

RESEARCH REVIEW

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In this Issue

We present *Research Review (RR)*, a publication of the *Joining Forces Joining Families (JFJF)* group. *RR* consists of summaries of research on intimate partner violence (IPV) and child maltreatment that is of interest to family advocacy, medical, and social service providers. IPV-related summaries include the association of coercive control with women’s experience of violence, the health risks of strangulation, and reproductive coercion as a form of IPV. Child maltreatment-related summaries include the risk of client-perpetrated violence toward new family advocacy workers and research calling for a more nuanced understanding of the association between frequent residential moves and risk of child maltreatment.

Reducing Client-Perpetrated Violence toward New Family Advocacy Workers

Frontline child welfare workers, particularly the newly hired, can be subjected to a variety of situations with clients that result in worker distress and physical injury. Conducting home visits to monitor child safety and coordinating services (e.g., mental health, substance abuse) all require time and an experienced workforce. Personnel performing investigations as well as home visits in the military family advocacy program (FAP) may be similarly exposed. In addition to the personal and professional challenges related to their cases, the organizational environment may fail to provide the needed support.

The Florida Study of Professionals for Safe Families longitudinal study of child protective investigators and case managers found that among new child protective service (CPS) workers with less than six months on the job (n=1,501), 75% reported that workplace exposure to non-physical violence (e.g., yelled at or sworn at) by their clients was common. Thirty-seven percent received threats

of violence, and 2.3% reported incidents of physical violence perpetrated by their clients (Radey & Wilke, 2018). CPS worker characteristics predictive of any violence exposure included age (younger workers experience more violence), race (Black and Hispanic workers experienced lower levels of non-physical violence), college major (workers whose highest degree was social work experienced less violence), and position type (investigators experienced higher rates of violence than case managers).

Supervisory and management practices play an important role in supporting all workers who are exposed to the risks of violence in their case work with families. Radey and Wilke (2018) suggested three methods of preventing client violence. First, violence training and preparation can be focused on judging the potential for client-initiated violence. Second, a culture of safety can be promoted by requiring disclosure of violence encountered or threats thereof. Third,

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How Should Child Welfare Workers Recognize and Respond When Children are Exposed to Intimate Partner Violence?

Intimate partner violence (IPV) can result in significant physical and psychological harm to children. They can be involved in assaults if they attempt to intervene in an episode of IPV. Psychological harm can occur as a result of witnessing assaults between parents, destruction of property, harm to pets, and stalking of the other parent and children. Such experiences can result in behavioral difficulties for children, such as depression and aggression (Gonzales, MacMillan, Tanaka, Jack, & Tonmyr, 2014; Joining Forces Joining Families, Spring 2019).

Child exposure to IPV by itself is generally not considered a form of child maltreatment under most state laws; additional safety concerns (e.g., physical injury or risk of physical injury) or evidence of psychological harm are typically required to substantiate such cases (Henry, 2018). Unintended consequences of these additional requirements include masking the true prevalence of child exposure to IPV.

Child welfare workers who respond to incidents of IPV need to recognize the risks to children. A study of a California county child welfare agency's response to 31 allegations

of children's exposure to IPV between 2011 and 2012 showed how they labeled, judged, and acted on referrals for child exposure to IPV (Henry, 2018). Because child exposure to IPV is not a type of child maltreatment under California state law, workers could report the case as emotional abuse (IPV was persistent and/or severe and likely to result in child internalizing or externalizing behavior), physical abuse (exposure resulted in or was likely to result in injury), neglect (caregiver failed to intervene on child's behalf despite knowledge that the child could be harmed), or multiple types of maltreatment. A review of case records found that workers initially labeled 94% of all IPV exposure-only referrals as emotional abuse at the time of the referral. Seventy-four percent should have met the criteria for a threat to the child's safety, but safety concerns were documented in only 36%. Twenty-nine percent of child exposure cases were substantiated. Instead of promoting referrals to case status in which the child and family would have received evaluation and follow-up, 87% of exposure-only households were only referred to IPV service

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Child welfare workers, parents, and clinicians need to understand the many threats presented to children by IPV exposure including the risk of physical harm, adverse mental health, and other physical and psychological damages to them and their parents.

JOINING FORCES
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RESEARCH REVIEW

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When is Coercive Control Intimate Partner Violence?

