Linking Adult Intimate Partner Violence in California with Children's Emotional and Behavioral Functioning

Elaine Zahnd, PhD[1], May Aydin, PhD[2], David Grant, PhD[2], and Sue Holtby, MPH[1]

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[1]Public Health Institute, Oakland, CA,
[2]UCLA Center for Health Policy Research, Los Angeles, CA

Presenter Disclosures

Elaine Zahnd

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.

My presentation will include discussion of "off-label" use of the following:

None.

Background: IPV and Adult Health

- Nearly 4 million Californians report experiencing intimate partner violence (IPV) as adults (17.2%) (CHIS 2007)
- Previous studies demonstrate an association between exposure to abuse, including witnessing IPV, and adverse *adult* physical and emotional health outcomes
  - Felitti, et al., *AJ Prev Med*, The Adverse Childhood Experiences (ACE) study, 1998, 245-258

Background: IPV and Child Health

- Beyond the trauma facing adult victims, an added concern is the toll IPV may take upon children in the household (HH)
- Exposure to *recent* IPV may adversely impact child health, especially when witnessing violence
  - McAlister Groves B, *Children who see too much: Lessons from the child witness to violence project*, 2002, Mass: Beacon Press.
- This California-based study focuses on the impact of *adult IPV histories* on young children's emotional and behavioral difficulties

Research Questions

- **The 3 main research questions are:**
  1) *What is the prevalence of IPV in households with children in California?*
  2) *Are children in IPV-households at greater risk of emotional/behavior difficulties compared to children in non-IPV- households?*
  3) *Do the patterns of child emotional/behavior difficulties vary by demographics?*

Methods: CHIS 2007 Data

- CHIS is the largest state population-based health survey in the nation
- RDD telephone survey conducted in 5 languages
- Designed to track health status & disparities among California's diverse racial/ethnic groups
- 2007 Sample = 37,333 adults ages 18-65 asked about IPV experiences
- Sample size for this Adult-Child HH-linked study
  - 4916 adults with children ages 4-11 years

Adult IPV Measures

- Introductory language to opt out and hot line
- Modified Conflict Tactic Scale* (CTS) * *Copyright Murray Strauss*
  - Since 18, current or past intimate partner physical or sexual violence
    - *Threats, push, kick, beat, threaten with or use gun or knife, and forced sex*
  - In the past 12 months, any physical/sexual IPV
    - *Perpetrator relationship and gender*
    - *Perpetrator drinking or using drugs during recent event*
    - *Frequency of incidents and help seeking*

Child SDQ Emotional/Behavior Measure

- Strength and Difficulties Questionnaire (SDQ)*
  - Brief behavioral screener to predict child psychiatric risk
  - **5 subscales:**
    - Emotional symptoms
    - Conduct problems
    - Hyperactivity or inattention
    - Peer relationships
    - Prosocial behavior
- Short 6-item version
  - *Obedience*
  - *Worry*
  - *Unhappy*
  - *Adult relationships*
  - *Attention span*
  - *Past 6 month symptoms*

Child SDQ Measure

- Asked of children 4-11 years *(proxy adult)*
- SDQ identifies overall risk & areas of specific developmental problems*
- If child difficulties with emotions or behavior in the past 6 mo., parent is asked:
  - Were they minor, definite or severe?
- Scales summed for overall score from 0-10
- Measures 3 levels of emotional or mental development:
  - ***Normal***
  - ***Borderline***
  - ***Abnormal***

Results: CHIS 2007 Adult IPV

- **Prevalence among all CA adults since turning 18 years**
  - Physical IPV = 17% *(3.7 million)*
  - Sexual IPV = 5% *(Over 1 million)*
- **Among those experiencing IPV**
  - Past 12 month physical IPV = 25% *(~925,000)*
  - Past 12 month sexual IPV = 8% *(~80,000)*

Results: IPV in Households with Children

- Prevalence among CA parents since turning 18 years
  - IPV history in HH with children 4-11 yrs:
    - 23% *(1.2 million)*
- Among parents experiencing IPV
  - Past 12 month IPV in HH with children 4-11 yrs:
    - 6% *(~278,000)*

