

Family Violence Social Indicators Project

**A Collaboration between the Family and
Children's Trust Fund of Virginia**

And

George Mason University

Researchers

**Dr Molly Everett Davis
Dr Carolyn Ericson
Dr Catherine Tompkins
Dr Miriam Raskin**

2005

“Violence is not a family value”

Table of Contents

| | |
|--|----|
| Introduction | |
| Literature Review | |
| Family Violence Definition | 4 |
| Family Violence Dynamics | 7 |
| Family Violence Survey | 14 |
| Introduction | 14 |
| Methods | 14 |
| Results | 15 |
| Discussion | 25 |
| Social Indicators | 30 |
| Conceptual Framework | |
| Intimate and Domestic Violence | 32 |
| Child Maltreatment | 42 |
| Elder Abuse | 58 |
| Summary and Final | 66 |
| Recommendations | 71 |
| References | 73 |
| Appendix | 78 |
| Family Violence Risk Factors | |
| Other Social Indicators | |
| Reverse Logic Model | |
| Power, Authority and Control Model | |
| A Different Approach to Family Violence Prevention | |
| Forms of Family Violence | |
| Family Violence and Other Social Indicators | |

Family Violence Social Indicators Report

Introduction

The collaboration between the Family and Children's Trust Fund and George Mason University centered on the identification of family violence risk, protective factors and social indicators in an effort to develop benchmarks for evaluation of progress in the prevention of family violence. This project had several components. First, it involved a review of the literature to identify risk and protective factors, along with social indicators for family violence. Secondly a survey of family violence stakeholders was implemented with the goal of determining their perception regarding definitions of family violence and data collection sources. The third element involved collaboration with other organizations to determine if there could be access to social indicator data that would assist the Family and Children's Trust Fund (hereafter referred to as FACT) in their efforts to assess family violence barometers. The FACT awards grants to other organizations and would use these indicators to assess the impact of grant funding. One of the hallmarks of this project has been the use of a broad based perspective on defining family violence across all types of violence that impact the family.

Family Violence Literature Review

Family violence is a term that is frequently used but has multiple meanings in the research literature. It is the perspective of the FACT and this report that a unified approach toward defining and implementing prevention and treatment services should be applied to family violence. This united approach would provide some consistent themes for attention by human services providers and policymakers. There has been much research on child abuse, intimate and domestic partner abuse, dating violence, abuse of the elderly and adult survivors of child abuse from primarily a singular approach. It is the premise of this report that there are themes that run throughout all forms of violence. These themes based upon a number of studies are misuse of power, control and authority (Capell and Heiner, 1990). Utilizing a unified approach to family violence recognizes that at the heart of violence in the family is relationship. These relationships are like circuitry that runs throughout the family and connects family members, however defined, even across time intergenerationally. Perhaps the task of those who are concerned about the issue of family violence is to find ways to short circuit some of these connections. In order to be effective, we must understand how certain patterns are transmitted from family member to member and across time and generations. Failure to understand these connections means that prevention, treatment and research are not effectively used to break the cycle of violence.

Family Violence Definitions

The lack of a consistent definition of family violence has led to communication breakdowns, lack of understanding, territoriality and some erroneous conclusions regarding research.. There are many definitions utilized by those who work with family violence programs. One of the tasks of this project was to attempt to identify a definition of family violence that would be representative of the common dynamics that exist among various forms of family violence. The following represent a cross section of family violence definitions in the literature.

Definitions

- Family violence is abuse of power within relationships of family, trust, or dependency. It can include many forms of abusive behavior, like emotional abuse, psychological abuse, neglect, financial exploitation, destruction of property, injury to pets, physical assault, sexual assault, and homicide. Family violence crosses all generations and income levels. Family violence includes intimate partner/domestic violence, elder abuse and child abuse.
- Family violence means any act involving violence, force or threat including, but not limited to any forceful detention, which results in bodily injury or places one in reasonable apprehension of bodily injury and which is committed by a person against such person's family or household member. Household members are spouses, former spouses, parents, stepparents, children step children, brothers, sisters grandparents and grandchildren, mother- in -law, father- in -law sons in law, daughters in law, brothers- in- law, sisters- in -law, individuals who have a child in common with the person or cohabits.
- Family violence includes any act threatened or failure to act that causes injury or property damage(or causes a reasonable fear of injury or property damage). To qualify as family violence, these acts must be carried out with the intention to intimidate or harm a family member. Forced confinement and sexual abuse are also part of these definitions.
- Family violence is abuse of power within relationships of family, trust or dependency. It can include many forms of abusive behavior, emotional

abuse, psychological abuse, neglect, financial exploitation, destruction of property, injury to pets, physical assault, sexual assault and homicide.

- Family violence is the commission of these acts:
 - Willfully or knowingly placing or attempting to place a family member in fear of life;
 - Causing hurt to a family member by such act which is known or ought to be known would result in hurt and
 - Causing continual harassment with intent to cause or knowing that it is likely to cause anguish to a family member
- Family violence and abuse as including a range of physical, sexual and emotional maltreatment by one family member against another: according to this definition, the term family includes a variety of relationships beyond those of blood or marriage, in recognition that similar dynamics of abuse may occur in these relationships.
- Family Violence: physical abuse, emotional abuse, sexual abuse, economic abuse, spiritual abuse

The definition of family violence from Virginia Code 16.1-228 states that:

- “Family abuse” means any act involving violence, force, or threat including, but not limited to, any forceful detention, which results in bodily injury or places one in reasonable apprehension of bodily injury and which is committed by a person against such person’s family or household member.
- “Family or household member” means (i) the person’s spouse, whether or not he or she resides in the same home with the person, (ii) the person’s former spouse, whether or not he or she resides in the same home with the person, (iii) the person’s parents, stepparents, children, stepchildren, brothers, sisters, grandparents and grandchildren, regardless of whether such persons reside in the same home with the person, (iv) the person’s mother-in-law, father-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law who reside in the same home with the person, (v) any individual who has a child in common with the person, whether or not the person and that individual have been married or have resided together at any time, or (vi) or any individual who cohabits together or who, within the previous twelve months, cohabited with the person, and any children of either of them then residing in the same home with the person.

It can be observed that while the Virginia Code suggests some unified themes that may be applicable across multiple forms of family violence, the predominant approach of organizations is to focus on one or two forms of family violence. This

approach limits effectiveness in breaking the circuitry of family violence. There is still enough violent power within the circuitry of the family to harm current and future family members. The increasingly, strong support for a more unified understanding of family violence has the potential to break the circuitry.

The chart below identifies the themes that appear most commonly in definitions of family violence. Family Violence stakeholders were also asked to identify these key elements.

Table 1

Key Elements of the Definition of Family Violence

| | |
|---|---|
| Abuse of power within relationships | Role of intention to harm |
| Kinds of relationship-family, trust or dependency | Threatened act or failure to act that causes injury |
| Definition of varied forms of family members | Physical, sexual and emotional maltreatment |
| Abusive behavior | Intergenerational Transmission |
| Violence | Use of Force and Control |
| Centrality of Family Relationships | Diversity of family forms |

Family Violence Dynamics

Family violence in all its forms although increasing, is still thought to be underreported (McCloskey, 1995). Approximately 1.3 million women and 835 men are physically assaulted by an intimate partner annually in the United States

(Tjaden and Thoennes, 2000, 2006). The closeness and bonds of family provide a breeding ground for secrecy and loyalty within the family. In fact, violating secrecy and exposing family violence has been linked to increased risk for violent attack. Women who separate from the abuser may in fact increase their risk because of revealing what is occurring behind the walls of the family relationship. It is also the abuser's inability to deal with the loss that increases the potential for violence. This should however never be a basis for a woman not seeking to report and separate from the abuser. Many women who remain in abusive situations die of injuries inflicted by the perpetrator. It is however a risk factor that must be addressed by those who seek to help the woman. Added efforts for security and protection are often warranted.

Why are some families violent and others are not? The answer is complex however if we review literature across various forms of violence we see some repeating factors. Violence in the family affects everyone (Perry, 1997, Benson, 2004) . Risk factors often include alcohol and substance abuse, history of violence in the family, socio-cultural and interpersonal influences, the presence of guns in the home and exposure to violent media images. In short violence is pervasive in our society and the mix of complex risk and protective factors combine to either increase or decrease the likelihood of violence.

Violence in the family may become the breeding ground for new generations of victims. There is a growing body of research to suggest that witnessing of

violence may lead to long term psychological and physical consequences (Reno, 1999; Salomon, Bassuk and Dawson, 2004).

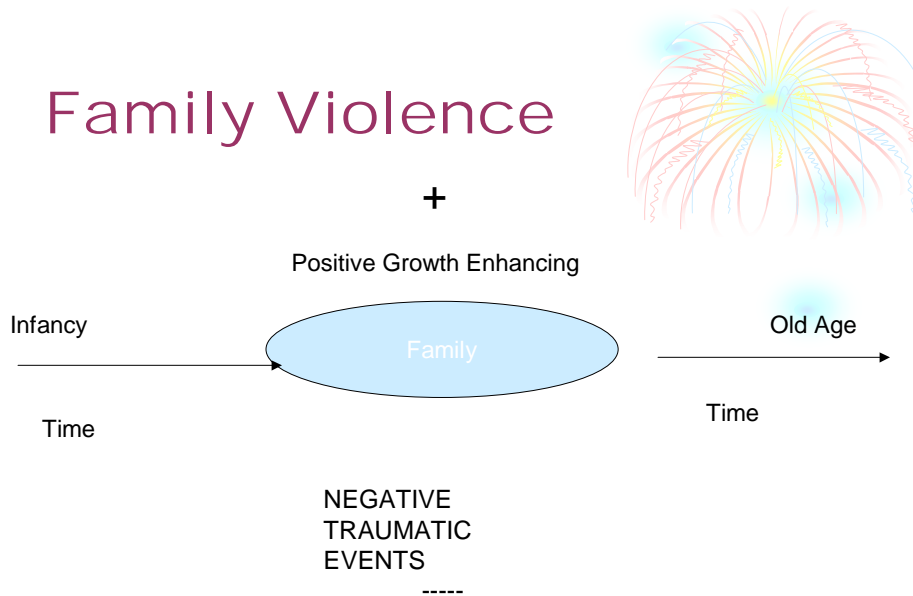
In addition to the negative consequences of witnessing violence, there are other consequences of violence. Violence in the family leads to unstable living conditions and exposes children to traumatic levels of stress.(McNew, J. A., and Abell, N. 1995 ;Siegel and Williams, 2004) . Many believe that children suffer the most because they are unable to change their situation. They are often witnesses and victims of violence by those to whom they trust and depend (Reno, J. Holder, E. H. et al 1999;Gondolf, 2005) It has been estimated that 2.4 million individuals are diagnosed as having Post Traumatic Stress Disorder each year because they have been witnesses of violence.(Reno, J. and Holder, E. H., 1999) . Thirty to sixty percent of children whose mothers are being abused are themselves likely to be abused (Graham-Bermann and Edleson, 2001). Other by products of violence in the family includes poverty, unemployment, divorce and its lingering consequences, drug and alcohol abuse and mental illness.

Even though violence can be viewed in cultures around the world, the United States is often viewed as one of the most violent countries ((Rudo,Z.H. and Powell, D.S. 1996) . The United States does not have just one form of family violence but multiple forms. Any form of violence affects all of those who are connected through relationship and especially those who witness the violence. Perry (1997) talks about violence as not just breaking bones, but breaking minds and destroying the souls of those who are impacted by it.

Sexual abuse is a violent act often perpetrated by family members. Fifty four percent of female victims and 71% of male victims were first raped before their 18th birthday. More women however are raped as an adult than are those during adolescence or childhood (Tjaden and Thoennes, 2006).

Family violence is clearly intergenerational. It is transmitted through the socialization process to the young through conscious teaching and unconscious teaching and observation. A vast amount of research has established that abusive parents have usually experienced violence in their childhood. Learning occurs through this process. The only form of discipline that these parents know is commonly violent approaches to training children. Some studies have associated marital rape with increased risk for child abuse. (Saunders, 1994). Even abuse of pets has been recognized as an indicator of family violence. (Fraser, 1996) . The combination of habitual violence, often inappropriate child rearing practices along with inconsistent parental supervision of children, neglect, poor support of children and emotional abuse lead to dysfunction in children. (Perry, 1999) This is often manifested in problems with authority figures, poor social relationships and abuse of alcohol and drugs as means of self medication. Even when we study the dynamics of abuse of the elderly we often find family dynamics that become involved in abusive behavior. Pattern of long term family conflict are often revealed in the abuse. The adult who as a child was abused by the parent, may later become the abusive caregiver of an aging parent.

