

Joining Forces

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RESEARCH NEWS YOU CAN USE

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IN THIS ISSUE...

We are pleased to have Dr. Richard Gelles as a contributing author. His research and publications are benchmarks by which much of the research on family violence is measured.

Practice standards and program consistency, including the use of psychometric instruments, are discussed as methods to improve the uniformity of FAP across installations.

A report on an evaluation of the New Parent Support Program demonstrates how the findings can relate to clinical aspects of FAP. Other articles focus on fatherhood, improving the accuracy of data reported on DD Form 2486, and how bias may lead to errors in conducting research.

Current Trends in Domestic Violence

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as deep and intensive controversies about those data and their meaning. To a certain extent, the goal of increasing public and professional awareness regarding the issue of domestic violence has been achieved, both among the general public and within the military community. The new challenge is to move to the next stage of responding to domestic violence—implementing effective primary, secondary, and tertiary prevention programs.

To move to this next stage professionals and policy makers will wrestle with some of the key questions and issues that frame how domestic violence will be treated and prevented. This brief article reviews some of the important current trends in research on domestic violence.

The Extent of Domestic Violence

The public and professional apathy regarding domestic violence led to local and national campaigns to raise awareness about the extent and seriousness of violence toward women and violence in intimate relationships. Since the goal of public awareness was to break

of new cases. Advocacy statistics, such as the FBI attribution, were often inaccurate, inflated, and attributed to the wrong source.

Although domestic violence is a significant criminal justice and public health problem, evidence from a variety of sources indicates that the extent of violence toward women in intimate relationships is decreasing.

- Between 1976 and 1996, the number of females murdered by intimate partners decreased by an average of 1% per year—most of the decrease occurred since 1993.
- Both the number and the rate of violent victimizations of women by intimate partners have declined since 1993, as measured by the National Crime Victimization Survey.

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Current Trends

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- Self-report survey data have also found a decrease in the rate of violence toward women.

Violence toward men has always been a rather contentious issue in the field of domestic violence. For years, advocates have battled what they have labeled a “backlash” that proposes that there are as many male

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victims of intimate violence as there are female victims. Some advocates have denied that there are *any* male victims. Various data sources indicate that there are male victims of intimate violence. While males are less likely to report being injured by female partners, they do experience significant levels of violence at the hands of female partners—some of which is in self-defense and some of which is not.

Children Exposed To Domestic Violence

Because child abuse and domestic violence were studied and treated by separate constituencies, the fact that children are exposed to domestic violence and that such exposure has important consequences for children has often been overlooked. Estimates are that three million children witness or are exposed to domestic violence each year.

Those who recognize that children are exposed to domestic violence often make the overly simplified assumption that such exposure is uniformly harmful to all children and that children who are both victims of violence and are exposed to violence are victims of a “double whammy.”

Recent research indicates that while exposure to domestic violence does raise the risk of

violence is that there is a continuum of violence and coercive behavior and that men escalate their use of coercive control from psychological and emotional techniques of violence, to abusive violence, and finally to fatal assaults. Various factors influence when and how the coercive control escalates, but the core assumption is that there is one type of violent man and that he will eventually escalate his use of violence, abuse, and coercive control.

Research on offenders demonstrates that this assumption is inaccurate. First, only a portion of men escalate their violent and coercive behavior. Some men desist in their violent behavior, some men maintain about the same level of aggression and violence, and some men do become increasingly violent and dangerous. An accumulating body of research, led by the research of Neil Jacobson, John Gottman, and Amy Holtsworth-Munroe, demonstrates that there are *types* of abusive men, rather than a continuum of violence.

Intervention and Treatment

The most important questions asked by those in the field of domestic violence is “what works?” What works to empower battered women? What works to protect and keep women safe? And what



In the mid-1980s, attention focused on the ability of criminal sanctions, such as arrest, to deter and prevent men's violence. The results of the Minneapolis Police Experiment suggested that arresting offenders would reduce future violent attacks. However, subsequent replications of this study found no general deterrent effects of arrest. Rather, the research suggested that arresting men who were married to their partners and who were employed did produce desistance from violence, but arresting men who were unemployed and who were not married to their partners actually produced an escalation in violence.

