

Joining Forces

Volume 2 Issue 2

RESEARCH NEWS YOU CAN USE

January 1998

This edition of *Joining Forces* highlights four primary areas.

We have abstracted presenters' comments and follow-up actions currently being considered from the Family Violence in the Army Research Conference sponsored by the Family Violence and Trauma Project of the Uniformed Services University of the Health Sciences (USUHS) and the Army Community and Family Support Center (CFSC). The goal of the conference was the establishment of a research agenda for FAP. (See Presentations on page 2 and Future Actions on page 3.)

A synopsis of some of the collaborative efforts between USUHS and FAP are described. It highlights ongoing initiatives to ensure that research support is given to the field.

We welcome the comments of SSgt. Chuck DiBello who is new to our research staff. His interest in writing an article was influenced by his concern about the relationship between military stressors and family life (See NCO Notes on page 3).

FAP's Five Year Plan calls for the establishment of programs to address the relationship between substance abuse and family violence. We have begun a survey of the literature on the subject. We present some of that information and comment about substance abuse reported to the Army Central Registry.

RESEARCH CONFERENCE: FAMILY VIOLENCE IN THE ARMY

Continuing efforts to strengthen the Army Family Advocacy Program (FAP) in the areas of research and evaluation were reinforced during a research conference held at USUHS on 6-7 November 1997. The Family Violence and Trauma Project of the Department of Psychiatry and CFSC organized this conference to bring together experts in the field of family violence for an exchange of ideas on unique research opportunities within the Army.

The goals of the conference were to identify research topics and formulate a research agenda for FAP.

Dr. James A. Zimble, President of USUHS, assured conferees of the university's commitment to the reduction of child and spouse abuse by supporting scientific research strategies.

Mr. John McLaurin, J.D., Deputy Assistant Secretary of the Army (Military Personnel Management and Equal Opportunity Policy) keynoted the conference by stressing the significance of FAP's efforts to prevent and treat child and spouse abuse, and the relationship of these efforts to the well being of soldiers.

Dr. Robert Ursano, Chair of the Department of Psychiatry at USUHS, set the tone for the conference by reminding participants that the bottom line in military research is to answer commanders' questions.

FAP RESEARCH COLLABORATION WITH USUHS

1998 begins the third year of a research and collaborative effort between the Family Violence and Trauma Project, USUHS, and CFSC. The project has three broad goals: research, research management, and scientific support to the field. Analyses of the Army Central Registry (ACR) have been an important part of our work. We have produced two volumes of analyses of registry data, one on spouse abuse and one on child abuse. Since 1995, we have

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**RESEARCH CONFERENCE:
PRESENTATIONS**

A panel of experts provided an overview of child abuse/neglect and spouse abuse research areas that would be suitable for FAP to consider. Dr. Malcolm Gordon, National Institute of Mental Health; Dr. Peter Jensen, National Institute of Mental Health; and Dr. Joel Milner, Northern Illinois University focused their presentations on child abuse issues. Dr. James Breiling, National Institute of Mental Health; and Dr. Daniel O'Leary, State University of New York at

Stony Brook described the current status and ongoing need for spouse abuse research. Each presentation was followed by a moderated discussion among the 34 conferees that focused upon key research issues.

**CHILD ABUSE
and
NEGLECT**

Joel Milner, Ph.D.
Northern Illinois University

Dr. Milner noted that during the past decade there has been a dramatic decrease in the amount of published research investigating child physical abuse offender characteristics. However, unlike in the past, today there are many more models of child physical abuse that are available to guide research, intervention, and prevention efforts.

Dr. Milner reviewed some of the child physical abuse models that attempt to explain why parents physically abuse their children. The question was raised regarding what specific child abuse models, if any, are being used by Army family advocacy personnel to guide their intervention and prevention efforts.

Malcolm Gordon, Ph.D.
National Institute of Mental Health

Dr. Gordon elaborated on several research questions relative to the epidemiology of child sexual abuse. These include: How common is sexual abuse? What are the typical types of child sexual abuse? Why does sexual abuse occur? What are the varied consequences of sexual abuse? What is the effectiveness of prevention and treatment modalities?

In addressing these questions, Dr. Gordon cautioned against relying on research that is not well developed and studies that use small samples.

Peter Jensen, M.D.
National Institute of Mental Health

Dr. Jensen indicated that there is a congressional mandate that child abuse and neglect research be reviewed and coordinated by NIMH. There has also been a call for more leadership and the development of a strategic research plan involving programs within the National Institute of Health.

In terms of Army research, it was suggested that the antecedents and consequences of child abuse be examined in light of income, mobility, deployment, and community disruptions. These factors should be examined as bona fide health problems.