Results: Child SDQ and IPV Histories

- SDQ borderline or abnormal (B/A) scores
  - Children 4-11 yrs = 11% *(~125,000)*
- *SDQ by IPV vs. Non-IPV histories*
  - ***Children in HH with IPV histories more likely to have B/A scores than children in HH without IPV histories***
    - *15% IPV HH vs. 8% Non-IPV HH (T-test=4.5; p=.000005)*
- Sample sizes:
  - Child HH with IPV histories (n=1132)
  - Child HH without IPV histories (n=3784)

Results: SDQ Borderline/Abnormal Scores

- **Gender:**
  - Males more likely to have B/A scores than females
    - 15% males vs. 8% *females* *(T-test=3.3; p=.001)*
- **Race:**
  - Asians less likely B/A scores than Whites
    - 5.7% Asians vs.9.8% Whites *(T-test=2.3; p=.02)*
  - Asians less likely B/A scores than Latinos
    - 5.7% Asians vs.10.5% Latinos *(T-test=2.6; p=.01)*

Results: SDQ Borderline/Abnormal Scores

- **Family Type:**
  - Children in single parent HH more likely B/A scores than children in married HH
    - 15% vs. 8% *(T-test=4.5; p=.00001)*
- **Poverty:**
  - Children in lower income HH more likely B/A scores than in higher income HH
    - 16% vs. 9% (0-99% vs. 200-299% FPL) *(T-test=3.0; p=.003)*
    - 16% vs. 7% (0-99% vs. ≥300% FPL) *(T-test=4.3; p=.00001)*
    - 11% vs. 7% (100-199% vs. ≥300% FPL) *(T-test=2.7; p=.007)*

Results: SDQ Logistic Regression Model

- Dependent Variable:
  - Children 4-11 yrs with abnormal or borderline SDQ scores
- 5 Independent Variables in Model:
  - Gender
  - Race/Ethnicity (Latino, White, African American, Asian, Others)
  - Federal Poverty Level (FPL) (0-99%; 100-199%; 200-299%; 300% and above)
  - Family Type (Single parent; Married couple)
  - Intimate Partner Violence Since 18 (Yes; No)

Results: What predicts SDQ abnormal or borderline scores?

- Adult IPV history
  - Children in HH with an IPV history almost twice as likely to have an A/B score as those in HH with Non-IPV histories (OR=1.8)
- Poverty
  - Children in the lowest income HH (0-99% FPL) almost three times as likely to have an A/B score as those at 300% FPL or above (OR=2.5)

Results: What predicts SDQ abnormal or borderline scores?

- Gender
  - Being male child: Almost twice as likely to have A/B score (OR=1.6)
- Family Type
  - Children in married couple HH were less likely to have A/B scores than children in single parent HH (OR= -.65)
- Race
  - Not an explanatory factor

Study Limitations

- Findings limited to CA population
- Smaller sample of child HHs with *recent* IPV limits the breadth for analysis
- Children are impacted by exposure to a variety of adverse experiences, including violence and poverty
  - Unable to determine if environment, temperament or other factors not measured on CHIS also impact child emotional and behavior difficulties

Conclusion

- A number of factors significantly increase the odds of child emotional or behavioral difficulties:
  - *Being male*
  - *Being poor*
  - *Living in a HH with an adult with an IPV history*
  - *Living in a HH with a single parent*
- Direct as well as indirect victims of IPV
  - Over 10% of adults grow up in HH in which women are IPV victims (Felitti, 1998)
  - Children suffer as hidden victims from parent's IPV trauma

Policy Implications

- Providers should increase their efforts to prevent IPV by screening and referring
  - *Protocols often used in adult medicine and OB/Gyn*
  - *Yet no standard for screening and a lack of funding for such services in pediatric settings*

- While the findings point to the importance of IPV & SDQ screening in pediatric settings
  - *Care must be taken not to blame the adult victim*
  - *The goal is to provide the parent and the child with any support and services they need*

Obtaining CHIS data

- *AskCHIS: User-friendly online data query system containing adult, adolescent and child state and county level data*
- *Public Use Files*
- *Confidential CHIS files: Apply to CHIS Data Access Center at UCLA Center for Health Policy Research*
- *CHIS publications: CHIS website www.chis.ucla.edu*