

**Research Proposal: The Relationship Between Childhood Abuse and Neglect and Intimate
Partner Violence**

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Specific Aims

Intimate partner violence (IPV) is a serious national problem and there is a great deal of literature that shows a correlation between childhood maltreatment and experiencing IPV as an adult. “IPV is defined as physical, sexual, or psychological harm by a current or former partner or spouse and has devastating long-term psychological, physical and social consequences on the victims” (McMahon et al., 2016, p. 2). The Centers for Disease Control and Prevention (CDC, 2019) estimates that about 1 in 4 women and nearly 1 in 10 men have experienced IPV during their lifetime. Childhood abuse and neglect (CAN) is defined as neglect as well as physical and sexual abuse in children under age 18. The Children's Bureau of the Department of Health and Human Services (2017) reports that there are around 674,000 victims of child abuse and neglect annually in the United States with victims from multiple races and ethnicities.

CAN is an important variable to consider as it relates to the health of adult relationships. This study will look at the frequency of CAN a participant experienced and determine if there is a relationship with the likelihood of experiencing adult IPV. In this study the independent variable is defined as the frequency of CAN and the dependent variable is defined as experiencing adult IPV.

The Pennsylvania Department of Human Services (DHS) and Child Welfare Services receives reports from community members who suspect a child is experiencing abuse. In this study, CAN will be measured through verified reports made through DHS Child Welfare Services in the state of Pennsylvania. Participants in the study will answer questions from The Conflicts and Tactics Scale (CTS) to determine if they have experienced adult IPV. The specific aim of this research project is to identify which populations are most vulnerable to experiencing

IPV. This knowledge could inform social workers in planning interventions best tailored to the needs of those most affected by this form of trauma.

Background

Intimate partner violence (IPV) is a serious national problem. In their research, McMahon et al. (2016) defines IPV “as physical, sexual, or psychological harm by a current or former partner or spouse and has devastating long-term psychological, physical and social consequences on the victims” (p. 2). Estimates from the Centers for Disease Control (CDC, 2019) predict that about 1 in 4 women and nearly 1 in 10 men have experienced IPV during their lifetime. The CDC (2019) also states that, in addition to experiencing a range of negative physical and mental health outcomes, IPV survivors are at higher risk of participating in high-risk behaviors like alcohol and drug abuse and high-risk sexual behaviors.

There is a great deal of literature that shows a correlation between childhood maltreatment and experiencing IPV as an adult. The definition of Childhood abuse and neglect (CAN) used in this project is neglect as well as physical and sexual abuse in children under the age of 18. The Children's Bureau of the Department of Health and Human Services (2017) reports that there are around 674,000 victims of child abuse and neglect annually in the United States with victims from multiple races and ethnicities. The youngest children are the most vulnerable to CAN. More than one-quarter of its victims are younger than 3 years old.

The literature reviewed in this paper focuses on several aspects related to CAN and the associated risk of its victims experiencing adult IPV. One of these aspects is if the specific type of abuse children experienced impacted the likelihood of experiencing adult IPV. McMahon et al. (2016) investigated which types of abuse create a greater risk of IPV. They found that while all forms of childhood maltreatment increased the risk of victimization, childhood sexual abuse had an additional effect on the risk of IPV above and beyond that of the other forms of

abuse. This occurred in for men and women. Widom et al. (2014) found that there was no increased risk of experiencing adult IPV related to CAN. However, they did find that among those experiencing adult IPV, those who experienced CAN had an increased rate of physical injury from IPV. This finding contradicts the finding of McMahon et al. (2016). Widom et al. (2014) acknowledged that their findings were in contrast with that of other studies and speculate it may be due to design characteristics of the study.

A second area of focus in the literature is on the social and environmental context of the children and their families. Gomez (2011) took the links found between CAN and IPV that were found in other studies and added to it by exploring that link through social disorganization theory. While this study concluded that the risk of CAN leading to IPV was not reduced by positive social factors, it did demonstrate that women have a significantly greater likelihood of reporting IPV in young adult sexual and romantic relationships than men. McMahon et al. (2016) found that ineffective parenting played a part in predicting which children would experience IPV as adults. They also found that poverty, housing stress, and other social conditions that fail to support effective parenting play a part in predicting which children will experience IPV as adults.

While these studies focused on whether social and environmental factors and specific types of CAN influence rates of adult IPV, they do not touch on the possible impact of CAN frequency on rates of IPV. Given the harmful outcomes associated with CAN including IPV, it is important to understand the relationship between these two variables more fully. Focusing on whether the frequency of CAN affects rates of IPV can give us more specific interventions and help us understand how to more effectively implement them.

Conceptual Framework

The trauma theory informing my area of inquiry is based on Herman's (1992) work. Herman (1992) suggested that abuse in childhood is an important vulnerability factor in the subsequent development and maintenance of adult psychopathology. Herman (1992) states: "repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality" (p.96). This theory supports the idea that the frequency of CAN may affect adult psychopathology and therefore could predict adult IPV and dysfunction in adult relationships. Based on Herman's work, my research question is how the frequency of CAN affects the likelihood of experiencing adult IPV.