SPOUSE ABUSE

James Breiling, Ph.D.
National Institute of Mental Health

Dr. Breiling suggested that we critically examine domestic violence interventions that do not have research data to support the interventions' effectiveness.

Unless interventions are based upon convincing data derived from using a rigorous *experimental design*, Dr. Breiling noted, the effectiveness of treatment efforts are to be questioned. He asked whether those of us in the field of domestic violence are going to *continue operating solely on beliefs or on scientific knowledge based upon sound research and evaluations.*

JOINING FORCES



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Dr. Breiling suggested that an initial step in solving the problem would be the formation of clinical research networks.

Daniel O'Leary, Ph.D.
State University of New York
at Stony Brook

Differential assessments and treatment interventions based upon whether spouse abuse violence is mild, moderate, or severe were suggested by Dr. O'Leary. He believes that the correlates and causes of the levels of violence are different. Also, rather than view child and spouse abuse as separate entities, it was recommended that we assess families to determine the extent to which there are common predictors of aggression against children and marital partners.

It was reinforced that there is no evidence that any single treatment for partner abuse works any better than another one. Attention was also called to the large drop-out rate for individuals involved in spouse abuse treatment. Why are they dropping out? It was proposed that drop-outs may occur because we offer clients services they neither want nor from which they can profit.

Relative to treatment, the question was raised as to how we can better determine those offenders who can be helped and those who cannot. Dr. O'Leary described risk factors for abuse such as marital discord, self-reported problems with alcohol/drugs, depressive symptomatology, being younger, concerns about housing, the worksite, and finances. He also stressed that violence perpetrated by women is not currently being addressed

in the research literature, though the role of physical aggression by women is highly predictive of physical aggression by males in dating, engaged, and married populations. However, the role of physical aggression by women in extremely violent relationships is not clear.

RESEARCH CONFERENCE: FUTURE ACTIONS

Overall, the conference set the stage for a major collaborative effort between FAP, the academic community, and other federal programs that address child and spouse abuse issues.

Plans are underway to develop "Centers of Excellence" to test various research models. That concept was one of the key areas discussed during the San Diego Conference. Centers of Excellence would facilitate the development of expertise in the areas of child/spouse abuse prevention and treatment, assist in the development of education /training materials, and serve as sites for demonstration projects and program evaluation.

SERVICES FOR SHAKEN BABY SYNDROME

The Child Abuse Prevention Center has established a National Information, Support, and Referral Service on Shaken Baby Syndrome.

The goal of the service is to provide valuable information and resources to professionals and parents throughout the nation.

For information, contact: The Child Abuse Prevention Center, Shaken Baby Syndrome Information, Support and Referral Service, 2955 Harrison Blvd., Ste. #102, Ogden, UT 84403. Telephone: 801-393-3366. FAX: 801-393-7019.

USING RESEARCH TO KNOW YOUR PEOPLE

SSgt. Chuck DiBello, B.S., USAF

As a NCO, I believe that research is important because it helps me to better understand my people, find ways I can better help them, and know where to refer them when help is needed. As we all know, the military is changing everyday. Issues such as downsizing, TRICARE, and the possible loss of benefits are on the minds of all members of the Armed Forces. Military members are being asked to leave their families and loved ones for extended periods of time for either TDY or deployments. These assignments add stress to an occupation that is already stressful and create situations that make it difficult for service members to properly manage their responsibilities. As a manager of enlisted personnel, I need to know how the ever-changing environment of the military affects our most important resource, the people.

A way to get answers about people is to go out among the troops and find out how they are doing. You may call this studying the problems by walking around. It is an important way to make sure that you and the troops are speaking the same language.

Relative to child and spouse abuse, I have found central registries to be an important source of information about local and service-wide abuse incidents.

When I am faced with difficult decisions such as recommending service members for TDY or deployment, it is important for me to know about

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**COMING SOON TO A
MACOM NEAR YOU...**

In the near future, the Family Violence and Trauma Project (FVTP) will send each major command's family advocacy program manager (MACOM FAPM) a report discussing the MACOM's family violence statistics. The purpose of the report is for FAPMs to better understand their local situation and enable them to describe it to others. The title of the report is "Family Violence in [MACOM]: How Are We Doing?"

The first and only question that most commanders ask is "How do we compare with the rest of the Army?" FAPMs should know that comparisons with the rest of the Army are not practical. Each MACOM has such a different mission and mix of personnel that comparisons to "the Army" are meaningless. The most important indicator of how you are doing would be a comparison of your installation's year-to-year figures on family violence incidents with factors that may have contributed to an increase or a decrease in those figures.