Efforts in the 1990s have shifted from criminal sanctions to requiring men to attend treatment programs. The "Duluth Model" of batterer treatment has been widely implemented and adopted under the assumption that this is an effective method of treating violent and abusive men. However, as yet, there is no empirical evidence that the Duluth Model or any treatment program is actually effective in reducing men's violence. An analysis of published and unpublished evaluations of treatment programs found that irrespective of length, mode, or model, treatment had no significant impact in reducing men's violence. The same analysis found some

Conclusion

As more research on domestic violence accumulates, one of the challenges in the field will be to reassess common sense assumptions and conventional wisdom about the nature, causes, and consequences of domestic violence and, as appropriate, to revise these assumptions based on new research. The national Academy of Sciences' panel on "Assessing Family Violence Interventions" warned that many interventions and programs are implemented because of the effective marketing of the program rather than demonstrated evidence that the program or intervention is actually effective.

To this note of caution, we add the optimistic finding that some combination of public awareness and programs seem to be having a positive impact since all the major data sources agree that the extent of all forms of domestic violence has declined in recent years.

Informing Practice Through Research: Standards and Consistency

At the January 1999 Family Advocacy Program (FAP) Conference to be held in San

interventions do not address the multiple needs of abusive families. Accordingly, differential approaches to treatment should be based upon a thorough assessment of the individual abuser, the family system, and the situational context of the abuse incident.

Practice standards serve to maintain and improve the quality of family advocacy services provided to victims and abusers. They help to establish treatment expectations and facilitate the monitoring and evaluation of services. Standards of practice also provide a framework for identifying the expected outcomes from FAP interventions. Relative to research, practice standards can form the basis for evaluating the quality and appropriateness of treatment services and are an important mechanism for informing family advocacy initiatives. Without the application of standards and consistent data collection and analysis, comparisons across installations will be difficult, if not impossible.

An area in which consistency is important is the use of psychometric instruments during assessments. FAP uses psychometric instruments to learn more about family violence victims and abusers. Such instruments should only be used when they are clinically useful as components



instruments to facilitate clinical assessments.

As part of its program evaluation activities, the Research Center of the New Parent Support Program (NPSP) uses several self-report instruments to measure the individual and family functioning of participating parents (see Table 1). These instruments have strong psychometric properties and are widely used among behavioral science researchers. It should be noted that many of the instruments are copyrighted and can only be used with permission of the publisher. Many also have fees associated with their use. It is also important to remember that each of the instruments described below was developed for research on groups rather than clinical assessments.

Table 1

Psychometric Instruments Used by the NPSP

- **Maternal Social Support Index**
- Assesses the amount of social support mothers receive and their degree of satisfaction with the support.
- **Index of Marital Satisfaction**
-Assesses how satisfied married couples are with their spouse and their current relationship.
- **Center for Epidemiologic Studies Depression Scale**
-Assesses number of times respondents experienced each of 20 depressive symptoms during the

- **Family Environment Scale**
- Assesses family member's perception of their family functioning in ten domains.
- **Parenting Stress Index**
-Assesses the degree of stress parents experience regarding their parenting.
- **Child Behavior Checklist**
-Assesses the behavioral and emotional problems parents notice in their child's everyday functioning.

Practice standards and the use of some psychometric instruments can be components of FAP that can be standardized throughout the Army.

New Parent Support Program Evaluation-Clinical Implications

Cindy M. Schaeffer, M.A.
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In the July 1998 issue of "Joining Forces", initial New Parent Support Program (NPSP) evaluation outcomes (on families referred by clinicians or those substantiated as child/spouse abuse offenders) were presented. The characteristics of 351 families were described including parental depression, marital dissatisfaction, child behavior, and reductions in

Index) and marital satisfaction (Index of Marital Satisfaction). Although only mothers averaged clinically problematic levels of depression, a substantial portion (39%) of fathers also could be classified as clinically depressed (Center for Epidemiologic Studies Depression Scale). There were also differences between mothers and fathers in their perceptions of the family environment. Mothers tended to see the family relations as controlling, whereas fathers viewed the family environment as conflictual.

The Child Abuse Potential Inventory measures how closely parents share personality traits, attitudes, and beliefs about parenting that are similar to those expressed by abusive parents. Differences between mothers and fathers emerged on specific risk factors related to child abuse potential. For mothers, depression and overall distress surrounding parenting were the factors most highly related to child abuse potential. Multiple regression analysis suggested that individual levels of functioning are most predictive of the potential for abusive behavior among mothers, while individual and family factors are influential among fathers.