Coercive control (CC) is a pattern of behavior meant to establish dominance over another person through systematic restrictions on their freedom and independence. There is no consensus on the definition of CC or how CC should be measured, but examples are intimidation, isolation, and terror-inducing violence or threats of violence (Dichter, Thomas, Crits-Christoph, Ogden, & Rhodes, 2018). When CC is severe, by increasing in frequency, severity, and chronicity, it can be associated with trauma-associated mental health symptoms.

Dichter et al. (2018) sought to expand the current understanding of CC of women by examining (1) how specific forms of victimization (psychological, physical, and sexual) differ between women who experience intimate partner violence (IPV) *with* versus *without* CC; (2) how women's use of violence differs between women who experience IPV *with* versus *without* CC; and (3) how the risk of future violence differs between women who experience IPV *with* versus *without* CC.

Participants in this research were 553 women recruited from two emergency departments in Philadelphia, PA, who had experienced at least one act of physical, psychological, or sexual IPV. Thirty-two percent had experienced CC. Previous 3-month experiences of physical, psychological, and sexual violence were significantly higher among women who had

a history of CC. Compared to the no CC group, the women who were subjected to CC had a significantly greater risk of receiving psychological violence (88.2% vs. 70.6%), physical violence (42.9% vs. 7%), and sexual violence (24.3% vs. 4.6%). The CC group also perpetrated significantly more physical violence against their partner (42.7% vs. 18.8%) than the women who had not experienced CC, but there were no significant differences in their use of psychological violence (90.5% vs 92.5%, respectively) or sexual violence (7% vs. 4%, respectively).

The clinical implications of these findings include the need to inquire about CC in women's relationships as well as the acts of IPV that they have experienced and perpetrated. It is important that clinicians be aware that the use of violence by women in response to CC may put them at risk for injury. Their use of violence may also reflect their fear, risk, and isolation leading to the use of violence as a safety and survival strategy (Dichter et al., 2018).

Reference

Dichter ME, Thomas KA, Crits-Christoph P, & Ogden SN. (2018). Coercive control in intimate partner violence: relationship with women's experience of violence, use of violence, and danger. *Psychology of violence*, 8(5), 596-604.

Coercive control can be violent or non-violence. Examples of coercive control are intimidation, isolation, and terror-inducing violence or threats of violence.

Reducing Client-Perpetrated Violence, from page 1

supervisor and peer support within the organization can provide workers the opportunity to process incidents, and to connect workers to resources following an encounter of violence.

Supervisors in military FAP can also explore risk factors in their community in addition to those found in this study in Florida. Awareness of risk factors for maintaining a family advocacy work force and supervision that is attuned to these risks can improve worker morale and longevity. The authors suggested the need for research on: the nature, details, and

consequences of client violence; building worker-client rapport skills; and determining changes over time in the nature and exposure to violence experienced by child welfare workers.

References

Radey M, & Wilke DJ. (2018). Client-perpetrated violence among frontline child welfare workers. *Journal of Interpersonal Violence*. doi:10.1177/0886260518812792

New family advocacy case workers are sometimes exposed to physical and non-physical violence by clients. Supervisory and management practices play an important role in supporting all workers who are exposed to the risks of violence in their case work with families.

Strangulation in Intimate Partner Violence Is a Risk for Ill Health and Homicide

The prevalence of strangulation among intimate partners is underestimated as many victims do not report it and it is difficult to detect on examination in emergency departments. As a result, it is important for clinicians as well as law enforcement personnel to be aware of the seriousness of non-fatal strangulation that occurs in episodes of intimate partner violence (IPV).

In IPV incidents in the U.S. in which police were involved, almost 68% reported being strangled at least once or on multiple occasions and almost 12% reported attempted strangulation. As the severity of strangulation incidents increased, a woman's likelihood of seeking medical care for IPV-related injuries also increased. Victims who had been strangled multiple times were more likely than those not strangled to report feeling powerless, suffering from a miscarriage due to abuse, increasing severity or frequency of their partner's violence over the past year, and believing that their partner is capable of killing them (Messing, Patch, Wilson, Kelen, & Campbell, 2018). The lethality of prior nonfatal strangulation was demonstrated in the six times greater

odds of attempted homicide and seven times greater odds of completed homicide compared to controls who were physically abused or threatened with a weapon (Glass, Laughon, Campbell, Block, Hanson, Sharps, & Taliaferro, 2008).