The concepts and variables drawn from this question are CAN and IPV. CAN is defined as childhood physical and sexual abuse as well as neglect. As stated earlier, the proposed study will use McMahon et al.'s (2016) definition of IPV "as physical, sexual, or psychological harm by a current or former partner or spouse" (p. 2). As indicated by Herman, CAN is an important variable to consider as it relates to health of adult relationships. In this study the independent variable is defined as the frequency of CAN. The frequency is being used based on Herman's (1992) emphasis of the impact of repeated childhood trauma on future outcomes. The dependent variable is defined as the likelihood of experiencing adult IPV. CAN will be measured through verified reports made through DHS Child Welfare Services in the state of Pennsylvania. In this study, the adult relationships of those who experienced CAN will be measured through the Conflicts and Tactics Scale (CTS) to determine if participants have experienced IPV.

Given the harmful outcomes associated with CAN including IPV, it is important to gain a better understanding of the relationship between these two. With Herman's (1992) theory as its base, focusing on if the frequency of CAN affects rates of IPV can give us more specific

interventions and help us understand how to more effectively implement them. Given Herman's suggestion that childhood experiences inform adult relationships, identifying which population is most vulnerable could allow these interventions to be put into place earlier in life to disrupt the cycle.

This study will need to determine if a participant experienced CAN as well as the frequency of it. The study will use archival data found in government records to have access to a reliable and verified data source. The Department of Human Services and Child Welfare Services receives reports from community members who suspect a child is experiencing abuse. The Child Abuse Prevention and Treatment Act (CAPTA) has defined child abuse and neglect as "any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm" (Child Welfare Information Gateway, 2019, p. 2). These reports are investigated and if abuse as defined by the government is found, they are labeled substantiated. This study will utilize the number of substantiated reports of CAN made to the Department of Human Services Child Welfare Services in the state of Pennsylvania as the value for the frequency of CAN. Though the Department of Human Services Child Welfare Services collects data on all minors under the age of 18, this study will focus on reports of CAN experienced before the age of 13. Through these reports, the search for a possible correlation between the frequency of CAN and the rate of IPV will be possible.

Methods

Measurements

This study will need to determine if a participant has experienced IPV. The Conflicts and Tactics Scale (CTS) will be used to determine if a participant has experienced adult IPV. The

CTS, consisting of 80 questions, explores intrafamily conflict and violence, focusing particularly on the adults in the family by assessing how a person reacts in a conflict with their partner. An example of response options includes trying to discuss an issue calmly, yelling at or insulting their partner, stomping out of the room or house, and hitting or trying to hit the partner. The questions are then asked about how the partner reacts to the person. The CTS is scored by adding the midpoints for the response categories chosen. “The items are rated on a seven-point scale, ranging from 0=never to 6=almost every day. This instrument has four scales: Parent-Child (Scale 1), Partner-Child (Scale 2), Parent-Partner (Scale 3), and Partner-Parent (Scale 4)” (Straus, 1979). A sub section of the test, scales 3 and 4, will be used as these sections focus on adult partner interaction. Each of these sub sections consist of 20 questions. Ruan et al. (2008) found that a test-retest of the items on the scale indicated excellent intraclass test-retest reliability coefficients.

Sampling

Participants in the study will be young adults, ages 18-22, participating in the Philadelphia location of the YVLifeSet program. This age group will be included in the study because it is the age group that is served by the YVLifeSet program. The program provides transition services to those who are leaving the foster care, juvenile justice, and mental health systems. This population will be used in the study because archival data likely exists in the Pennsylvania DHS system on this population. This data can show if CAN was experienced and the frequency of CAN that was experienced. Inclusion criteria of participants is that they have a history of substantiated reports of CAN within the Pennsylvania DHS system. Exclusion criteria of participants is that they do not have a documented history of substantiated reports of CAN within the Pennsylvania DHS system. No additional exclusion criteria will be in place to allow the experiences of as many young adults as possible to be included in the study. Non-

probability- convenience sampling will be used because the sample will be selected from the YVLifeSet program. Further details will be provided in the following section.

Recruitment

Data will be collected at the agency of the YVLifeSet program. All case managers will be trained in collecting the data during a two-hour workshop explaining the study and the measure that they will be providing to the participants. In the YVLifeSet program, participants are required to have a weekly meeting with their case manager. During these weekly meetings, case managers will discuss the study and participants will be given the option to participate in it. They will be told that their information and responses will be confidential and that the purpose of the study is to determine who could benefit from interventions to help break the cycle of experiencing CAN and adult IPV. If they agree to participate in the study, participants will sign a consent form and be given time to complete the one-time questionnaire during their next regularly scheduled weekly meeting. All study related documents will be kept in a secure, locked file cabinet and the room they are kept in will be locked anytime the case manager leaves them unattended. Participants will receive a \$10 gift card for participating in the study.

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