The Family Violence report will focus on a number of questions that could be asked by an installation commander, Case Review Committee members, soldiers and their families, or local civilian officials. Following are examples of the questions. They will be more comprehensively answered in each MACOM's report. We provide a brief response to five of the questions here.

1) How much family violence is there? The difference between counts (frequencies) and rates (frequencies in relation to the population) produce different

information. One is not more important or better than the other.

2) What are the differences in maltreatments? Most spouse abuse is minor physical injury; most child maltreatment is about evenly divided between neglect and minor physical injury. It is important that each type of maltreatment be examined and described differently.

3) What local changes may have contributed to differences in the yearly statistics? Changes during the past year in the installation's mission, the availability of housing, in law enforcement practices in the military or civil jurisdictions, etc., can affect family violence. There should be a checklist of possible factors to consider. Also, changes in the installation's population can greatly affect numbers and rates. If a unit has moved to another installation or was deployed for a substantial period of time, these changes in population can also be considered when comparing the yearly statistics.

4) Are there differences in the demography (e.g. age, race, sex) between active duty or family member offenders or victims of family violence? This type of information can help identify targets for your interventions.

5) How big of a problem is recidivism? It is important to know if the subsequent incidents and re-opened cases differ from initial incidents relative to severity, type of maltreatment, sex of the offender and victim, or other case incident factors.

The subject of other questions covered in the report include: route of referral, reports

of substance abuse, constructing appropriate comparisons, causes (attributions) of family violence, and interactions with local jurisdictional authorities. The report will help FAPMs improve their understanding of their programs and help them make informed decisions about necessary changes.

We would appreciate your thoughts on these questions and suggestions for others. Please respond by e-mail to Laurie Thayer at lthayer@usuhs.mil. Comments will be shared in the next newsletter.

USING RESEARCH

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the possible link between family violence and stress associated with the departure of troops. I have to make sure that the mission is accomplished. At the same time, I have to be concerned about how the mission may affect the service member's family situation.

It is my responsibility to make sure my troops are all right and try to help with any problems as they occur. I also have to know my limitations and what resources to use. To do this, I have to stay abreast of readings and other information that deals with families. That's a part of knowing my people and using research to get the job done.

This newsletter was prepared for the U.S. Army Community and Family Support Center, Family Advocacy Program under an Inter-Service Support Agreement between the Department of the Army, and the Department of Defense, Uniformed Services University of the Health Sciences, Department of Psychiatry.



SUBSTANCE ABUSE AND THE ARMY CENTRAL REGISTRY

Substance abuse has an uncertain place relative to understanding the contributing causes of family violence. Some scientific and medical literature give substance abuse an important role while other publications play it down. (For a discussion of both sides of this issue, see Flanzer J.P.: "Alcohol and other drugs are key causal agents of violence" and Gelles R.J.: "Alcohol and other drugs are associated with violence: they are not its cause" in Current Controversies on Family Violence by R.J. Gelles and D.R. Loseke (eds.), Sage Publications, Newbury Park, CA, 1993.)

If substance abuse relates to violence, it is through an array of individual, situational, and social factors. -Gelles

The Family Violence and Trauma Project has produced two documents on family violence as reported to the Army Central Registry (ACR) over the time period 1975-1995, one for spouse abuse and one for child abuse and neglect. Each report provides a tabulation of substance involvement and ACR statistics for victims and offenders.

For spouse abuse victims, substance abuse was listed as "Unknown" in 17.7% of initial cases, 20.9% of subsequent incidents, and 19.6% of re-opened cases. For offenders, the percentages were, respectively, 18.5%, 23.6%, and 20.2%.

In the cases of child abuse and neglect, the percentage of "Unknown" substance involvement for offenders was

20.6% for initial cases, 28.1% for subsequent incidents, and 25.3% for re-opened cases.

The high percentage of unknown cases may be due to several factors: inquiries are not made about substance abuse, information given by the victim or offender is not thought to be reliable, or the actual extent of substance involvement is not known.

Relative to alcohol and domestic violence, causality hinges on association evidence, timing, and interventions. - Flanzer

In a recent article in Child Abuse and Neglect entitled "Identifying Substance Abuse in Maltreating Families" (1995, Vol. 19, No. 5, pp 531-543) Dore et. al., reviewed the importance of substance abuse in families, discussed the differences between screening and assessment instruments, and raised a number of important issues for family advocacy program workers. One of the most interesting issues is the relationship of substance abuse and family violence to health problems and social functioning.

We need your input...

It would be interesting to have responses from FAPMs as to how you screen for substance abuse. What have you found helpful (including the use of paper/pencil measures and interview techniques)? What are the issues around the involvement of substance abuse in treatment and prevention programs?

