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# Relational Problems and Violence

<table>
<thead>
<tr>
<th>Intimate partner relational problems</th>
<th>Partner maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver-child relationship problems</td>
<td>Child maltreatment</td>
</tr>
</tbody>
</table>
• Clinical and public health relevance of relational problems
• Assessment of relational problems
  – Relevance in the DSM and ICD
  – In the DSM-IV and ICD-10
  – Changes adapted into the DSM-V
  – Progress in the ICD-11
  – Recommendations for clinical practice and future research
• Clinical and public health relevance of relational problems

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  – Recommendations for clinical practice and future research
• Common reason for seeking treatment

• Important for prognosis, course, and treatment of a variety of other conditions

• Vast impacts on psychological, physical, and economic health
Psychological Impacts of Partner Maltreatment

- Depression
- Anxiety disorders
- Eating disorders
- Psychosomatic disorders
- Sexual dysfunctions
- Substance abuse disorders
- Suicide
- Sexually risky behaviors
- Self-esteem
- Sleep disturbances
- Physical inactivity
- Child behavior problems
- Poor child academic performance
Physical Impacts of Partner Maltreatment

- Homicide
  33-70% of female homicides are caused by an intimate partners, depending on the country.

- Injury
  - Sexually transmitted diseases
  - Poor overall health
  - Functional impairment
  - Permanent disability
  - Chronic pain syndromes, fibromyalgia
  - Gastrointestinal disorders
  - Gynecological disorders
  - Pregnancy problems (miscarriages, unsafe abortions, complications, low birth weight)
Economic Impacts of Partner Maltreatment

Direct Costs
- Health care (e.g., emergency room visits, counseling, medications)
- Criminal justice system, legal, property damage, social welfare assistance

Indirect Costs
- Loss of productivity (days worked, days of household work)
- Quality of life, pain, and suffering
- Inter-generational transmission, impact on children and services needed for them
• United States estimates
  – 8.3 billion dollars in 2003 (CDC, 2003; Max et al. 2004)
  – With a broader estimate including more indirect costs, 67 billion
Economic Impacts of Partner Maltreatment

• Brazil, 2004
  Direct medical costs = .4% of total health expenditure
  Indirect costs = 1.4% of total GDP

• Jamaica, 2006
  Direct medical costs = 12% of Jamaican total health expenditure
  Indirect costs = 4% of their GDP

• Thailand, 2005
  Direct medical costs = 4% of total health expenditure
Clinical and public health relevance of relational problems

• Vast impacts on psychological and physical health
  – **Child maltreatment** - severe neglect leads to wide range of developmental problems including emotional regulation problems, cognitive difficulties, and altered neurological development
  – **Intimate relational problems** - predict depression, anxiety, and are associated with other psychological conditions and poor physical health
  – **Parent-child relationship problems** - associated with a range of child mental health disorders such as conduct disorder, ADHD, and depression
Relational Problems

Development: Learned Relationship Behaviors and Emotion Regulation Skills

Physiological: Stress responses

Behavioral medicine: Family health behaviors and access to care

Mental and Physical Health
• **Clinical and public health relevance of relational problems**

• **High prevalence**
  
  – **Child maltreatment**
    • In the Netherlands, incident rate in 2005 was 3%.
    • Only 13% of cases are detected by CPS (Euser et al., 2009)
    • Cause of .6% of child deaths worldwide (WHO, 2006)
  
  – **Partner maltreatment**
    • 15 – 71 % of women experience sexual or physical violence in their lifetime (Garcia-Moreno et al. 2005);
    • 25.4% in Europe (Garcia-Moreno et al., 2013)
  
  – **Intimate relational problems**
    • 20-30% (Beach et al. 2005; Whisman et al., 2008)
Clinical and public health relevance of relational problems

Public Health Approach

1. Develop and use of valid measures
2. Determine prevalence rates
3. Determine public health impact
4. Assess risk and protective factors
5. Develop and test interventions
6. Refine interventions
7. Dissemination (detection and treatment)
• Clinical and public health relevance of relational problems

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Relevance of Relational Problems in the ICD and DSM