Table 2



Both Positive and Negative Events Shape Passage Through the Life Cycle

The diagram shows that over time and across life stages, there are many processes in the family that are relationship based that can promote positive growth. At the same time there may be processes within families that produce negative traumatic events. Both processes are integrated into the life of the family and impact family members across time.

The contemporary family is characterized by divorce, instability, transitions and stress. While divorce is common, a growing body of evidence suggests that children involved in divorce are more likely to experience problems with behavior, social competence and psychological adjustment. Amato et al, (1995, Campbell, et al, 2003) has found that family structure may be linked to other family problems. Familial stress and marital conflict and divorce can

negatively impact a child's developmental process (Amato, Loomis, and Booth 1995,).

Other structural issues such as those associated with children having a single parent have been paired with inconsistent parenting styles, excess stress, less time spent with children and increased poverty . Some of these same factors characterize families where violence occurs(McLanahan, et al 1994).

Table 3 Percent of children aged 2-17 that has experienced a change in family structure during the last two years by selected characteristics, 2001

| | |
|---|--------------------|
| TOTAL | 21.9 |
| RACE AND HISPANIC | PERCENTAGES |
| White | 21% |
| Black | 28% |
| Hispanic | 20% |
| Asian | 29% |
| <u>Poverty Status</u> | |
| At or Above Poverty | 19% |
| Poverty Status | 43% |
| <u>Age of Youngest Child</u> | |
| 2-5 | 24 |
| 6-11 | 19 |
| 12-17 | 23 |
| Family structure change refers to the entrance or exit of family or non family member adults or children from the family. Also includes birth of a baby or divorce or remarriage. | |

Table 3 reveals that changes in family structure are more evident in ethnic minority families, those at poverty status and younger children, all of which have higher risk for family violence.

Indicators of child well-being associated with divorce or single parent status (a family structural change) include low measures of academic achievement (repeated grades, low marks, low class standing), increased likelihood of dropping out of high school or early childbearing, increased levels of depression, stress, anxiety, and aggression (Amato, Loomis, and Booth 1995; Astone and McLanahan 1991; Dawson 1991; McLanahan and Sandefur 1994;).

A review of the literature has revealed that there are social indicator projects in a number of states that center around generalized indicators of health and well being for children and families. Some of these projects focus on substance abuse, domestic violence, child abuse and neglect or other specific target.

Intergenerational Transmission

Family violence is a devastating condition that brings harm in multiple ways to all who are affected by it. It is critical that it is understood that intergenerational transmission leads to the perpetuation of violence. Every effort should be directed toward breaking intergenerational patterns so that future generations will not suffer the harmful effect of family violence. The central concept for transmission is relationship. The quality of relationships impacts transmissions,

even violent relationships. Stakeholders that serve the victims of family violence are key to breaking the cycle.

Family Violence Survey

Introduction

The disparate nature in which family violence programs are designed and implemented make it necessary to seek the opinions, attitudes and views of those involved in implementing family violence programs and services. These programs tend to have a singular focus such as child abuse, intimate and domestic violence, sexual assault or elder abuse. The FACT Board has been providing funds through grants for a number of years to family violence organizations in an effort to reduce family violence. These stakeholders represent those in the State who have primary stakeholder roles in family violence. Seeking their opinion provides important clues regarding the definition of family violence, key components and age groups that would be covered. A survey was developed by the researchers that targeted family violence stakeholders. In summary, the goal of the family violence survey was to understand the perceptions of family violence program stakeholders regarding family violence, definitions, current practices in family violence programs and data collection procedures.

Methods

The survey sample included the email list and the grant recipient list of the FACT Board. A letter of introduction was sent to FACT email recipients introducing the online survey and urging participation in the research. The

survey was an online survey developed by the researchers and reviewed and approved by the George Mason University Institutional Human Subjects Review Board. It was also reviewed and piloted prior to the survey process.

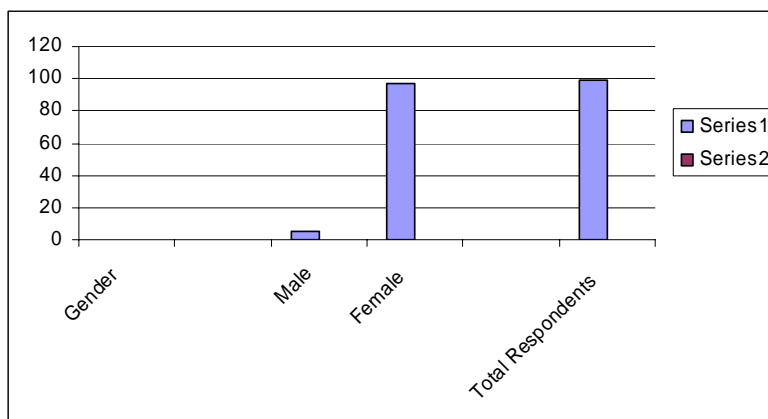
Approximately 195 surveys were emailed and received by recipients although approximately 225 were sent. As with all email surveys, some emails are returned with automatic “out of the office” replies and incorrect email addresses. One hundred and one individuals responded to the survey with a 52% response rate. As indicated by the job titles, most of the respondents were Directors and leaders of family violence organizations and therefore represented key stakeholders.

RESULTS

Characteristics of the Respondents

Gender and Age

Survey respondents were key stakeholders working in family violence programming in the Commonwealth of Virginia. The respondents were primarily female. The majority of the respondents were of middle age with 89 percent between the ages of 31 to age 60. Fifty six percent were between the ages of 46- 60 percent.



Education and Job Titles

Survey respondents were also highly educated. Eighty five percent had a bachelor's level degree or a Masters degree. Fifty six percent held Masters degrees. The analysis of the results indicated that the respondents were primarily organizational leaders who were very experienced in family violence programming. Most of the job titles were Directors, Presidents or CEO's of organizations.

Work Experience in Family Violence

Sixty seven percent of the respondents currently work in family violence organization. Many of the remaining respondents previously worked in family violence organizations. The survey respondents were generally experienced. Their years of working in family violence programming ranged from 1 to over 25 years. The largest group of respondents fell into two categories that were equally divided. Thirty percent of the respondents had 1-5 years of experience in family violence work. Thirty percent had 11-20 years of experience.

Years of Experience

| | | |
|-------|-------|-----|
| 1-5 | Years | 30% |
| 6-10 | Years | 24% |
| 11-20 | Years | 28% |

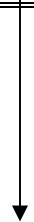
| | |
|---------------|-----|
| 21-25 Years | 11% |
| Over 25 Years | 7% |

Respondents also had a diverse background in professional training. Sixty eight percent indicated their professional training as either Social Work or Human Services. Forty percent from among those who specified their professional training under the Other category identified professions that ranged from law, prevention, criminal justice, public administration, to child psychology with majority being in education and law. The primary area of organizational focus was in child abuse and neglect, domestic violence, sexual assault and juvenile delinquency.

[Personal Perception of Terms Applying to Family Violence](#)

Respondents were asked to share the terms they felt were applicable to family violence. The list that was generated clearly shows that most had a concept beyond one or two forms of violence.

| | |
|---------------------------|------|
| Psychological Abuse | 100% |
| Child abuse and neglect | 100% |
| Physical Assault | 100% |
| Sexual Assault | 100% |
| Domestic Violence | 100% |
| Emotional Abuse | 99% |
| Intimate Partner Violence | 99% |



| | |
|-------------------|-----|
| Elder Abuse | 97% |
| Verbal Abuse | 97% |
| Homicide | 96% |
| Intention to Harm | 95% |

[Defining Family Violence](#)

Respondents felt that the key components that should be considered in defining family violence are identified in the table below. Traditional family and blood relationships are the top responses. Non traditional family forms are also included. Relationship continues to serve as a key factor in defining family violence.

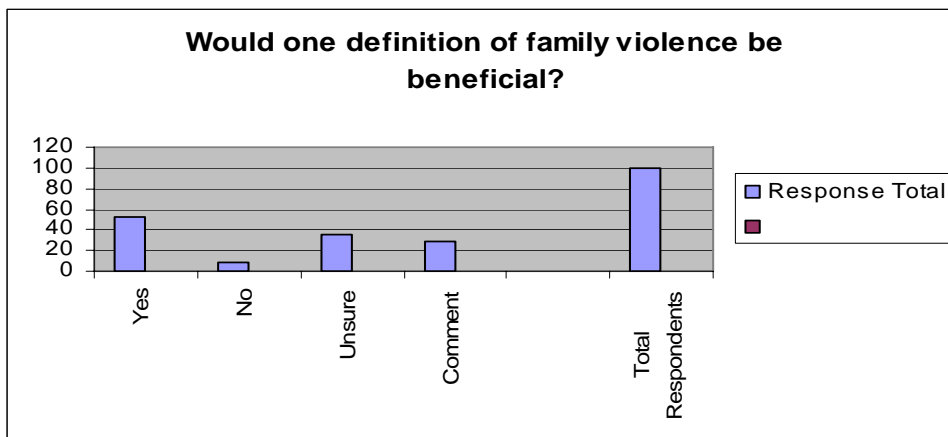
| | |
|----------------------------|-----|
| Marriage | 96% |
| Blood Relatives | 93% |
| Multigenerational Families | 89% |
| Foster Families | 88% |
| Long Term Relationships | 86% |
| Gay/Lesbian Partners | 85% |
| | |

Respondents were asked whether there should be one definition for family violence in the state. Over half of the respondents thought that there should be one definition (52%). Unsure responses were directed toward identifying some potential problems or issues that might need addressing.

“It would need to be VERY inclusive and not bound by marital status, orientation, or blood relative definitions.”

“Please make sure that the definition is not so broad that it takes away from the serious acts of violence”

“This probably has public policy implications that should be addressed by the agencies providing child abuse, domestic violence and elder abuse services.”



Dynamics Involved in Family Violence

Abuse of power(96%) was the number one dynamic associated with defining family violence. It was followed by threatened acts that cause injury, fear of injury. Family relationship and relationships of dependence were other key dynamics according to respondents.

Family violence is based largely upon a definition of family. Respondents indicated that fairly traditional as well as more non traditional components should be a part of the family definition. Marriage (96%), blood relatives (93%), multigenerational families (89%), long term relationships and gay/lesbian

partners(85%) define family according to survey respondents. Other responses focused on intimate relationships as being important.

Respondents were asked to identify age groups to be included in a definition of family violence. One hundred percent of respondents identified children, adolescents, young adults, middle aged adults and older adults should be included.

[Factors Contributing to Family Violence](#)

There was strong consensus among the respondents that certain factors contributed more significantly to family violence than others. The responses give strong support to the need for family violence programs to collaborate with other organizations serving the needs of families. Many respondents specified additional factors beyond those listed. Male privilege, sexism, and lack of resources were identified as contributing to family violence along with social tolerance.

[Top Ranked Factors](#)

| | |
|--|-----|
| Alcohol and Family History of Violence | 97% |
| Substance Abuse | 95% |
| Poor family relationships | 94% |
| Stress | 92% |
| Mental health issues | 92% |
| Financial Problems | 90% |

[Organizations and Defining Family Violence](#)

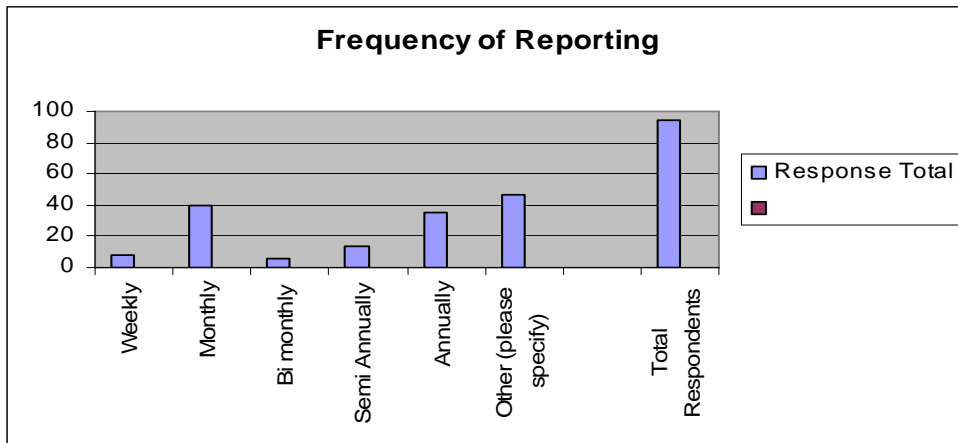
Respondents overwhelmingly believed that family violence organizations should consider all ages (99%). Respondents indicated that their organization primarily defined family violence by the following rank ordered categories:

- Emotional abuse
- Physical Assault
- Sexual Assault
- Verbal Abuse
- Psychological Abuse
- Neglect
- Intention to Harm
- Threats

[Family Violence Organization Data Collection](#)

Respondents were asked to identify where they send data routinely collected by staff within their organizations. The majority send data to the state (73%) followed by the local area (51%) and the federal government(31%) It was noted that many agencies send data to fenders and donors. At least one program indicates that no data is collected.

