothers who have experienced IPV has many positive effects in addition to reducing child maltreatment. While the results of interventions, such as the ones demonstrated in this study, may not be immediately noticed, the long-term effects can be significant through reducing poverty and child maltreatment.

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Emphasis by home visitors on maternal life-course planning and development can promote long-term improvements in their parenting and as well as reducing child maltreatment.

Parental Insensitivity, from p. 6

unintentional childhood injuries due to parental behaviors, particularly by young mothers. The research summarized here expands the scope of child maltreatment to include the links between insensitive parenting and abusive and neglectful behavior that can result in unintentional childhood injuries. Medical and social service providers have an opportunity to educate their patients on the importance of these links and thereby reduce childhood injuries and fatalities through unintentional injuries.

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Parenting behaviors that are insensitive to a child's needs and development can result in children's injuries, particularly when insensitive behavior results in abuse or neglect.

Bullying Victimization is a Significant Predictor of Suicidal Ideation in Children and Adolescents

Parents' staying attuned to their children's friends and other relationships are important aspects of parenting and appropriate child care. Bullying is one outcome of childhood relationships. It is a complex form of interpersonal violence that includes physical assault, verbal and emotional violence, social exclusion, and cyberbullying. In addition to face-to-face bullying victimization, cyberbullying can be more harmful in that it can be anonymous, widely distributed, and longer lasting.

Adolescents often visit emergency rooms for mental health complaints that are related to a history of bullying victimization. Of adolescents between the ages of 8-17 (104 males and 166 females, ages 8-17, mean age=14.4 years) who visited a hospital emergency room in Kingston, Canada, between 2011-2015, 77% reported having been bullied during their lifetime and 69% had current suicidal ideation (67% females and 33% males). Being the victim of bullying was the most significant predictor of suicidal ideation in children and adolescents after controlling for age, sex, school

grade, psychiatric diagnosis, and abuse. Being the victim of all types of bullying was significantly greater for those who reported suicidal ideation: 83% reported verbal bullying, 26% each reported physical bullying and cyberbullying, and 32% reported multiple types.

Medical providers in emergency rooms may not be aware of the relationship between being the child or adolescent victim of bullying and mental consequences such as suicidal ideation. Both suicidal ideation and being bullied, at present and in the past, should be queried in children and adolescents visiting emergency rooms.

Reference

Alavi N, Reshetukha T, Prost E, Antoniak K, Patel C, Sajid S, & Groll D. (2017). Relationship between bullying and suicidal behavior in youth presenting to the emergency department. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*; 26(2): 70-77.

Child Emotional Abuse Predicts Suicidal Ideation

Suicide is consistently a leading manner of death for children, adolescents, and young adults (www.cdc.gov/injury/wisqars/LeadingCauses.html). Research has found increased suicidal behavior (attempted and completed suicides) in victims of child maltreatment. Further exploring the relationship of child maltreatment to the risk of suicidal behavior is an important route to establishing preventive measures. A longitudinal study measuring emotional abuse and suicidal ideation of 682 community youth over three years found that emotional abuse uniquely predicted suicidal ideation even after controlling for prior suicidal ideation, sex, age, and depression symptom severity.

In the study, children and youth between ages 7-18 years completed initial baseline questionnaires on emotional abuse and depressive symptoms and then again at both 18 and 36 months after their initial questionnaire. Telephone interviews occurred every six months. Structured clinical interviews occurred for suicidal ideation initially and every six months for 36 months. Results found that emotional abuse, particularly in the form of repeated threats and verbal insults, increased

the risk for suicidal ideation. Severe depressive symptoms did not moderate this relationship.

This research emphasizes the effects of emotional abuse on adverse outcomes for children and youth. Emotional abuse is a complex phenomenon consisting of childhood emotional trauma, distressed interpersonal relationships inside and outside the family, as well as community violence. Medical and social service providers, when evaluating children for abuse and neglect, should evaluate for suicidal behavior in children and youth as a result of emotional abuse and make referrals when suicidal thoughts or behaviors are identified.

Reference

Miller AB, Jenness JL, Oppenheimer CW, Gottlieb ALB, Young JF, & Hankin BL. (2017). Childhood emotional maltreatment as a robust predictor of suicidal ideation: A 3-year multi-wave prospective investigation. *Journal of Abnormal Child Psychology*; 45: 105-116.

Emotional abuse of children and youth uniquely predicts suicidal ideation even after controlling for prior suicidal ideation, sex, age, and depression symptom severity.