- The ICD is used to code mortality and morbidity in 110 countries and 60% of world’s population
- Used for allocation of 70% of all world health expenditures
- Both used for international epidemiology, patient records, quality assessments of health care systems
- Both used for training professionals
• Detection
  – To inform treatment planning
  – For public health change

• Comparability
  – Identify risk factors
  – Test treatments
  – Quicker scientific progress
• Clinical and public health relevance of relational problems

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Relational Categories in the DSM-IV

“Other conditions that may be of clinical attention”
“Relational Problems”
• V61.9 Relational problem related to a mental disorder or general medical condition
• V61.20 Parent-child relational problem
• V61.20 Partner relational problem
• V61.8 Sibling Relational problem
• V62.81 Relational problem not otherwise specified

“Problems related to abuse or neglect”
• V61.21 Physical abuse of child
• V61.21 Sexual abuse of child
• V61.21 Neglect of child
• V61.12 Physical abuse of adult (perpetrator of abuse to intimate partner)
• V62.83 Physical abuse of adult (perpetrator of abuse to non-intimate partner)
• 995.81 Physical abuse of adult (victim)
• V61.12 Sexual abuse of adult (perpetrator of abuse to intimate partner)
• V62.83 Sexual abuse of adult (perpetrator of abuse to non-intimate partner)
• 995.83 Sexual abuse of adult (victim)

AXIS IV
• Problems with primary support group - e.g., death of a family member; health problems in family; disruption of family by separation, divorce, or estrangement; removal from the home; remarriage of parent; sexual or physical abuse; parental overprotection; neglect of child; inadequate discipline; discord with siblings; birth of a sibling

Relational Categories in the ICD-10

- Z60 Problems related to social environment
  - Z60.1 Atypical parenting situation
- Z61 Problems related to negative life events in childhood
  - Z61.2 Altered pattern of family relationships in childhood
- Z61.4 Problems related to alleged sexual abuse of child by person within primary support group
- Z61.6 Problems related to alleged physical abuse of child
- Z62 Other problems related to upbringing
  - Z62.0 Inadequate parental supervision and control
  - Z62.1 Parental overprotection
  - Z62.3 Hostility towards and scapegoating of child
  - Z62.4 Emotional neglect of child
  - Z62.5 Other problems related to neglect in upbringing
  - Z62.6 Inappropriate parental pressure and other abnormal qualities of upbringing
  - Z62.8 Other specified problems related to upbringing
  - Z62.9 Problems related to upbringing, unspecified
- Z63 Other problems related to primary support group, including family circumstances
  - Z63.0 Problems in relationship with spouse or partner
  - Z63.1 Problems in relationship with parents and in-laws
  - Z63.2 Inadequate family support
- Y05 Sexual assault by bodily force
- Y06 Neglect and abandonment
  - Y06.0 By spouse or partner
  - Y06.1 By parent
- Y07 Other maltreatment
  - Y07.0 By spouse or partner
  - Y07.1 By parent
- T74 Maltreatment syndromes
  - T4.0 Neglect or abandonment
  - T74.1 Physical abuse
  - T74.2 Sexual abuse
  - T74.3 Psychological abuse
  - T74.8 Other maltreatment syndromes
  - T74.9 Maltreatment syndrome, unspecified

Similar Problems with the ICD-10:
- No valid definitions
- Not reliably used
- Limited clinical utility and use for surveillance
- Not scientifically-based
Current physical partner abuse in ICD-10

T74.1 Physical abuse
Battered: baby or child syndrome NOS
spouse syndrome NOS

T74.2 Sexual abuse
T74.3 Psychological abuse
• Historically, individual biological perspective in classification rather than relational

• Not enough past research at the time of the ICD-10 and DSM-IV revision time frame in the 1990s
Moving Toward Improved Assessment of Relational Problems

• Scientifically-based definitions that can be reliably coded

• Should lead to better surveillance, clinical usefulness, and progress in research on these topics
Relational Processes Working Group
Steering Committee Members