Efforts were made to determine the frequency of collecting and reporting of organizational data. The results are found in the chart below.



The majority of responses to this item were actually listed under Other. The predominant response was quarterly data submission (50%).

The primary kind of services offered by the respondent's organization is advocacy and counseling (75.5%) followed by support services (68%) and prevention(66%). Respondents who answered in the other category listed crisis intervention, educational programs and housing.

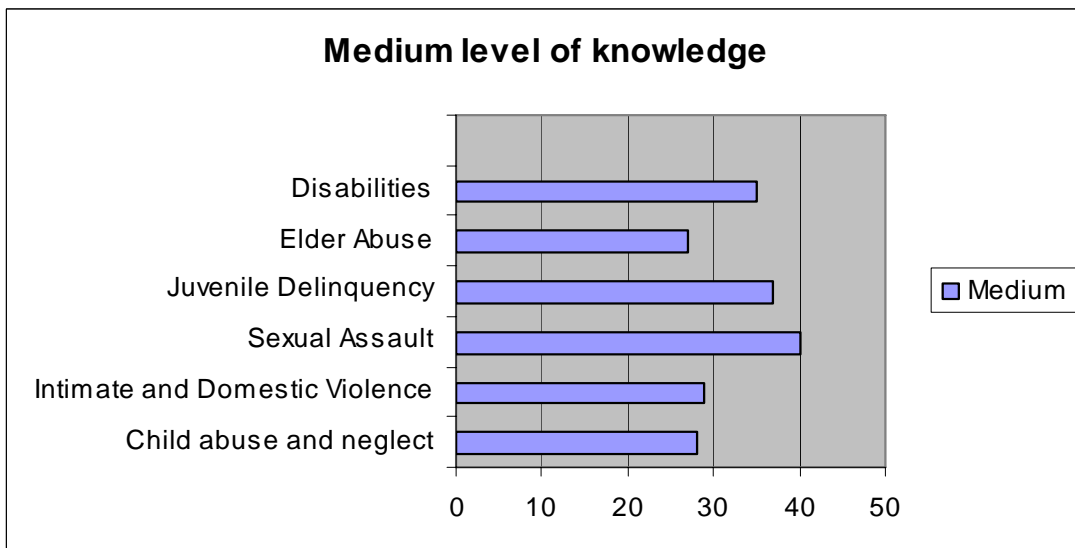
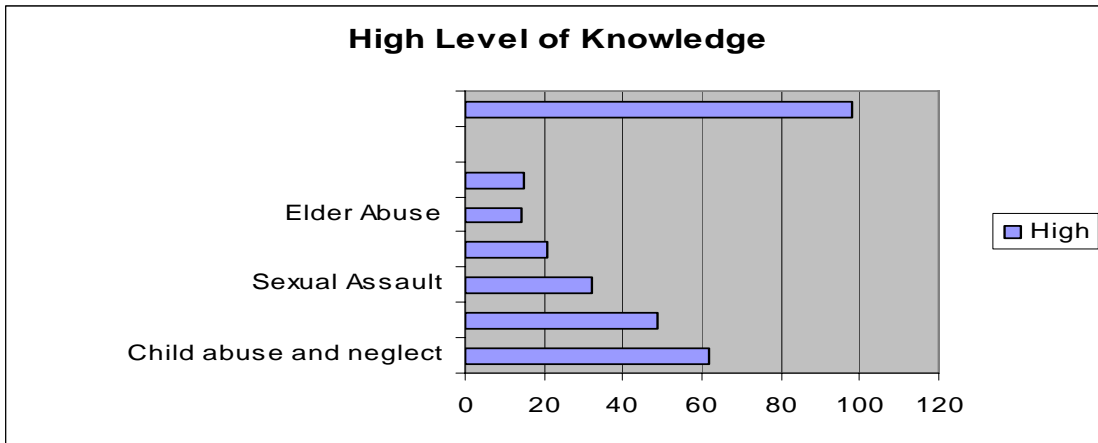
Respondents were asked whether a database used to share information about various data on forms of family violence would be helpful. The majority (62%) said yes, however 33% were not sure. Those who were unsure or that shared other opinions felt they needed more information or recommended particular agencies that might be sources to house such a database. Advocates saw this as an opportunity to support their work. Coordination was suggested as important.

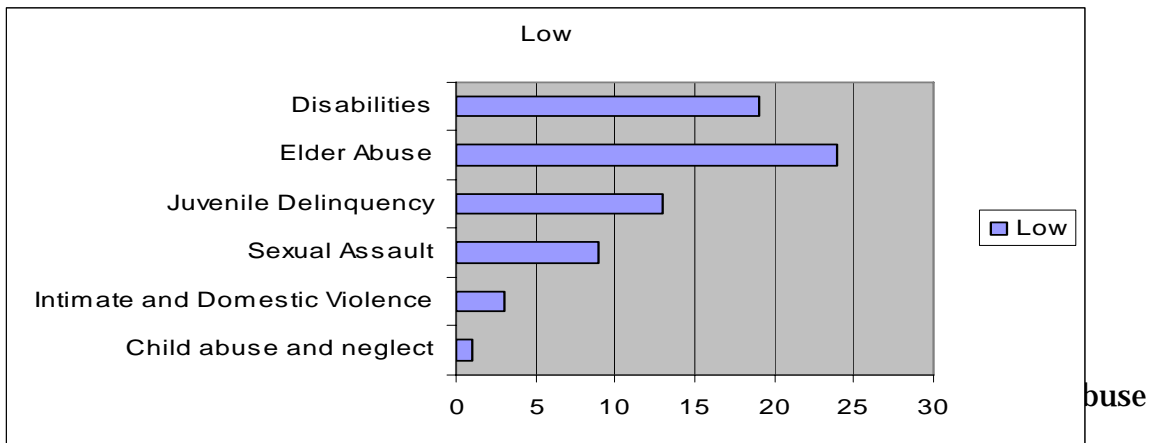
Types of Data Collection

Respondents were asked to specify the type of data collection that occurs within their organization. Responses to this item filled three pages. Family violence agencies in the state of Virginia are collecting diverse types of data, using a multitude of methodologies. Sharing of data collection is essential in this context.

Knowledge of Various Forms of Family Violence

If family violence organizations and staff are to develop a unified approach to family violence, it would require expanded knowledge of family violence forms. Respondents were asked to rate their level of knowledge in several areas;





and neglect and intimate and domestic violence. They identified that their knowledge of sexual assault and juvenile delinquency was at the medium level. Elder abuse was identified as the area that most respondents rated their knowledge as low. Disabilities were the second lowest.

DISCUSSION

This family violence survey of stakeholders representing family violence organizations throughout the Commonwealth of Virginia was a highly experienced sample. This sample represented individuals from around the state and allowed them to share their perceptions of the current state of family violence in the Commonwealth of Virginia. The respondents were primarily females (98%) which may reflect the composition of most staffs serving family violence clients. The respondents were primarily married (60%) or formerly married (24%) and may be important in identifying a framework with which to assess relationships and the core of family violence. The majority of the respondents was highly educated and may mean that depending on the kind of professional training, individuals might be impacted. Fifty percent of the respondents had a minimum of 11 years experience in family violence. The listing of job titles clearly indicated that this sample represented leadership in family violence. The majority were Directors of organizations, administrators, supervisor of family violence organization. Although the majority of the respondents were social work or human service professionals, the group represented diverse professional training. This issue becomes important since professions have their own values, ethics and standards for behavior.

Several areas surfaced as being relevant in the analysis of the data.

[Understanding and Defining Family Violence](#)

Survey respondents had an understanding of family violence that is generally broad and inclusive although their organization structural and scope of work tends to be narrow and focused on only one or two forms of family violence.

Over and over again respondents indicated that child maltreatment, Intimate and Domestic Violence, Sexual Assault, Elder abuse are forms of family violence.

When asked about dynamics that should be covered in a definition of family violence they identified responses consistent with the research literature. Abuse of power was the number one response followed by threats and fear of injury. Since a part of this research involved trying to understand how respondents defined family violence responses to this item provides a clue about the elements of a definition that would be appropriate.

A key term to define is family. Eighty three percent of the respondents believed that family relationships should be a prominent part of a definition of family violence. The term family should be defined according to respondents primarily by marriage, blood relations, and multigenerational families. It was also clear that respondents were inclusive in their perspective on family.

Gay/lesbian partners were strongly represented among the respondents. Longer term relationships and foster families were viewed as families. This inclusiveness also was reflected in the identification of age groups that should be considered under a definition of family violence. There was total consensus that the definition should include children to older adults. One question asked specifically

should family violence programs consider all ages and the response was yes (99%)

The responses from family violence stakeholders are clear. Family Violence should address all age groups, should embrace core concepts such as abuse of power and relationships and should include varied forms of family. It is interesting that little has occurred to move forward a broader definition of family violence because stakeholder seems to have this perspective.

The response to this survey makes it clear that collaboration is very important in reducing the incidence of family violence. When respondents were asked to identify factors that contribute to family violence, the number one reply was alcohol abuse/drinking and a family history of violence. Poor family relationship, substance abuse, mental health issues and stress were also prominent in the responses. Since no one organization exclusively deals with these contributing factors, it would seem that collaboration is critical in addressing the real causes of family violence. This collaboration does not routine occur although there is some recognition that it is needed.

Family Violence and Organizations

Respondents were asked to describe the terms that best reflect how their organization defines violence. The responses indicated emotional abuse, sexual assault, physical assault and verbal abuse were the top responses. Respondents indicated that the primary area of focus for their organization is child abuse and neglect although more responses ended up in the “other “ column. The responses

were very diverse and therefore these individuals work in diverse kinds of organizations. It was interesting that when asked about their organization's definition of family violence, terms that traditionally define forms of violence were used. When they were asked this question for their person opinion, they seemed to identify more of the underlying factors than the forms of family violence.

When asked about the kinds of services offered advocacy, support services and prevention were the top responses. The Other column generated a host of services that were very diverse. These services covered educational, faith based, health, transitional housing, court advocacy, counseling, youth development, parenting and support groups etc.

I

Family Violence Data Collection

When asked where these organizations send the data collected routinely, the primary response was to the State. Most of the data is collected quarterly or monthly. When respondents were asked to identify the type of data collected, there was a large diversity of responses. This probably is one of the most significant aspects of this study. The approach to family violence and what is being accomplished is being lost in the fragmented data collection process. The social indicators project might provide important help in solidifying the data collection. Multiple funding streams, data bases, funders, statewide surveys are identified.

When respondents were asked if having a database that could be shared would be helpful, the majority of responses indicated yes, although some individuals indicated that they were unsure and raised concerns about confidentiality, duplication and provided suggestions on where the database might be located. In addition, respondents were asked if it would be beneficial to develop one definition for family violence in the Commonwealth of Virginia that would be inclusive of all forms of family violence. While the majority indicated it would be beneficial, again a large number indicated they were unsure.

The final comments were generally supportive of the process.

“I hope this helps to fight the battle of family violence. It is a serious and chronic problem with the homeless families that I work with in the process.”

“Very glad that you are exploring these issues as the impact of domestic violence on issues of child abuse, elder abuse, mental health, physical health, substance abuse and juvenile, is so pervasive as to justify an ongoing analysis.”

“ I look forward to the outcome of this survey. Thank you for doing this.”