When IPV is suspected, women's health care practitioners and emergency care personnel are ideally positioned to inquire about strangulation, address associated adverse health outcomes, and refer victims to appropriate services. Protocols need to be in place for first responders, police, health care providers, and advocates to facilitate screening and treatment for nonfatal strangulation.

References

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Strangulation is a distinct mechanism of violence with the potential for severe injury or death. Women's health care practitioners and law enforcement personnel need to be alert for strangulation due to its importance for health as well as for lethality.

How Should Child Welfare Workers Recognize, from page 2

providers. This often results in children not receiving care and follow-up when risks are not considered or recognized.

There are many requirements for child welfare workers to consider when responding to children who have been exposed to IPV. Henry (2018) suggested that better training of child welfare workers and law enforcement personnel is needed to understand the potential harms of IPV-exposed children. Research is needed to better understand the types of interventions necessary to help exposed children and the agencies that are best positioned to deliver them. If the harms of IPV exposure to children were better understood, policy and education of those involved in child welfare would be improved.

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- Henry C. (2018). Exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice. *Child Abuse & Neglect*, 86, 79-88.
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Child welfare workers, parents, and clinicians need to understand the many threats presented to children by IPV exposure including the risk of physical harm, adverse mental health, and other physical and psychological damages to them and their parents.

Residential Mobility and Victimization Risk Among Children

Residential mobility (multiple moves) has sometimes been associated with an increased risk of child maltreatment (Desmond, Gershenson, & Kiviat, 2015). This association is thought to result from the disruption of family stability—the ability of a family to operate as a cohesive unit with consistent activities and routines for children (e.g., school, peers, sports). However residential mobility is often accompanied by other stressors.

Merrick et al. (2018) argue that much of the research demonstrating an association between residential mobility and child maltreatment confounds multiple stressors in the lives of children. Data on children aged one month to 17 years were obtained from a cross-sectional study, the National Surveys of Children's Exposure to Violence (NatSCEV). The NatSCEV is a nationally representative sample of 12,935 cases (mean age=8.6 years) pooled from 2008, 2011, and 2014. The investigators tested the effect of the number of lifetime moves on child victimization, but also included the effects of other lifetime destabilizing factors on child victimization: natural disasters, homelessness, child out-of-home placements or changes in caretakers, parental incarceration, unemployment, military deployments, and multiple marriages (Finkelhor, Turner, Shattuck, & Hamby, 2013). The childhood victimization outcome measures were sexual victimization, witnessing community or family violence, physical assault, property crime, and polyvictimization (more than one type of child maltreatment).

Residential instability was not a statistically significant predictor of childhood victimization when it was included in the total model. However, the model *without residential mobility* predicted increased odds of all types of past year vic-

timization. In other words, the results of this study show that residential mobility alone is insufficient as a means to understand the ways in which multiple moves affect children. In addition, multiple moves are not necessarily negative. They can occur due to such factors as an increase in family size, a better job or a promotion, or moving to a better school district.

These findings show that several other family destabilizing factors are better predictors of child victimization than multiple moves. Similarly, interventions meant to mitigate the risk of child maltreatment would likely need to examine a wider array of destabilizing factors than residential mobility alone. The stresses of moving should not be underestimated, but when moves are contemplated, the array of family destabilizing factors in a child's life should also be considered.

References

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Residential mobility is often thought to be negative for children, but when other factors are considered, it may be a proxy for other destabilizing factors. In many cases, residential mobility is positive.

The Army Family Advocacy Program: Implementation Strengths and Challenges

The evaluation of program implementation and the effectiveness of interventions to treat child and adult maltreatment victims and offenders are among the many challenges facing program administrators. While the Army Family Advocacy Program (FAP) provides assessment and intervention in cases of maltreatment, there are both strengths and barriers to program implementation and evaluation.