Please respond by e-mail to Dr. John Newby at jnewby@usuhs.mil. Comments will be shared in the next newsletter.

COLLABORATION
Continued from page 1...

also responded to numerous separate requests for statistical information from FAPMs, social workers, HQDA staff, other officials, and the media. Analyses of the ACR are ongoing.

Our data base now includes over 1,100 scientific articles and other scholarly material related to family violence. We have conducted our own family violence literature reviews on major subjects including both classic and current articles. We are currently working on studies pertaining to deployment issues.

We have participated in the planning and implementation of the past two annual FAP training conferences. A conference report summarizing the January 1997 conference in San Diego was completed and widely distributed. We hope that this document helps FAP personnel think seriously about evaluating the effectiveness of FAP at local, MACOM, and DA levels. The November research conference, described in this edition of "Joining Forces," will serve as a compendium of expert advice to HQDA on some aspects of the evaluation of FAP on a long-term basis.

Six editions of FAP's quarterly newsletter, "Joining Forces" have been distributed. In "Joining Forces," we have provided research information to the field. As a part of each edition, we have included some information on basic statistics which we hope will increase readers' ability to formulate their own questions in scientific terms and think about how to perform research. We would like to receive some feedback on "Joining Forces" and other FVTP projects. Please contact us.



MORE INFORMATION FROM THE 2x2 TABLE

In this issue, we will continue to illustrate the types of information displayed in a 2x2 table (see Vol. 1 Issue 4). Specifically, we will show how to interpret the frequencies and percentages in each cell and in the margins of the table. To illustrate this, let's use a sample of 1,000 spouse abusers. The research question is: Is there is a relationship between the gender of offenders and incidents involving substance abuse? Below is the 2x2 table for this sample.

	Offenders		Total	N Percent (Total) Row Percent Column Percent
	Male	Female		
Incidents Involving Substance Abuse	210(A) 21% 84%	40(B) 4% 16%	250 25%	
Incidents Not Involving Substance Abuse	470(C) 47% 63%	280(D) 28% 37%	750 75%	
Total	680 68%	320 32%	1,000	

To answer this question, we can calculate the chi-square based on frequencies (N) using the formula provided in the last newsletter (see Vol. 2 Issue 1 for more information on chi-square):

$$X^2 = \frac{[(AD-BC)]^2 N}{(A+B)(C+D)(A+C)(B+D)}$$

Here, the chi-square of 39.22 is statistically significant ($p < 0.001$). Now we know there is an association between the gender of offenders and incidents involving substance abuse.

What other information can we gather from the table? In addition to the basic cell counts, or frequencies (N), each cell can provide three more categories of information. These are the overall percentage (the percentage of the total sample in that cell), the row percentage (the percentage of that cell's row total), and the column percentage (the percentage of that cell's column total). These percentages have been calculated for each cell. For example, the 210 males with incidents involving substance abuse constitute 21% of the total (1,000), 84% of the row total (250), and 31% of the column total (680).

Each of the percentages yields different information. Remember we are examining the association between the gender of offenders and incidents involving substance abuse. To illustrate this, we could report two different sets of percentages. Using the column percentages, (the percent of offenders with incidents involving substance abuse out of the total number of offenders for that column) we see that of the total offenders, regardless of gender, 25% (250) had incidents involving substance abuse. Distributed by gender, we see that of male offenders, 31% (210) had incidents involving substance abuse, and of female offenders, 12.5% (40) had incidents involving substance abuse. Using both frequencies and percentages, there are more male than female offenders with incidents involving substance abuse.

Remember, however, the differences between a frequency and a rate or percentage. The frequency is a count, or number of offenders, and a

rate or percentage takes into account the size of the population. Had there been 900 males and 100 females in the sample, for example, we would get a different result. 23.3% (210) of the male offenders would have incidents involving substance abuse compared to 40% (40) of the female offenders. Using this example, females have a larger percentage of offenders with incidents involving substance abuse, even though there were more males with incidents involving substance abuse

Using the row percentages (percent of male and female offenders of a specified row) to address the association between the gender of offenders and incidents involving substance abuse, we see that of all offenders regardless of substance involvement, 68% are males, and 32% are females. If we look at those incidents specifically involving substance abuse, we see that 210 (84%) are males compared to 40 (16%) who are females.

If there had not been an association between gender and incidents involving substance abuse, the gender distribution for incidents involving substance abuse would have equaled the gender distribution of the total sample. However, the distributions are not equal. There was a higher percentage of males with incidents involving substance abuse (84%) compared to the percentage of males in the total sample (68%). The females had a lower percentage of offenders with incidents involving substance abuse (16%) compared to the percentage of females in the total sample (32%).