SOCIAL INDICATORS

Conceptual Framework

Family violence has the potential to impact and shape passage throughout the life course. A wealth of data suggests that it is passed among family members and across generations. Ecological models suggest that family violence is a by product of person factors and environmental factors. Social indicators are defined as a measure of change in a social condition or behavior(www.gosap.state.va.us/indicators.htm). This project sought to identify social indicators of family violence. In truth because family violence breeds within the context of relationship, whether by blood or intimacy, assessing the social context of families provides clues to the family violence. The stronger and healthier the family, the less likely family violence will continue to develop.

A unified approach to family violence is based upon a life course perspective that utilizes a developmental process and impacts the family. It is in this context that child maltreatment, intimate and domestic violence , sexual assault and elder abuse find commonality.

There are several principles that have guided our search for social indicators.

Principle 1

1. Children are born into families and family factors influence their growth and development.

This principle highlights indicators regarding the family. These indicators have a relationship to how children are affected. Divorce, family instability, parental absence, parental incarceration, family transitions or structure change is examples of family structural changes.

Principle 2

Factors associated with the well being of children provide a window into family well being.

Violent families are not associated with the well being of children. The presence of violence is an indicator of lack of well being and the presence of indicators of well being will likely negate family violence indicators.

Principle 3

Family Violence encompasses all phases of the life course serving as an indicator for other forms of violence.

A history of violence in a family becomes an indicator for the presence of other forms of violence. Childhood abuse is an indicator for the presence of violence in later stages of life. Violence begets violence, although the form may be different. The psychological and physical impact of violence can be lifelong.

Principle 4

The circuitry of family violence cannot be broken without decreasing the power or forces that continue to fuel it across the life span and generations.

An understanding of how the misuse of power, authority and control are played out in various forms of family violence is critical to breaking the circuitry that allows it to pass from one generation to the next. It is important that we recognized that this circuitry is embedded in very nature of families. Much like genetics, there exist a predisposition to violence but this predisposition may lie dormant without the environmental stimulus needed to produce its growth.

Charts are listed as follows in the area of Intimate and Domestic Violence, Child Maltreatment and Elder Abuse, the core areas of emphasis in this report. Additional research in the area of sexual assault and other sub-categories of family violence is needed.

FAMILY VIOLENCE REPORT

Social Indicators

Intimate and Domestic Violence

Intimate and Domestic Violence is an area where much research has been done in the past two decades yet remains a significant problem. Statistics vary indicating anywhere from one to four million American women annually are victims of serious assaults by intimate partners (www.dccadv.org). In many areas of the country, the term family violence is equated with domestic violence although some believe that it is important to address it as a specific gender-based issue. The Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386; Division B – Violence Against Women Act [VAWA]) defines domestic violence as including “acts or threats of violence, not including acts of self-defense, committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against a victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.”(Note: Separate definitions exist for sexual assault and stalking.)

We take the perspective that Domestic Violence is one form of violence. In fact, family violence is viewed broadly and domestic violence would be a subcategory of family violence. Domestic violence has some unique features as a form of violence due in large part to the fact that it is primarily gender-based , women being by far the most typical victims, but it has many common dynamics with other forms of violence. The same components of misuse of power, authority and control are at the very core of domestic violence. The social indicators contained on the next few pages will highlight some of the most well established indicators.

Family Violence Social Indicators

Indicator name: [Hospital Emergency Room visits](#)

Description of the indicator: Presenting to the ED

General Description/Abstract: Inner city women who presented to an ED were screened for DV with the Partner Violence Screen. Sixteen percent screened positive for Domestic Violence. At four months, of women who responded, those who screened positive for DV were 11.3 times more likely to experience physical violence and 7.3 times more likely to experience verbal aggression as measured by the Conflict Tactics Scale.

Target Population: Women over 18 who presented to emergency departments

Citation: Houry, H.; Feldhaus, K.; Peery, B., Abbot, J.; Lowenstein, S.; Sameerah, A.; & Levine, S. A positive domestic violence screen predicts future violence.

Risk Factors: Need for emergency care

Protective Factors: Screening

Age of Respondents: Females over 18

Name of Data Source: *Journal of Interpersonal Violence*, 19, 955-966,

Year: 2004

Indicator name: Pet abuse

Description of the indicator: Harm or threat to harm pets

General Description/Abstract: 107 women seeking shelter from domestic violence were surveyed. Of these 46.5% reported that their partners had harmed or threatened to harm their pets. Women continued to worry about the safety of their pets.

Target Population: Battered women seeking shelter in domestic violence shelters

Citation: Flynn, Clifton P.; Woman's best friend: Pet abuse and the role of companion animals in the lives of battered women.

Protective Factors: Provision of safety measures for pets of women who want to enter shelter.

Age of Respondents: Adults ages 16-71 years

Name of Data Source: Violence Against Women,6(2), pp. 162-177.

Year: 2000

Indicator name: Unfounded or substantiated Child Abuse complaints

Description of the indicator: Identification as a family that is at risk for child maltreatment or has been substantiated as having a child or children who have been maltreated.

General Description/Abstract: Neighborhood-based child welfare preventive service agencies instituted a screening questionnaire to determine if women who came to the attention of child welfare agencies were victims of domestic violence.

Target Population: Women who came to the attention of the Child Welfare System

Citation: Magen, R.; Conroy, K.; & Del Tufo, A. Domestic violence in Child welfare preventative services: Results from an Intake Screening Questionnaire.

Risk Factors: Families with child maltreatment

Protective Factors: Screening of women when they enter the Child Welfare System

Age of Respondents: Mean age 33.6

Name of Data Source: Children and Youth Services Review, 22, 251-274.

Year: 2000.

Indicator name: Restraining orders on file

Description of the indicator: A legal prohibition against contact

General Description/Abstract: Three groups, child protection social workers, district attorney social workers, and police detectives identified domestic violence indicators. All three groups rated restraining orders as number one.

Target Population: Professionals likely to be involved with families where both child maltreatment and domestic violence occurred.

Citation: Spath, R. Child protection professionals identifying domestic violence indicators: Implications for social work education.

Risk Factors: History of harm or threat of harm.

Protective Factors: Effective restraining order

Age of Respondents: Adults

Name of Data Source: Journal of Social Work Education, 39, 497-520.

Year: 2003

Indicator name: Exposure to domestic violence between parents

Description of the indicator: Child witnessing violence between caregivers

General Description/Abstract: Five hundred and forty-three children were followed for more than 20 years to test effects of several variables on the likelihood of becoming either a perpetrator or recipient of partner violence. The most significant predictor for becoming a perpetrator was exposure to domestic violence following conduct disorder and exposure to domestic violence was the most significant predictor of victimization.

Target Population: Random samples of children and parents

Citation: Ehrensaft, M.; Cohen, P.; Brown, J.; Smailes, E.; Chen, H.; & Johnson, J. Intergenerational transmission of partner violence: A 20-year prospective study.

Risk Factors: living in a home with adult violence

Protective Factors: partner violence prevention programs for youth exposed to domestic violence

Age of Respondents: varied

Name of Data Source: *Journal of Consulting and Clinical Psychology*

Year: 2003

Indicator name: Alcohol or Drug Abuse

Description of the indicator: Alcohol and drug abuse linked to partner violence

General Description/Abstract: Women who attended family practice clinics completed a survey which assessed partner violence. Of the 1401 women surveyed, 55.1% had experienced violence within a current or past relationship (77.3% physical or sexual violence). Alcohol and/or drug abuse by partner was most strongly associated with violence with alcohol having the stronger association.

Target Population: Women who had may have experienced violence.

Citation: Coker, A.; Smith, P.; McKeown, R.; & King, M. Frequency and correlates of intimate partner violence by type: Physical, sexual and psychological battering

Risk Factors: Relationship with someone who abuses alcohol or drugs

Protective Factors: Linking substance abuse identification with partner violence

Age of Respondents:18-65 years

Name of Data Source: *American Journal of Public Health*, 90, 553-559.

Year: 2000

Family Violence

Indicator name: Child witnesses of domestic violence

Description of the indicator: Children witnessing acts of domestic violence are more likely to engage in violent behavior and criminal behavior

General Description/Abstract:

Target Population: Children

Citation: Sudermann, M. and Jaffe, P.A. A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence (1999)

Risk Factors: Committing criminal acts
Sustaining physical injuries
Boys more likely to batter females
Post Traumatic Stress Disorder

Protective Factors: Social Support
Separation from violence in to other activities

Age of Respondents:3-11

Name of Data Source:
Year: 1999

FAMILY VIOLENCE REPORT SOCIAL INDICATORS SECTION CHILD MALTREATMENT SOCIAL INDICATORS

There is no single, universally applied definition of child abuse and neglect. Definitions have been developed for different purposes and vary in state and legislative bodies by researchers and agency officials. Researchers use different methods to measure and define abuse and neglect. This lack of a consistent agreed upon definition makes it difficult to compare the results across studies.

The Child Abuse Prevention and Treatment Act (CAPTA) delineate minimum standards for defining physical child abuse, child neglect, and sexual abuse. States must incorporate these minimums in their statutory definitions in order to receive Federal funds. Child Abuse and Neglect (under the CAPTA definition) means:

- Any recent act or failure to act on the part of a parent or caretaker those results in death, serious physical or emotional harm, sexual abuse, or exploitation.
- An act or failure to act that presents an imminent risk of serious harm.

The four most commonly recognized forms of child abuse or maltreatment are:

- Physical
- Sexual
- Psychological
- Neglect (the most common form of maltreatment)

As in other forms of family violence, the number of children maltreated in the United States is unknown. Similar to domestic violence and elder abuse,

many cases go unreported. The scope of the problem and our knowledge of the magnitude of the problem come from data reported by the states to the National Child Abuse and Neglect Data System (NCANDS). In 2000, for every 1,000 children, approximately 12 were victims of maltreatment and 3 million referrals were made to CPS. In the same year, 1,200 children known to CPS died of abuse and neglect. Children under the age of 3 had the highest victimization rate (approximately 16 per 1,000). In 1955, a Gallup Poll estimated the number of physically abused children was 16 times more than the official reported number.

Risk factors associated with children maltreatment can be grouped in four domains:

- Parent or Caregiver Factors
- Family Factors
- Child Factors
- Environmental Factors

Parent or Caregiver Risk Factors

Parent or Caregiver Substance Abuse – Reported as a contributing factor for maltreated children in the child welfare system (1/3 – 2/3 of those in care). Substance abuse often co-occurs with mental illness, AIDS, domestic violence, poverty, and prior child maltreatment.

Age of Mother – Some studies of physical abuse found mothers who were younger at the birth of their child exhibited higher rates of child abuse than did older mothers. The link between younger childbirth and child abuse is lower socio-economic status, stress, and lack of social support.

Attitudes and Knowledge – Unmet expectations can culminate in inappropriate punishment. Lack of parenting knowledge.

Family Factors

- Family Structure
- Marital Conflict and Domestic Violence
- Stress
- Parent-Child Interaction

Family Structure – The rate of child abuse in single parent households is 27 children per 1,000. This is nearly twice the rate of child abuse in two parent households (15.5 per 1,000 children). Families that chronically neglect their children are characterized by chaotic households with different arrangements of adults and children. Typical patterns are mother and children living on and off with the mother's mother, mother's sister, or a boyfriend. Depression in parent/caretaker.

Marital Conflict and Domestic Violence – Between 30-60% of families where spouse abuse takes place child maltreatment also occurs. Expose children to domestic violence.

Stress – Various studies have found that physical abuse has been associated with stressful life events, parenting stress, and emotional distress.

Parent and Child Interaction – Parents who maltreat their children are less supportive, affectionate, playful, or responsive. Physically abusive mothers are more likely to use harsh discipline such as hitting, prolonged isolation, and verbal aggression.

Child Factors

- Age
- Disabilities

Age – In 2000 the documented rate of maltreatment was highest for children between birth and 3 and declined as age increased. The inverse relationship between age and maltreatment is strong for neglect, but not as evident for other types of maltreatment. Homicide rates for infants are higher than any age group until age 17. Almost 41% of deaths resulting from child abuse and neglect were in children under the age of one. Teenagers are at greater risk for child sexual abuse while very young children experience shaken baby syndrome and failure to thrive. Children born premature, low birth weight; child has behavior problems or attention deficits.