A recent evaluation of 226 FAP cases (35% intimate partner violence (IPV), 35% child maltreatment, and 30% IPV and child maltreatment) closed in 2013 revealed case management strengths as well as areas for improvement (Aronson, Perkins, Morgan, Cox, & Robichaux, 2018). A majority of cases complied with case management protocols. For example, 100% of offenders and victims were interviewed separately by credentialed providers and 90% of all FAP cases included a risk assessment and safety plan. An assessment of victims was completed in 85% of combined IPV/child abuse cases, 74% for IPV only, and 52% for child abuse only cases. An assessment of the perpetrator was completed in 78% of combined IPV/child abuse cases, 77% for IPV, and 67% for child abuse. Medical records were in the files in 60-65% of cases. Military command was almost always (99%) involved in cases.

Treatment referrals for IPV and/or child abuse included individual counseling (40%), parenting groups (25%), marital counseling (20%), anger management (20%), and substance

abuse treatment (20%); however, few referrals were made for other services that could have helped such as financial management, emergency relief funds, or relocation services. Also, few referrals were made to community-based civilian providers.

Levels of treatment participation varied markedly between soldiers and civilians. Soldiers referred to violent offender groups completed 74% of sessions (mean = 11.16; SD = 9.37), and 79% of anger management sessions (mean = 5.84; SD = 4.68). However, civilian family members referred to anger management completed only 33.3% of sessions (mean = 1.89; SD = 2.81). Treatment participation for civilian family member offenders and victims and military victims is voluntary, but is mandatory for military offenders.

There are many barriers to treatment completion that are related to military family life. Military personnel can be ordered to attend treatment, but unit needs often take priority. Aronson et al. (2018) urged greater adoption of strategies to increase family engagement and treatment participation, as well as the use of evidence-informed treatment protocols.

Reference

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Understanding the processes involved in the effective delivery of social service interventions has become increasingly important given the common gap between what is known about effective services and interventions and what is actually provided to consumers.

PTSD is Associated with Violence Recidivism in Male Perpetrators of Intimate Partner Violence

Post-traumatic stress disorder (PTSD) is associated with perpetration of intimate partner violence (IPV) (Smith, Smith, Violanti, Bartone, & Homish, 2015). A recent study examined the relationship between PTSD symptoms, IPV treatment engagement and post-treatment recidivism among male offenders (Miles-McLean et al., 2018). A total of 293 male perpetrators of IPV attended a 20-session, 2-hours per week, IPV treatment program between 2006 and 2011. The questions addressed were (1) whether men with higher levels of PTSD symptoms would display greater difficulty engaging in treatment than men with lower levels, and (2) whether

men with higher levels of PTSD symptoms would have worse outcomes in violence recidivism (IPV perpetration and criminal violence) two years later.

Initial assessment included lifetime trauma exposure, current PTSD symptoms, depression, alcohol abuse, illicit drug use, and perpetration of violence. Treatment engagement measures included participants' perceptions of group cohesion, compliance with homework, and an evaluation of the client's and therapist's perception of the treatment alliance. Thirty-two men (10.9%) met criteria for a probable

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A Military-Specific Parenting Program Is Associated with Improved Parenting and Child Adjustment

A behavioral training program given to previously deployed parents with children ages 4-12 resulted in significantly improved parenting and was associated with improvements in child adjustment (Gewirtz, DeGarmo, & Zamir, 2018). This is the first known randomized controlled trial of an evidence-based parenting program specifically tailored to meet the needs of military families following deployments to Iraq or Afghanistan. This research is important since some data suggests that infants and children are at increased risk for maltreatment following a parent's return from deployment (Taylor et al., 2016; Strane et al., 2017). Post-deployment parenting interventions with service members and their spouses could help mitigate child maltreatment among military families.

The study was conducted with 336 primarily National Guard and Reserve families (Gewirtz, DeGarmo, & Zamir, 2018). After Deployment, Adaptive Parenting Tools (ADAPT) is a 14-week parenting program delivered in 2-hour weekly sessions to groups of 6 to 15 parents per group. Six core strategies are addressed: teaching through encouragement, discipline, problem solving, monitoring, positive involvement with children, and emotional socialization. The model provided military-specific material (e.g., discussion and role play of deployment-specific family scenarios). Parent-child interaction quality was rated by trained coders as they observed parents and children in a series of 5-minute structured tasks to assess parent use of social interaction learning skills (e.g., problem-solving, skill encouragement, monitoring) at baseline and again at 1-year follow-up. Child adjustment measures included age- and gender-normed self-report scores of school problems (e.g., negative attitude

toward school) and loneliness scores. Parent and teacher reports of child adjustment were used to assess behavioral problems in children.

