



# STOPPING FAMILY VIOLENCE

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# BACKGROUND

- The Grand Challenge of Family Violence
- Adolescents witnessing violence between spouses
- Exposure to violence increases risk for continued cycle of violence and other problems
- Limited programs designed to help exposed children/adolescents
- Further research needed for effective treatment



# DESCRIPTIVE STUDIES

## What is the extent of the problem?

- Hamby et. al, 2011
  - 8.2 million youth who were exposed to family violence in the past year
  - 11% of adolescents (age 14-17) reported exposure to any violence and 6.6% reported exposure to physical violence between parents
  - 62% reported the perpetrator was their father
- Zinzow et. al, 2009
  - 8.9% of adolescents age 12-17 had witnessed parental violence
- Department of Child and Adolescent Psychiatry (Vo¨lkl-Kernstock, et al. 2015)
  - Ages 6-20 reported higher rates of exposure to domestic violence (35.5%).
  - Suggested that adolescents exposed to violence may require more psychiatric care.

# DESCRIPTIVE STUDIES

- Girls were more likely to report exposure to psychological and physical domestic violence (Hamby et al., 2011)
- Most frequent form of witnessed parental violence involved seeing a parent punch, hit, or kick another parent (Zinzow et al., 2009)
- Actual numbers may be even higher than reported
  - Recall bias
  - Parental permission required
  - Underreporting



# CORRELATIONAL STUDIES

- **Contributing Factors**
  - Micro/Mezzo risk factors associated with domestic violence:
    - Personal and family history of abuse
    - Patriarchal attitudes towards male dominance
    - Alcoholism, particularly among men
    - Younger age
    - Lower SES
    - Lower education levels
    - (Abramsky et al., 2011)



# CORRELATIONAL STUDIES

- Macro risk factors associated with exposure to domestic violence:
  - Economic distress (job instability, lower income, stress related to finance)
  - Women living in disadvantaged neighborhoods were more than twice as likely to be victims of intimate partner violence compared to women in more advantaged neighborhoods (Benson & Litton-Fox, 2004)



# CORRELATIONAL STUDIES

- **Consequences of exposure to domestic violence**
  - More than one perpetrator correlated with higher symptomatology (Straus & Michael-Smith, 2014).
  - Severity and chronicity influenced the adverse effects of domestic violence exposure with more severe violence and higher frequency of events being correlated with more negative effects (Straus & Michael-Smith, 2014).
  - Increased risk for mental health problems, antisocial behaviors, victimization, and other negative life consequences (Franzese et. al 2014)
  - Behavioral problems (Moylan et. al, 2010)







## CORRELATIONAL STUDIES



- **What can be done to improve the situation?**
  - Three components linked to resilience and better outcomes; higher emotional intelligence (the ability to recognize and understand one's emotions), spiritual connection and a reliable social network formed mostly from friends, not family. (Howell and Miller-Graff, 2014)
  - Education is a key protectant against the negative outcomes caused by exposure to domestic violence. Educating adolescents about proper child development and care can help stop the perpetuating cycle of domestic violence (Kashani & Allen, 1998)
  - Adolescents who formed a bond with a nonviolent adult either outside or within the home were better adjusted (Kashani & Allen, 1998)
  - Mothers who offer some sort of safety or protection tend to have children who adjust better compared to children whose mothers do not. Mothers who show more symptoms of depression and anxiety in addition to domestic violence have a harder time being supportive to their children and in turn they have a harder time adjusting. (Schiff et. al 2014).

## EFFECTIVENESS STUDIES

- We found one article that was specific to adolescents who have witnessed domestic violence (sample size of 2).
- There are many programs that have been developed for helping children who have witnessed domestic violence
  - There are some programs developed specifically for adolescents.
    - We were unable to find any peer-reviewed literature validating these programs.
- Most programs incorporate 6 TF-CBT factors: trauma reexposure, violence psychoeducation and cognitive restructuring, emotion expression and regulation, social problem solving, safety planning, and parent training (Vickerman & Margolin, 2007)

# EFFECTIVENESS STUDIES

- The studies we found
  - combined adolescents with children
  - combined secondary and primary victims
  - focused on specific DSM disorders not etiology
  - looked at adolescents who participated in violence towards their mothers
- All of these lead to issues
  - many factors left unexplored
    - differences between primary victims and secondary
    - gender differences
    - differences between age of and length of domestic violence incidents