Disabilities – Children with disabilities are 1.7 times more likely to be maltreated than children without disabilities. This includes a physical, cognitive, or emotional disability.

Environmental Factors

- Poverty
- Unemployment
- Lack of Education
- Social Isolation and Social Support
- Violent Communities
- Homelessness

Poverty and unemployment show strong associations with neglect. In 1995, 86% of states identified poverty and substance abuse as the top two problems of families reported to CPS.

Parents who maltreat their children report greater isolation, more loneliness, and less social support. Children living in violent communities are at higher risk for severe neglect, physical abuse, and sexual victimization. Socio-economic and environmental factors are associated more with neglect behaviors.

Protective Factors

- Factors that promote resilience include:
- During stressful life events, supportive relationships for parents can minimize risk
- Parental employment has a protective effect on reports to CPS
- Substance abuse education/prevention
- Close gap in providing concrete resources and services to families
- Drop-out prevention programs
- Respite care to families with children with special needs
- Adequate housing
- Adults outside the family who can serve as role models
- Increase the categories of mandated reporters

Sources of Data

- Shelters
- Protective orders
- Assault/batter charges
- Domestic violence programs/shelters
- CPS reports of abuse and neglect
- Police records/child fatalities
- Reports of abuse to social services recorded in central office through student services
- Health Families Evaluations statewide
- Prevention activities
- Number of children that enter foster care due to abuse/neglect
- Sexual assault history
- Domestic violence history
- Child abuse history
- Age
- Race
- Income
- Hotline assistance
- Number of requests for shelter due to family violence
- Client returns to abuser frequency
- Infant death records
- Statewide data
- Virginians Against Domestic Violence
- Hospital intakes
- Virginia data – where all centers and programs enter their numbers on clients/victims/survivors served in their localities

Primary References

National Clearinghouse on Child Abuse and Neglect

<http://nccanch@acf.hhs.gov>

Department of Health and Human Services (DHHS) (US), Administration on Children, Youth, and Families (ACYF). Child maltreatment 2003 (online).

Brown, B.V., & Bzostek, S. (2003). Violence in the lives of children. Child Trends Data Bank. Issue 1, August 1-13.

Overpeck, M.D., Brenner, R.A., Trimble, A.C., Trifiletti, L.B., & Berendes, Heinz W. (1998). Risk factors for infant homicide in the US. The New England Journal of Medicine, Boston, 339, 17, 1211-1216.

Child Maltreatment Social Indicators

Family Violence

Indicator name: Incidence of Poverty and Unemployment of Parents or Caretakers

Description of the indicator: Poverty and unemployment show strong associations with neglect.

General Description/Abstract: In 1995, 86% of states identified poverty and substance abuse as the top two problems of families reported to CPS. Socio-economic and environmental factors are associated more with neglect behaviors.

Target Population: Families who are poor and unemployed

Citation: Department of Health and Human Services (DHHS) (US), Administration on Children, Youth and Families (ACYF). (2003) Child Maltreatment.

Risk Factors: Lack of education, homelessness, poverty, unemployment, violent communities, social isolation

Protective Factors: Parental employment, adequate housing, concrete resources, crime reduction, social support.

Age of Respondents: Adults

Name of Data Source: Department of Health and Human Services, Administration on Children Youth, and Families.

Year: 2003

Family Violence

Indicator name: [Founded cases of maltreated children in the child welfare system](#)

Description of the indicator: Parent or caregiver with substance abuse problems often with co-occurrence with mental illness, AIDS, domestic violence, poverty and prior child maltreatment.

General Description/Abstract:

Target Population: Parents or caregivers whose children are in the child welfare system.

Citation: Brown, B.V. & Bzostek, . (2003). Violence in the lives of children. Data Bank, August 1-13.

Risk Factors: Living in home with parental substance abuse, poverty, domestic violence

Protective Factors: Parental employment, substance abuse prevention/education

Age of Respondents: Parents or caregivers whose children are in the child welfare system

Name of Data Source: Child Trends

Year: 2003

Family Violence

Indicator name: Physical abuse of children

Description of the indicator: Young age of mother at time of birth

General Description/Abstract: Younger mothers exhibit higher rates of child abuse

Target Population: Young women (under 18) with one or more children

Citation: Brown,B.V. & Bzostek,S. (2003) Violence in the lives of children. Data Bank, August 1-13.

Risk Factors: Low socio-economic status, stress, lack of social support

Protective Factors: social support, adults outside family who can serve as role models, drop-out prevention programs

Age of Respondents: Females under the age of 18

Name of Data Source: Child Trends

Year: 2003

Family Violence

Indicator name: Single parent households

Description of the indicator: Rate of child abuse in single parent households is twice the rate of two parent households.

General Description/Abstract: Families that chronically neglect their children are characterized by chaotic households with different arrangements of adults and children. Typical patterns are mothering living with mother's mother, mother's sister or a boyfriend.

Target Population: Single parent households with unstable living arrangements

Citation: Brown, B.V. & Bzostek, S (2003). Violence in the lives of children. Data Bank, august 1-13.

Risk Factors: Lack of low- income housing, depression of parent or caretaker, poverty

Protective Factors: supportive relationships, concrete resources especially housing, available and affordable day care, stress management

Age of Respondents: Age is less important than family structure

Name of Data Source: Child Trends

Year: 2003

Family Violence

Indicator name: Reports of Domestic violence

Description of the indicator: Exposure of children to domestic violence

General Description/Abstract: Between 30-60% of families where spouse abuse takes place child maltreatment also occurs.

Target Population: Households with domestic violence

Citation: Brown, B.V. & Bzostek,S (2003) Violence in the lives of children. Data Bank, August 1-13.

Risk Factors: Living in a home with domestic violence

Protective Factors: violence prevention programs, supportive relationships for parents, employment.

Age of Respondents: Adults

Name of Data Source: Child Trends

Year: 2003

Family Violence

Indicator name: Infant Mortality Rates

Description of the indicator: Documented rate of maltreatment is highest for children between birth and 3.

General Description/Abstract: Almost 41% of deaths resulting from child abuse and neglect were in children under the age of one. Children born premature, low birth weight also experience more maltreatment.

Target Population: infants and very young children with disabilities, problems at birth

Citation: Overpeck, M.D. Brenner, R.A., Trimble, A.C., Trifiletti, L.B., & Berendes, H.W. (1998). Risk factors for infant homicide. *The New England Journal of Medicine*, 339 (17) , 1211-1216.

Risk Factors: children with physical, cognitive or emotional disabilities, age of child, problems at birth

Protective Factors: Respite care for parents, concrete resources for parents, supportive relationships during stressful life events,

Age of Respondents: Children under age 3

Name of Data Source: The New England Journal of Medicine

Year: 1998

Family Violence Social Indicators

Indicator name: [Mental health disorder incidence in children](#)

Description of the indicator: Maltreated children often have mental disorders

General Description/Abstract: Children who are maltreated may develop mental health problems that center around depression, low self esteem, post traumatic stress disorders during childhood and or adult life.

Target Population: Children requiring mental health treatment

Citation: Guterman, (2001) Kaufman, J. 1991 Depressive disorders in maltreated children, *Journal of the American Academy of Child and Adolescent Psychiatry*, 30,257-265. Kaufman, J. and Cicchetti, D. (1989) The effects of maltreatment on school aged children's socio-emotional development: Assessments in a day camp setting. *Developmental Psychology*, 15, 516-524.

Risk Factors; Depression, low self esteem, post traumatic stress reactions, hopelessness

Protective Factors: Early identification of emotional and mental health problem
Increased social skills
Stress management

Age of Respondents:

Name of Data Source: Child Trends

Year:2002

Family Violence

Indicator name: Poor school performance records

Description of the indicator: Neglected and physically abused children tend to do poorly in school

General Description/Abstract: There are some studies that find a link between child abuse and neglect and poor cognitive functioning and school performance. This may involve verbal ability, ability to do well on test and failure.

Target Population: School children having difficulty performing in school

Citation: Eckenrode, J., Laird M. et al (1991) Maltreatment and social adjustment of school children. National Center on Child Abuse and Neglect Washington DC. U.S. Department of Health and Human Services .

Risk Factors; Low school grades, low standardized test scores, retention in grade,

Protective Factors: Tutorial Support for children
High academic performance
Social Skills

Age of Respondents: School Age

Name of Data Source: Child Trends

Year:2002

Family Violence

Indicator name: Relationship problems in children

Description of the indicator: Antisocial behavior ,physical aggression, fear and anger are common outcomes of physical child abuse.

General Description/Abstract: Maltreatment can potentially affect children's emotional stability. This may impact their ability to deal with stressful situations. Children often have difficulty stable attachment to adults and general problems trusting others and developing relationship.

Target Population: Children with emotional problems and inability to establish relationships; poor interpersonal skills

Citation: Cicchetti,D. and Carlson, V. Child Maltreatment: Theory and research on causes and consequences (pp579-619) New York: Cambridge university Press. Drotar, D. (1992). Prevention of neglect and non-organic failure to thrive. In D.J. Willis, E.W. Holden and M. Rosenberg (Eds) Prevention of child maltreatment: Developmental and ecological perspectives, New York: John Willey. (2001)

Risk Factors; Consistent physical abuse
Difficulty Self regulating behavior
Withdrawal and Avoidance Behavior
Early and persistent antisocial behavior
Friends who engage in the problem behavior
Early initiation of the problem behavior
Constitutional factors

Protective Factors: Good Social Skills
Strong Academic Skills

Age of Respondents: School Age

Name of Data Source: Child Trends

Year:2002

Family Violence

Indicator name: Youth Running Away

Description of the indicator: Child maltreatment victims are at an increased risk of running away.

General Description/Abstract: Running away is sometimes a strategy to deal with abuse, although most runaways don't report being abused.

Target Population: Youth who are continually running away, living on the street or involved in child prostitution.

Citation: Finkelhor, D. Hotaling, G. (1990). Missing, abducted, runaways and throwaway children in America. First report: Numbers and characteristics, national incidence studies, executive summary. Washington, D.C. U.S. Department of Justice, National Research Council.

Risk Factors; Consistent physical abuse
Early and persistent antisocial behavior
Friends who engage in the problem behavior
Early initiation of the problem behavior

Protective Factors: Friends and Social Support
Strong Academic Skills
Goal Orientation

Age of Respondents: Youth

Name of Data Source: Child Trends

Year:2002

Family Violence Report

Social Indicators Section

Elder Abuse

Conceptual Framework

As defined by the National Research Council of the National Academies (2003) elder mistreatment refers to (a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm. The term "mistreatment" is meant to exclude cases of so-called self-neglect—failure of an older person to satisfy his or her own basic needs and to protect himself or herself from harm—and also cases involving victimization of elders by strangers.

Elder mistreatment is a social problem that often goes unreported so its magnitude is uncertain but is projected to increase over the next several decades as the population ages. The best available estimates predict that between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.

Research on elder mistreatment is limited but imperative and a necessary condition for the development of informed policies and programs. Fewer than 15 studies on elder mistreatment have been funded by the National Institute on Aging since 1990 and support from other agencies has been even less substantial.

Lora Fattum Hamp (2003) conducted an analysis of elder abuse and neglect definitions under state law across the 50 states. The Virginia Code relative to elder abuse is below:

VA. Code Ann. 18.2-369, 63.1-55.2 (2001)

"Abuse" under 63.1-55.2 means the willful infliction of physical pain, injury, or mental anguish or unreasonable confinement.

"Abuse" under 18.2-369 means (i) knowing and willful conduct that causes physical injury or pain or (ii) knowing and willful use of physical restraint, including confinement, as punishment, for convenience or as a substitute for treatment, except where such conduct or physical restraint, including

confinement, is a part of care or treatment and is in furtherance of the health and safety of the incapacitated person.

“Neglect” under 63.1-55.2 means that an adult is living under such circumstance that he is not able to provide for himself or in not being provided such services as are necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. “Neglect” under 18.2-369 means the knowing and willful failure by a responsible person to provide treatment, care, goods or services which results in injury to the health or endangers the safety of an incapacitated adult.

“Exploitation” under 63.1-55.2 means the illegal use of an incapacitated adult or his resources for another’s profit or advantage.

“Incapacitated person” under 63.1-55.2 and 18.2-369 means any adult (18 or older) who is impaired by reason of mental illness, mental retardation, physical illness or disability, advanced age or other causes to the extent that the adult lacks sufficient understanding or capacity to make, communicate or carry out responsible decisions concerning his or her well-being.