Families that were randomly assigned to ADAPT showed significant increases in effective parenting at 1-year relative to the control group as assessed by trained coders observing parent-child completion of structured tasks. These changes predicted improvements in child adjustment reported by parents, teachers, and the children. The authors added that, in addition to the changes in parenting and child adjustment, parents showed an improved sense of control, which led to reductions in parental depression, PTSD symptoms, and suicidality six months later. The important lesson of this study is that teaching more effective parenting can improve well-being and functioning for both children and their parents.

References

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Teaching more effective parenting can improve child outcomes.

PTSD is Associated with Violence Recidivism, from page 6

PTSD diagnosis. Participants with a probable PTSD diagnosis reported lower homework compliance during therapy and lower perceptions of group cohesion and group task orientation late in therapy. When IPV recidivism was examined, 15.6% of those with probable PTSD engaged in IPV recidivism compared to 7% of those without probable PTSD. This difference was not statistically significant. Criminal recidivism (violence directed toward someone other than an intimate partner, other charges such as drug possession) was 15.6% for those with probable PTSD compared to 2.7% and this difference was significant.

While this study did not involve the treatment of PTSD per se, it does show that, for perpetrators of IPV, probable PTSD is associated with both reduced treatment engagement and an increased likelihood they will perpetrate additional acts of violence following treatment. Providers treating IPV perpetrators may wish to include routine assessment for PTSD symptoms and use of trauma-informed interventions for offenders with PTSD. IPV interventions which include discussions of the role of trauma may help to increase

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Reproductive Coercion and Intimate Partner Violence

Reproductive coercion (RC) is a form of coercive control. It can take the form of pregnancy pressure, pregnancy coercion, and/or birth control sabotage. It is generally defined as behavior that interferes with the contraceptive and pregnancy choices of women by male partners. RC can also be directed toward men such as when a female partner attempts to become pregnant when the male partner does not want it to occur (Park, Nordstrom, Weber, & Irwin, 2016).

RC is prevalent in both adolescents and adults, in heterosexual and same-sex relationships, and in those with and without a history of physical or sexual violence (Park, Nordstrom, Weber, & Irwin, 2016). Sixteen percent (n=103) of women 18-44 years old in a large obstetrics and gynecology clinic in 2012 reported pregnancy coercion or birth control sabotage. Of those who reported RC, 32% also reported intimate partner violence (IPV) (Clark, Allen, Goyal, Raker, & Gottlieb, 2014). Similarly, 11% of women veterans in 2014-2016, 18-44 years of age, reported RC in the past year (Rosenfeld, Miller, Zhao, Sileanu, Mor, & Borrero, 2018).

A qualitative study of 17 experienced health practitioners in Australia described RC as complex and hidden (Tarzia, Wellington, Marino, & Hegarty, 2018). They focused on two topics: the understanding and perceptions of the practitioners with regard to RC and the ways practitioners responded to it in practice. The themes identified in this study were that there is an intersection between RC and IPV and the context of control in women's relationships, behaviors that undermined or sabotaged a woman's control over her body, and a lack of practitioner knowledge about RC, including health care providers. The authors stressed the importance of raising awareness of RC as a hidden form of violence against women.

The legal and social status of RC is complex. In some circumstances, RC can be considered sexual abuse or sexual coercion (Douglas & Kerr, 2018). Birth control sabotage has been proposed as an act of IPV entailing the possibilities of tort and criminal charges. There are also complex arguments

around issues of unwanted pregnancy, fraudulent misrepresentation of the use of birth control, the value of a child to society (particularly when conceived under RC circumstances), and issues for parents of bringing a child into the world as a result of coercion, and its costs to the caretaker (Trawick, 2012). Care providers who encounter or suspect IPV should also be concerned about RC in women of childbearing age and assist victims in considering solutions to address these issues.

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PTSD is Associated with Violence Recidivism, from page 7

perpetrator treatment engagement and lead to a better therapeutic outcome. These findings highlight the need to develop and investigate trauma-sensitive approaches to IPV offenders who have significant trauma histories and PTSD symptoms.

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