There are several implications of these findings for clinical practice. First, families partici-



distress that far exceed the normal concerns and worries that new parents have about the mechanics of childrearing. This poor level of initial functioning supports the importance of a professional home visitation staff. Second, the high level of marital distress experienced by both mothers and fathers in this sample indicate a need for marital interventions, delivered directly by NPSP home visitors or through referral to outside services. Finally, high levels of distress among fathers in this sample, the vast majority of whom were on active duty, suggest that they should be included in interventions for new parents.

Fatherhood Revisited

The preceding article by Cindy Schaeffer and John Cassidy summarizing preliminary New Parent Support Program data highlights the need for fathers to be included in preventive interventions for new parents. A review of an article by Aldous, et al., (1998) supports Schaeffer and Cassidy's recommendation.

This article explores father participation in child care and household duties from the point of view of sociological theory. While the authors employ a very

men from fathering. They also found a pattern of interdependence of parenting: the more attention a child received from one parent, the more it received from the other. As is the case with all research, this study has limitations. Because of the limited number of fathers of races other than white, the study's conclusions may be limited to white couples. The study was also limited to couples who were married to the same person at both time periods.

The study has implications for the Army's programs for new parents. Often, fathers are not involved in the pre-natal or in-hospital visits by parent support personnel. Since there is a correlation between involvement of one parent in caregiving and the involvement of the other, this may be important to examine. A number of research projects could be undertaken by Family Advocacy personnel to examine the effects of the participation of fathers in parent support programs. For example, it would be important to determine just how involved Army fathers are in early child care and how fathering in military families develops over time as the family grows.

We should learn what can be done to increase the involvement of fathers in parent support programs

Aldous, J., Mulligan, G., & Bjarnason, T. (1998). Fathering over time: what makes a difference? Journal of Marriage and the Family, 60 (2), 809-820.

Improving the Accuracy of Data Reported on DD Form 2486

The consistent and accurate completion of DD Form 2486 to ~~record incidents of child and spouse~~ abuse is important. (DD Form 2486 is the only central source of information about FAP cases). To ensure that accurate data are consistently recorded we ask you to think about the following questions. Who completes the DD Form 2486? Who verifies that the recorded information is correct? Who submits the form to the Army Central Registry? It is suggested that each Chief of Social Work Service and FAP Manager review the above questions and determine if the recording of DD Form 2486 data is consistently accurate. An ongoing periodic spot check of records to determine the accuracy of data that is submitted is a method of ensuring quality information. The application of practice standards and more accurate completion of DD



The Statistical Concept of Bias

In our last issue we discussed confounding. We learned that if confounding is present in a study, its conclusion may be wrong. Confounding is part of a larger statistical concept called bias. Bias occurs when there is a systematic problem in your study which will lead to an error in your conclusions. This error is called bias. There are many different types of bias. We will outline some of the more common ones in this issue.

There are three general classes of bias: *confounding*, *selection bias*, and *observation bias*. Since we have previously discussed confounding, we will focus this discussion on the remaining two types of bias.

Selection bias occurs when the subjects *selected* for the study do not fully represent the population you want to study. Let's say that you wanted to do a study on spouse abuse among married soldiers at your installation. You put flyers out all over the post, asking for volunteers. Would you think that the men and women who respond to the flyers would be representative of the married population? Probably not. The majority of

from non-abusive people who have nothing to hide, in which case you would get a smaller proportion of respondents involved in spouse abuse. Either way, your study sample would not be representative of your installation. Therefore, you would have a selection bias.

Observation bias, also known as *information bias*, occurs when information is incorrectly reported or concluded from the study participants. There are many types of observation bias. *Recall bias* is one type which occurs when participants remember and report their experiences incorrectly. For example, if you are doing a study on alcohol involvement and its effects on spouse abuse, the participants who drank a lot prior to an incident of abuse may not remember much, and may report a mild incident of abuse compared to those who did not drink and could clearly remember what took place. *Interviewer bias* occurs when the person conducting a study differentially collects, records, or interprets information from the subjects. For example, if an interviewer felt that children of single parents were more likely to be abused, he or she may ask the children of single parents more questions about being abused. Or, maybe the interviewer feels that alcohol use is related to spouse abuse, and substantiates those

study participants is incorrect. You may record that subjects are married when they are single, or you may classify them as being involved in spouse abuse when they were not. Misclassification can occur simply by checking the wrong box on a form. (This is a common error in DD Form 2486 data).

The effects of bias are difficult to evaluate and often impossible to correct after a study is over. For this reason, it is very important to think carefully about all types of bias before you conduct your study and then to take steps to minimize its occurrence.

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