“Responsible person” under 18.2-369 means a person who has responsibility for the care, custody or control of an incapacitated person by operations of law or who has assumed such responsibility voluntarily, by contract or in fact.

What are the risk factors, protective factors and social indicators associated with the occurrence of elder mistreatment? Specifically, what aspects of the older person’s condition make him or her more or less vulnerable to mistreatment (risk and protective factors) and how can these conditions be assessed (social indicators)?

Names of Possible Source of Data (from survey) [Social Indicators?]

- VADATA
- Shelter residents
- Evaluations from participants [of agency]; documentation from referrals
- Sexual Assault History, Domestic Violence History, Child Abuse History, Age, Race, Income
- Demographic information about family status; comparisons of family status over time (i.e. access to a primary care provider; ability to secure food)
- Number of Protective Orders entered by the Court; Number of Assault/Batter charges

- Statewide from sexual assault crisis centers and domestic violence programs
- Hotline assistance, # of requests for shelter due to family violence, # of [adult abuse/neglect] in population served, client outcomes, client assessment outcomes, referrals tracking, client return to abuser frequency.
- DV programs in the state use a web-based data collection system for all services provided to victims and children
- Statistics for various grants/surveys
- PIMS RHYMIS Local Reporting (Outcome measures)
- Reports of abuse to social services...
- **Annual statewide survey collecting data on adult services and adult protective services provided by the state Department of Social Services to eligible clients;**
- Data collection through intake interview, individual and group counseling, periodical review of cases, and termination interview—name, age DOB, gender, address, safe phone number, needs for shelter placement, types of violence, family history, etc.
- Conduct program evaluations, synthesize data from other agencies (i.e. police...); collect census data
- Our court program collects data on Preliminary and Permanent Protective Orders; requests, Judges granted, Judges' dismissed and petitioner request for dismissal, violations to the PPO's and PO's, emergency phone contact and work with other agencies.
- Various data is kept based on the program the family participates in
- CIMS (state system) Local counting of services and clients
- Healthy Families Evaluations Statewide Prevention Activities Calls to information/support line Participation in parent support and education programs
- Statistics gathered from incidents of domestic violence....(and child abuse)
- We use an Access database developed by National CASA called COMET. We collect all data pertaining to our abuse and neglect cases.
- Statewide data collection system via Virginia's Against Domestic Violence Organization; non shared HMIS data
- **All investigated/assessed child and adult protective service complaints....**

Family Violence Social Indicators (Elder Abuse) from the literature

Research on Elder Mistreatment Limitations

- Unclear and inconsistent definitions
- Unclear and inadequate measures

- Incomplete professional accounts
- Lack of population-based data
- Lack of prospective data
- Lack of control groups
- Lack of systematic evaluation studies

Factors Associated with Research Limitations

- Little funding and few investigators
- Methodological uncertainties, especially about surveys
- Ethical uncertainties regarding research practices
- Inadequate links between researchers and service agencies
- Impoverished theory
- Intertwined and varying research definitions and statutory definitions
- Divergent research traditions in gerontology and family violence*****

Main References:

Ries, M. & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) Screen. *The Gerontologist*, 18, 471-480.

Lachs, M.S., Berkman, L., Fulmer, T, and Horwitz, R. (1994). A prospective community-based pilot study of risk factors for the investigation of elder mistreatment. *Journal of the American Geriatrics Society*, 42, 169-173.

Wolf, R.S. (1988). Elder abuse. Ten years later. *Journal of the American Geriatrics Society* 36, 758-762.

Family Violence

Indicator name: Mental Health Agencies' and Social Service Agencies' (Adult Protective Services) records

Description of the indicator: Assessments of risk factors (listed below) reported by mental health and social service agency (APS) staff

General Description/Abstract: It is important to enable social service agency practitioners to identify cases in which older adults are abused by their caregivers. The indicators of Abuse (IOA) screening measure provides an abuse screening tool, based on abuse indicators, for use by practitioners. The study (N=341) supports the validity of the 29-item set of indicators of the IOA, which discriminates abuse cases (84.4% of the time) from nonabuse cases (99.2% of the time). An abuse-indicator model suggests three main types of abuse signals: Caregiver personal problems/issues; caregiver interpersonal problems/issues and care receiver social support shortages and past abuse.

Target Population: Individuals at least 55 years old, who had unpaid caregivers and who received necessary home visits for global biopsychosocial assessments by professional interveners over an approximate 18-month period.

Citation: Reis, M. & Nahmiash, D. (1998). Validation of the Indicators of Abuse (IOA) Screen. *The Gerontologist*, 38, 471-480.

Risk Factors: Risk factors associated with the caregiver: behavior problems (e.g. anger/hostility); financially dependent; mental health and emotional difficulties; alcohol and substance abuse problems; lacks understanding of medical condition; care giving reluctance; marital and family conflict; poor current relationship; care giving experience; is a blamer; has poor past relationship with care recipient.

Risk factors associated with the care recipient: has been abused in the past; has marital family conflict; lacks understanding of medical condition; is socially isolated; lacks social support; has behavior problems ; is financially dependent; has unrealistic expectations; has alcohol or medication problems; has poor current relationships; has suspicious falls or injuries; has mental, emotional difficulties; is a blamer; is emotionally dependent; no regular doctor

Protective Factors: Training for caregivers; screening for caregivers; interventions for care recipients; adult protective services

Family Violence

Indicator name: Emergency Room Visits; Hospital and nursing home assessments

Description of the indicator: Assessments of dementia reported by Emergency room, hospital and nursing home staff

General Description/Abstract: There are two types of evidence that implicate Alzheimer's disease or related dementia as a risk factor for the mistreatment of elderly persons. First, several studies have estimated prevalence rates of elder mistreatment in samples of dementia caregivers; Second, a few studies have contrasted abusive and non abusive caregivers, examining dementia in the victim as one among a number of risk factors.

Target Population: Older adults

Citation: *Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America (2003). National Research Council of the National Academies*

Risk Factors: Diagnosis of dementia in either the caregiver or the care recipient

Protective Factors: Proper screening, diagnosis and treatment of dementia

It is also suggested in the research literature that research about the use of civil justice interventions (e.g. police records and court records) and their effectiveness in preventing exploitation and other harm to elders should be jointly sponsored by the National Institute of Justice and the Administration on Aging (*Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America (2003). National Research Council of the National Academies.*

Family Violence

Indicator name: Characteristics of Abuse Victim

Description of the indicator: Characteristics of Elderly Persons

General Description/Abstract: The greater the level of dependency and or vulnerability, the greater the likelihood that the elderly person will be abused.

Target Population: Dependent and Vulnerable Elderly

Citation: Kosberg, 1988, Vida, 1994, Wolf, 1988, Reis and Nahmiash, 1998, Lachs, Berman Fulner and Horowitz.

Risk Factors: Older, female, dependent, alcoholic, isolated, impaired, having conflict, history of past abuse, provocative, over-demanding, unappreciated, poor social networks imbalance of power, financial dependence, stress on caregiver

Protective Factors Health, independence, self sufficiency, family support

Age of Respondents: Elderly

Name of Data Source: Demographic Data, Census Data, Administration on Aging

Year:1988-1994

Family Violence

Indicator name: Caregiver characteristics

Description of the indicator: Caregivers who are mentally ill, have alcohol or drug problems severe emotional problems

General Description/Abstract: Caregivers who demonstrate psychopathology are more likely to be abusive and maltreat the elderly person.

Target Population: Caregivers with mental illness, alcohol or substance abuse, economically desperate, having been abused as a child, being stressed, social isolation, being a blamer or unsympathetic.

Citation: ((1992) Diagnosis and Treatment Guidelines on Elder Abuse and Neglect, American Medical Association.

Risk Factors: Alcoholism, Drug Addiction, Emotional problems

Protective Factors: Support System, Respite

Age of Respondents: Adult

Name of Data Source: Mental health and Substance Abuse Treatment Records

Year: 1992

SUMMARY AND FINAL RECOMMENDATIONS

This project has addressed several main components that has allowed the researcher to get an in depth look at family violence from a research perspective as well as from a state and local view. The Family and Children's Trust Fund Board (FACT) should be commended for its leadership effort in moving forward a new agenda for family violence within the Commonwealth of Virginia. This collaboration also involved meeting with leaders developing a special project on Social Indicators to ensure that family violence is incorporated into the data base. An online survey was utilized to determine the perceptions of family violence stakeholders in regard to important issues around defining the term and identifying data collection methodologies that are being utilized throughout the state.

It is the conclusion of this group of researchers that developing a unified approach toward family violence is important. It is obvious that this is the approach that the FACT Board has taken, and is clearly representative of where national efforts are headed. The survey however reveals that the approach in Virginia is still extremely fragmented and data collection from multiple agency sources is uncoordinated. There may be other political issues involved in developing a unified approach to family violence, however it is necessary if we are to see any significant gains in preventing family violence and impacting social

indicators. It is critical to understand the connections and the commonalities in dynamics and in the impact on victims. A wholistic approach based upon an understanding of family dynamics and functioning provide the most likely strategy for preventing and treating family violence in all of its forms.

Using the Results of this Research Project

The FACT Board is desirous of identifying social indicators that can serve to provide benchmarks to assist the Board in evaluating the impact of grant funding. Social indicators provide this kind of information. They however must be used in several important ways to achieve this goal.

Strategic Funding and Social Indicators

First, once social indicators of family violence are identified (this project has identified some of these) the FACT Board must identify specific social indicators that they view as a priority. Choosing a priority among social indicators involves choosing specific indicator that the Board would like to impact. particular indicator. This might be through a process of prioritizing social indicators that are more compatible with the goals of the FACT or they may be social indicators that are relevant or more easily impacted. It is clear that it is not possible to impact them all significantly. For example, if the FACT chose an indicator around reducing domestic violence calls to police, there would be a number of specific strategies that could impact this indicator. Under those circumstances the FACT would fund initiatives that are likely to impact this social indicator and de facto not fund projects that would not affect this indicator. This strategic funding would lead to a better focus and the ability to evaluate programs funded by the FACT in relation to how they impacted the social indicator.

A second strategy that would also be based upon strategic funding would involve the FACT identifying specific social indicators that address multiple forms of family violence or violence across the life cycle. Certain social indicators such as emergency room visits could apply to maltreated children, sexual assault, intimate and domestic and elder abuse. When the FACT develops criteria for funding through the Request for Proposals (FACT), it might consider requiring proposals that address multiple forms of violence across the life cycle. The RFP might also require collaboration with programs addressing multiple forms of violence. The use of grant funding and specification of the criteria for funding allows the FACT to have a significant impact on facilitating collaboration, promoting change and focusing the grant writer on specific indicator(s) that have been identified for focus.

For example, if the FACT decided that they would like to impact the social indicator, [number of emergency room visits due to violence](#), there are several ways to facilitate this. The Request for Proposals (RFP) would identify this social indicator as a focus of the RFP. In addition, the RFP could require that proposals must address multiple forms of violence, ranging from child maltreatment to elder abuse and must involve collaboration with other programs that address family violence. Since this indicator, [emergency room visits due to violence](#) pertains to child maltreatment, sexual assault, intimate and domestic violence and elder abuse injuries, programming would be expected to impact all

or some of these issues. Although this is only one example it describes a process that would involve the following :

1. The FACT selects social indicators that would like to impact through the grant process.
2. The RFP is developed to reflect the social indicators selected for priority by the FACT, emphasizing projects addressing multiple forms of violence and collaboration with other programs.
3. FACT measures the impact of these funded projects by using social indicators as a benchmark for evaluation.

Family Social Indicators

A second strategy for using the information provided in this report would involve using social indicators in a strategic manner to impact all forms of family violence. This report clearly indicates through survey analysis stakeholders believe that definitions of family violence should include all ages and multiple forms of violence. Organizations do not generally reflect this perspective in their structure and functioning.

The core concept of family violence is family. There are a number of social indicators that have been specifically linked to family interaction and families. If families are healthy and strong, they are less likely to be involved in any form of family violence. We can conclude that the well being of children and families is related to their risk for family violence. Family focused social indicators reduce

risks for family violence. The following family social indicators have been identified. They are the basis for indicators of family well being.

- Family Structure
- Family Functioning
- Family Work and Child Care
- School and Community Engagement
- Families of Faith and Meaning

These family indicators are listed in the chart below. For each category of family indicators there are a number of social indicators listed. This strategy would involve the FACT choosing to focus its attention on the social indicators of family well being, with the assumption that enhancing family well being reduces risk factors for family violence. Social indicators could be selected from the chart and used as benchmarks to be reflected in the Request for Proposal criteria and used as a basis of funding and evaluation of outcomes.

We believe that this approach will begin to show positive benefits in impacting family violence. It will allow for the FACT to engage in measurement of social indicators, that serve as benchmarks. In addition it would provide an assurance that in building and promoting quality family life, they are impacting the very processes in families and produce family violence. In the long run this kind of strategy will begin to break the intergenerational patterns of transmission of violence.

Recommendations

1. The FACT should continue to take a leadership role in moving the State forward toward a unified definition of family violence. The use of the term unified relates to a process to bring together disparate forms of family violence and identify connections. These efforts may result in a uniform definition that will serve the Commonwealth of Virginia well.
2. Efforts should be made to develop organizational strategies and structures that support more collaboration among all forms of family violence programs. The Conference that was held at the State level is the kind of activity to promote this goal.
3. There should be a consolidation of funding streams where appropriate. This will not be totally possible, but efforts should be made to examine duplicative funding or funding that could be combined in an effort to promote collaboration.
4. Training should be implemented throughout the Commonwealth to increase the level of knowledge of family violence staff about all forms of family violence.
5. We are recommending a new approach toward identifying social indicators that is based upon using social indicators that promote and builds families. This model is designed to support a unified orientation toward family violence by acknowledging that indicators that increase

well being for the children, and promote solid families and increase well being for families will reduce family violence. Indicators of well being for children and families, describe factors that can reduce risk for family violence. As we move forward in beginning to address new strategies, the FACT may want to consider reviewing Family based social indicators and prioritize efforts to impact specific indicators that promote family strength through grant funding.

6. The FACT Board should continue to collaborate with the Governor's Office of Substance Abuse Prevention Social Indicators Database Project. Family Violence has been added as a component of the database and the data from the Family Violence Stakeholders Survey completed under this project as well as the social indicator information included in this report should be incorporated into the database. Executive Director Marilyn Harris is the Executive Director of this office and Susan Gholston is the Project leader for the Social Indicators Database.

References

- Alexander, Karl, Doris Entwisle, and Susan Dauber. 1993. "First-Grade Classroom Behavior: Its Short and Long-Term Consequences for School Performance." *Child Development* 64:801-814.
- Alexander, Karl, Doris Entwisle, and Carrie Horsey. 1997. "From First Grade Forward: Early Foundations of High School Dropout." *Sociology of Education* 70(April):87-107.
- Amato, Paul, Laura Spencer Loomis, and Alan Booth. 1995. "Parental Divorce, Marital Conflict, and Offspring Well-being during Early Adulthood." *Social Forces* 73:895-915.
- Aquilino, William. 1996. "The Life Course of Children Born to Unmarried Mothers: Childhood Living Arrangements and Young Adult Outcomes." *Journal of Marriage and the Family* 58:293-310.
- Astone, Nan Marie and Sara McLanahan. 1991. "Family Structure, Parental Practices and High School Completion." *American Sociological Review* 56:309-320.
- Bane, Mary Jo and David Ellwood. 1994. *Welfare Realities: From Rhetoric to Reform*. Cambridge, MA.: Harvard University Press.
- Benson, M. L., Fox, G.L. (2004). *When Violence Hits Home: How Economics and Neighborhood Play a Role*. Research in Brief. Washington: National Institute of Justice, U.S. Department of Justice.
- Bianchi, Suzanne. 1984. "Children's Progress Through School: A Research Note." *Sociology of Education* 57:184-92.
- Bianchi, Suzanne and John Robinson. 1997. "What Did You Do Today? Children's Use of Time, Family Composition, and the Acquisition of Social Capital." *Journal of Marriage and the Family* 59:332-344.
- Bruno, Rosalind and Andrea Curry. 1996. "School Enrollment-Social and Economic Characteristics of Students: October 1994." U.S. Bureau of the Census. P20-487.
- Cadigan, Doris, Doris Entwisle, Karl Alexander, and Aaron Pallas. 1988. "First-Grade Retention Among Low-Achieving Students: A Search for Significant Predictors." *Merrill-Palmer Quarterly* 34:71-88.

Cappell, C. and Heiner, R.B. (1990) The intergenerational transmission of family aggression. *Journal of Family Violence*, 5(2), 135-152.

Cherlin, Andrew. 1992. *Marriage, Divorce, and Remarriage*. Cambridge, Mass.: Harvard University Press.

ChildStats.gov (2001) American's Children: Highlights and List of Indicators. www.childstats.gov/ac2001/highlight.asp.

Child Trends DataBank(2005) Violence in the Lives of Children. www.childtrends.org.

Coleman, James S. 1988. "Social Capital in the Creation of Human Capital." *American Journal of Sociology* 94(Supplement):S95-S120.

Cooksey, Elizabeth. 1997. "Consequences of Young Mother's Marital Histories for Children's Cognitive Development." *Journal of Marriage and the Family* 59:245-261

Dauber, Susan, Karl Alexander, and Doris Entwisle. 1996. "Tracking and Transitions through the Middle Grades: Channeling Educational Trajectories." *Sociology of Education* 69(October):290-307.

Dawson, Deborah. 1991. "Family Structure and Children's Health and Well-Being: Data from the 1988 National Health Interview Survey on Child Health." *Journal of Marriage and the Family* 53(August):573-84.

Entwisle, Doris and Karl Alexander. 1996. "Family Type and Children's Growth in Reading and Math Over the Primary Grades." *Journal of Marriage and the Family* 58:341-355.

Fraser, M.W. 1996 Aggressive Behavior in childhood and early adolescence an ecological developmental perspective on youth violence. *Social Work*.41, (4), 347-361.

Gondolf, E. (2005) Culturally- Focused Batterer Counseling for African American Men, Final Report. National Institute of Justice From <http://www.ncjrs.gov/pdffiles1/nij/grants/210828>.

Graham-Bermann, S.A. Edleson, J. L., (Eds) 2001. *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, Washington, D.C. : American Psychological Association. NCJ# 190023.

Guo, Guang, Jeanne Brooks-Gunn, and Kathleen Mullan Harris. 1996. "Parents' Labor Force Attachment and Grade Retention among Urban Black Children." *Sociology of Education* 69(July):217-236.

Harris, Kathleen and Jeremy Marmer. 1996. "Poverty, Paternal Involvement, and Adolescent Well-Being." *Journal of Family Issues* 17:614-640.

Haveman, Robert and Barbara Wolfe. 1994. *Succeeding Generations: On the Effects of Investments in Children*. New York, NY.: Russell Sage Foundation.

Hogan, Dennis and Nan Astone. 1986. "The Transition to Adulthood." *Annual Review of Sociology* 12:109-130.

Holden, G. and Ritchie, K. (1991) Linking extreme marital discord, childrearing and child behavior problems: Evidence from battered women. *Child Development*, 62, 311-327.

Kitzmann, K. et al (2003) "Child witnesses to domestic violence : A Meta analytic review" *Journal of Consulting and Clinical Psychology*, 71(2) pp 339-352.

Larsson, G. and Anderson, M. (1988) Violence in the family: Morbidity and medical consumption, *Scandinavian journal of Social Medicine*, 16, 161-166.

Madigan, Timothy. 1998. "Changes During The 1980's In The Rates Of And Types Of Students Affected By Grade Retention." Unpublished Paper. U.S. Bureau of the Census.

Manning, Wendy and Daniel Lichter. 1996. "Parental Cohabitation and Children's Economic Well-Being." *Journal of Marriage and the Family* 58:998-1010.

McCloskey, L., Jose Figueredo, A., and Koss, M. (1995). The effects of systemic family violence on children's mental health, *Child Development*, 62, 1239-1261.

McKay, Mckernan, M. (1994). The link between domestic violence and child abuse: assessment and treatment considerations. *Child Welfare*, 73, 29-39.

McLanahan, Sara and Gary Sandefur. 1994. *Growing Up with a Single Parent: What Hurts, What Helps*. Cambridge, MA.: Harvard University Press.

McNeal, Ralph. 1995. "Extracurricular Activities and High School Dropouts." *Sociology of Education* 68:62-80.

McNew, J. A., and Abell, N. 1995 Post-traumatic stress symptomatology: similarities and differences between Vietnam veterans and adult survivors of childhood sexual abuse. *Social Work*, 40, (1), 115-126.

McLanahan, Sa and Gary Sandefur. 1994. *Growing Up with a Single Parent: What Hurts, What Helps*. Cambridge, MA.: Harvard University Press.

Morrison, Donna and Andrew Cherlin. 1995. "The Divorce Process and Young Children's Well-Being: A Prospective Analysis." *Journal of Marriage and the Family* 57:800-812 .

Perry, 1997 Perry, B.D. Incubated in Terror: Neuro-

developmental Factors in the Cycle of Violence in Children, Youth and Violence: The Search for Solution (J. Osofsky, Ed) Guilford Press, New York pp124-148.

Petchers, M (1995). Child maltreatment among children in battered mother's households. Paper presented at the 4th International Family Violence Research Conference: Durham, N.H.

Reno, J. Holder, E.H. Fisher, R.C. et al (1999) Breaking the cycle of violence: recommendation to improve the criminal justice response to children victims and witnesses. Washington, DC: U.S. Department of Justice Office Programs.

Rudo, Z.H. and Powell, D.S. 1996 Family Violence: a review of the literature: Florida Mental Health Institute, University of South Florida

Rumberger, R. W. 1987. "High school dropouts: A review of issues and evidence." *Review of Educational Research* 57:101-21.

Salomon, A., Bassuk, E., Browne, A., Bassuk, S., Dawson, R., and Hungton, N. (2004). Secondary Data Analysis on the Etiology, Course and Consequences of Intimate Partner Violence Against Extremely Poor Women. In B. Fisher (ED) Violence Against Women and Family Violence : Developments in Research, Practice and Policy. Washington D.C.: National Institute of Justice. <http://ncjrs.gov/pdfiles1/nij/199714.pdf>.

Saunders, D.G. 1994 Child custody decisions in families experiencing women abuse. *Social Work* 39, (1), 51-59).

Sidel, R. (1992). Women and children last: the plight of poor women in affluent American. New York: Penguin Books.

Siegel, J. A., Williams, L.O.M. (2001) Risk Factors for Violent Victimization of Women: A Prospective Study, Final Report. National Institute of Justice From <http://ncjrs.org/pdfiles1/nij/grants/189161>.

Siegel, J. A., and Williams, L. M. (2004). Violence Against Women Identifying Risk Factors. Research in Brief. Washington, D.C. National Institute of Justice, U. S. Dept of Justice.

Shalala, D. (1993). Addressing the Crisis of Violence. *Health Affairs*, 12 (4), 30-33.

Teachman, Jay, Kathleen Paasch, and Karen Carver. 1997. "Social Capital and the Generation of Human Capital." *Social Forces* 75:1343-59.

Teachman, Jay, Kathleen Paasch, and Karen Carver. 1996. "Social Capital and Dropping Out of School Early." *Journal of Marriage and the Family* 58:773-83.

Weinick, Robin and Nan Astone. 1996. "Family Structure, Social Capital and Children's Well-Being." Unpublished paper presented at the 1996 PAA meeting in New Orleans, LA.

Wilson-Brewer, R., and Spivak, H. Violence prevention in schools and other community settings: the pediatrician as initiator, educator, collaborator, and advocate. *Pediatrics*, 94 (4) 623-630.

Wojtkiewicz, Roger. 1993. "Simplicity and Complexity in the Effects of Family Structure on High School Graduation." *Demography* 30:701-18.

Wolfe, D. A. , Jaffe, P., Wilson, S.K. and Zak, L. (1985). Child of battered women: The relations of child behavior to family violence and maternal stress. *Journal of Consulting and Clinical Psychology*, 53 (5), 657-665

Wu, Lawrence and Brian Martinson. 1993. "Family Structure and the Risk of a Premarital Birth." *American Sociological Review* 58, 2(April):210-232.

Zeanah, C. H. and Zeanah, P.D. (1989) Intergenerational transmission of maltreatment: Insights from attachment theory and research. *Psychiatry*, 52(2), 177-196.

Zill, Nicholas and Christine Nord. 1994. *Running in Place*. Washington, D.C.: Child Trends.

APPENDIX

A

Family Violence

Family Functioning

Risk Factor: Family Management Problems

Indicators: Reported child neglect and abuse cases
Runaway reports
Children living in foster homes

Family Conflict

Indicators: Domestic violence police reports
Divorce rates
Households with spouse absent

Favorable Parental Attitudes and Involvement in the Problem Behaviors

Indicators: Adult Violent crime arrests
Adult property crime arrests
Adult alcohol related arrests
Babies born affected by alcohol or other drug use
Drug use during pregnancy

Family Risk Factors

Family history of the problem behavior
Family management problems
Family conflicts
Favorable parental attitudes and involvement in the problem behavior

Community Risk Factors

Availability of drugs
Availability of Firearms
Community laws and norms favorable toward drug use, firearms and crime
Media portrayals of violence
Low neighborhood attachment and community disorganization
Extreme economic deprivation

Individual/Peer

Early and persistent antisocial behavior
Friends who engage in the problem behavior
Early initiation of the problem behavior
Constitutional factors

Other indicators of Family Violence

Existence of substance abuse in families of child abuse victims
Parental abuse of drugs increase incidence of child abuse and neglect
Pet abuse in the family
Families involved in child welfare system
Domestic violence shelter residents and child abuse
Households where domestic violence occurs and child abuse
Domestic violence levels and child deaths
Child fatalities and domestic violence
Abused women and higher rate of child abuse
Male aggression toward spouses and child abuse
Rate of intergenerational transmission of child maltreatment

B

Other Social Indicators

Family Violence Across the LifeSpan: An Introduction

BARNETT, Ola W., Cindy L. MILLER-PERRIN, Robin D. PERRIN, Family Violence Across The lifespan: An Introduction. Thousand Oaks, CA : Sage Publications, Inc., 1997, 392 pp., \$73.50 hardcover.

This comprehensive text provides current research regarding family violence across the life span; child abuse, dating violence, marital violence and elder abuse. The book includes interviews from experts in each life phase and personalizes the topic by using accounts from individuals who have experienced abuse. The book also includes an analysis of the methodologies used in each area of research and suggestions on how to improve data collection and research methods for future studies.

The Journal of Primary Prevention, Oct 2004 v25 i2 p149(21)

Connecting Childhood Victimization to Later Alcohol Drug Problems: Implications for Prevention. *Miller Brenda A.; Mancuso Richard F.*

Miller and Mancuso trace the link between violence in early childhood and drug use later in life. "Concerns about intergenerational transmission of both violence and AOD problems may also require that different approaches to address the problems." They conclude with recommendations for preventive interventions for children who may be at risk for alcohol and other drug (AOD) use.

Journal of Family Violence, Sept 2002 v17 i3 p199(23)

Age adjustment and recall bias in the analysis of domestic violence data: methodological improvements through the application of survival analysis methods. (Abstract) *Mieko Yoshihama; Brenda W. Gillespie.*

"Author's Abstract: COPYRIGHT 2002 Plenum Publishing Corporation

This methodological paper presents the utility of survival analysis methods to provide age adjustment in the analysis of domestic violence data. These methods improve the estimation of lifetime probability of domestic violence, improve identification of patterns of first victimization over the lifespan, and provide methods of testing risk factors for first victimization while adjusting for the respondents' age. Most importantly, these methods allow a new investigation of recall bias. Results suggest that lifetime probability of abuse may have been substantially underestimated in previous studies because of problems in recall/disclosure encountered by middle-aged women. "

Women & Health, Feb-March 2002 p41(14)

Domestic violence in later life: an overview for health care providers. (Abstract)
Bonnie Brandl; Deborah L. Horan.

"Author's Abstract: COPYRIGHT 2002 Haworth Press, Inc.

Domestic violence is a significant problem that adversely affects the health and safety of millions of women throughout their lifespan. Most cases of what is considered elder abuse occurs at home rather than in institutions, and the evidence suggests that only 1 in 5 cases are recognized. Frequently the perpetrator is a spouse, adult child, or other family member. Given the demographics of aging women and their longer life expectancies, clinicians are increasingly likely to see patients whose injuries or poor health status are caused or affected by abusive relationships. Improving the ability of physicians to identify domestic violence is an important skill needed for establishing comprehensive intervention and prevention efforts. In addition to conducting universal screening of all female patients, using clinical and behavioral indicators is a critical component of the intervention. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://mutex.gmu.edu:2281>> "

Journal of Social and Personal Relationships, Feb 2000 v17 i1 p95(19)

Predicting coercive sexual behavior across the lifespan in a random sample of Canadian men. *C.Y. Senn; S. Desmarais; N. Verberg; E. Wood.*

Abstract: In order to end or at least reduce the amount of sexual violence in our society, it is necessary to identify the factors that play a part in men's sexual aggression against women they know. One hundred and ninety-five men ranging in age from 19 to 82 were randomly sampled from enumeration records of a small Canadian city and completed questionnaires. Overall, 73 percent of men reported never having been sexually coercive. Logistic regression analysis, using a dichotomous coercion criterion, established that childhood abuse, adolescent promiscuity, and restrictive emotionality all increased the likelihood of sexual coercion. Early sexual socialization and aspects of the male role related to emotional expressivity appear to be important in the development of coercive behavior. As such, prevention programs must be aimed at earlier interventions in families, communities, and schools.

Journal of Elder Abuse & Neglect, Wntr-Spring 1995 v6 n3-4 p183(15)

Common and unique themes on elder abuse from a world-wide perspective.
Jordan I. Kosberg; Juanita L. Garcia.

Abstract: The problem of elder abuse is found in almost all the countries of the world. However, there are differences in the intensity and nature of abuse. In some countries the aged are subjected to extreme physical violence whereas in other countries the abuse is inadvertent and mild. Industrialization, economic upheaval, increase in lifespan and social changes are the major reasons for elder abuse in most countries. Effective public policies and social consciousness are suggested for prevention of elder abuse.

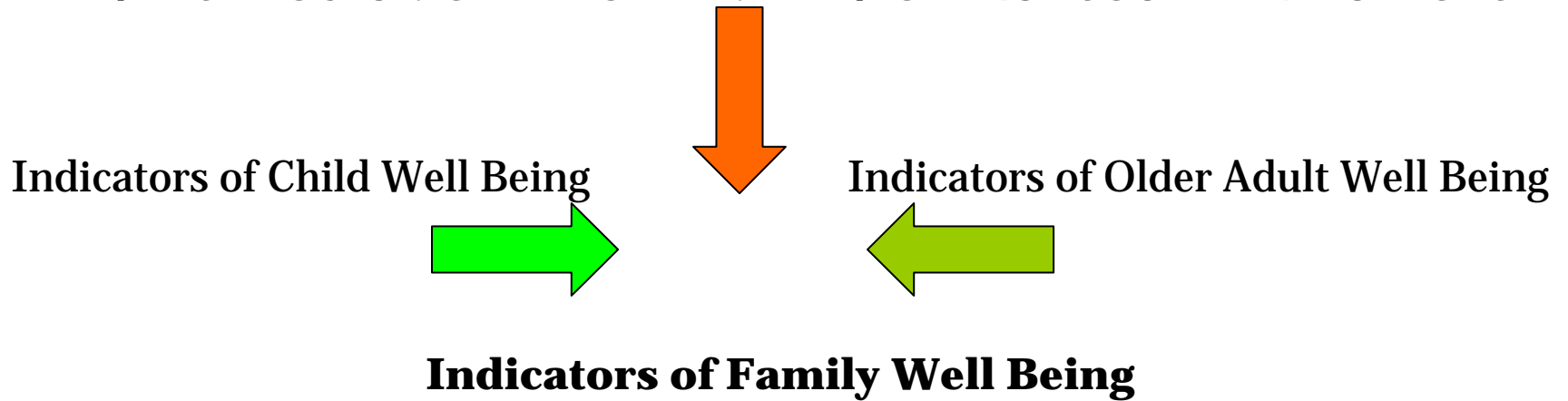
American Journal of Psychotherapy, Spring 1999 v53 i2 p225(7)

Intergenerational transmission of trauma: recent contributions from the literature of family systems approach to treatment. *Madeleine Seifter Abrams*.

Abstract: A review of the literature reveals that trauma assessment is finally being given the importance it deserves. However, while the recognition and acknowledgement of trauma has improved, the isolation of trauma victims persists. Family therapy has been identified as an effective way to deal with intergenerational trauma. In cases where reconciliation is not dangerous, therapists can use systems perspectives to develop modes of treatment that facilitate intervention by family members.

C

REVERSE LOGIC MODEL FOR FAMILY VIOLENCE SOCIAL INDICATORS



Indicators that impact the well being of families, also impact family violence and prevention

- Family Structure**
- Family Transitions**
- Family Instability**
- Family Functioning**
- Family Work and Child Care**
- Family/Community Engagement**
- Families of Faith and Meaning**

D

POWER

AUTHORITY

CONTROL

Child Maltreatment

Intimate and Domestic Violence

Abuse of

Elderly

What social indicators
impact **power**?

What social indicators
impact **authority**?

What social indicators
impact **control**?

Future Strategies

Identification of social indicators that are associated with **Power**, **Control** and **Authority**, the central components of family violence of every form should be identified. As programming is directed toward these areas, family violence incidence should be reduced.

E A Different Approach to Family Violence Prevention

Family Focused Social Indicators that will Impact Family Violence Risk Factors

| FAMILY STRUCTURE | FAMILY FUNCTIONING | FAMILY WORK AND CHILD CARE | SCHOOL COMMUNITY ENGAGEMENT | FAMILIES OF FAITH AND MEANING |
|--|---|--|--|--|
| Divorce Rates Parental Unemployment Military Deployment Parent to Parent relationship Parent Incarceration Rates Foster Care Placements | Parenting style Parent child interaction Frequency of parent child contact Child witnesses Parental monitoring Quantity and quality of communication in the family | Availability of quality child care Secure parental employment Family Income Child care patterns | School /Community Engagement Parental involvement in school Student participation in community service Youth connection to the peer group | Religious attendance Personal faith |

| | | | | | |
|--|--|--|--------------------------|--|--|
| | | | Community Involvement | | |
|--|--|--|--------------------------|--|--|

F

FORMS OF FAMILY VIOLENCE

(Identified in the Literature)

INTIMATE AND DOMESTIC VIOLENCE

CHILD MALTREATMENT

SEXUAL ASSAULT

SIBLING ABUSE

ELDER ABUSE

RITUALISTIC CHILD ABUSE

ABUSE OF DISABLED (Family Caregivers)

GAYS AND LESBIAN VIOLENCE

G

Family Violence Other Social Indicators

These indicators were identified through the literature review. Some of these have not been well established and others are more clearly substantiated and reflected in this report

Family Functioning

Risk Factor: Family Management Problems

Indicators: Reported child neglect and abuse cases

Runaway reports

Children living in foster homes

Family Conflict

Indicators: Domestic violence police reports

Divorce rates

Households with spouse absent

Favorable Parental Attitudes and Involvement in the Problem Behaviors

Indicators: Adult Violent crime arrests

Adult property crime arrests

Adult alcohol related arrests

Babies born affected by alcohol or other drug use

Drug use during pregnancy

Family Risk Factors

Indicators: Family history of the problem behavior

Family management problems

Family conflicts

Favorable parental attitudes and involvement in the problem behavior

Community Risk Factors

Indicators: Availability of drugs

Availability of Firearms

Community laws and norms favorable toward drug use, firearms and crime

Media portrayals of violence

Low neighborhood attachment and community disorganization

Extreme economic deprivation

Individual/Peer Factors

Indicators: Early and persistent antisocial behavior
Friends who engage in the problem behavior
Early initiation of the problem behavior
Constitutional factors-temperament, social skills, competence

Other indicators of Family Violence

Indicators: Existence of substance abuse in families of child abuse victims
Parental abuse of drugs increase incidence of child abuse and neglect
Pet abuse in the family
Families involved in child welfare system
Domestic violence shelter residents and child abuse
Households where domestic violence occurs and child abuse
Domestic violence levels and child deaths
Child fatalities and domestic violence
Abused women and higher rate of child abuse
Male aggression toward spouses and child abuse
Rate of intergenerational transmission of child maltreatment