Steven R. H. Beach, Ph.D. University of Georgia
Anthony Cordaro, M.D., University of Colorado School of Medicine
Heather M. Foran, Ph.D., University of Braunschweig
Richard E. Heyman, Ph.D. New York University
Nadine J. Kaslow, Ph.D., Emory University
Amy M. Smith Slep, Ph.D., New York University
Marianne Z. Wamboldt, M.D., University of Colorado School of Medicine
David Reiss, M.D., Yale Child Study Center (founded group in 2001)
Relational Processes Group Efforts

- Conduct studies and compile scientific evidence
- Three past conferences on this topic
  - 2005; 2007; 2010
- Gather input from international family experts
- Summarized in several resources:
• Clinical and public health relevance of relational problems

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# Key Changes in the DSM-V

– Found under other conditions that may be a focus of clinical attention

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<th>DSM-V</th>
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<tbody>
<tr>
<td>“Conditions or Problems”</td>
<td>SAME</td>
</tr>
<tr>
<td></td>
<td>More coverage (3 times longer)</td>
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<tr>
<td>No definition or brief definitions</td>
<td>Expanded definitions with examples and specifiers</td>
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<tr>
<td>Absent categories</td>
<td>NEW - Child psychological abuse</td>
</tr>
<tr>
<td></td>
<td>NEW - Spouse or partner psychological abuse</td>
</tr>
<tr>
<td></td>
<td>NEW - Spouse or partner neglect</td>
</tr>
<tr>
<td>Absent categories</td>
<td>NEW (matching with ICD)</td>
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<td></td>
<td>Upbringing away from parents</td>
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<td></td>
<td>Child affected by parental relationship distress</td>
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<td></td>
<td>Disruption of family by separation or divorce</td>
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<td>High expressed emotion level within family</td>
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### Key Changes in the DSM-V: Spouse or Partner Physical Abuse

<table>
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</table>
| No definition | • Nonaccidental acts of physical force  
• Examples: shoving, slapping, hair pulling, pinching, restraining, shaking, throwing, biting, kicking, hitting with the fist or an object, burning, poisoning, applying force to the throat, cutting off air supply, holding the head under water, and using a weapon.  
• That result, or have reasonable potential to result, in physical harm to an intimate partner or that evoke significant fear in the partner and have occurred during the past year.  
• Excludes acts for self-protection or to protect one's partner. |
| Victim v. perpetrator | Initial and subsequent encounter  
Confirmed or suspected  
Victim v. perpetrator  
Lifetime history |
Rationale for the Criteria

- More specific questions lead to more likelihood of disclosure (WHO, 2013)
- Without assessing impact, difficult to determine whether it is physical abuse
- Intent is hard to judge so control is not included
- Not necessarily in the context of relationship conflict
- Can be reliably assessed (Heyman et al. 2013)
Evidence Base: Family Maltreatment

- Study 1: Surveyed experts about maltreatment criteria and compared to existing definitions (CDC, WHO)
- Study 2: Developed and field tested criteria
- Study 3: Field Test #2: Refined process (Heyman & Slep, 2006; Slep & Heyman, 2006)
- Study 4: 41-site dissemination trial (Heyman & Slep, 2009)
- Study 5: Evaluated the validity of the measures (Foran et al. 2011; Slep, Foran et al. 2010; Slep, Foran et al. 2011)
- Study 6: Developed screening instruments for applied use with over 90% sensitivity and specificity (Heyman, Snarr, Foran, Slep, et al. 2013)
- Now disseminated for use ~ over 3 million
# Key Changes in the DSM-V: Spouse or Partner Psychological Abuse

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| Absent    | • Nonaccidental verbal or symbolic acts by one partner  
• Examples: berating, disparaging, or humiliating the victim; interrogating the victim; restricting the victim's ability to come and go freely; obstructing the victim's access to assistance (e.g., law enforcement, legal, protective, or medical resources); threatening the victim with physical harm or sexual assault; harming or threatening to harm people or things that the victim cares about; unwarranted restriction of the victim's access to or use of economic resources; isolating the victim from family, friends, or social support resources; stalking the victim; trying to make the victim think he or she is crazy  
• That result, or have reasonable potential to result, in significant harm to the other partner |

Initial and subsequent encounter  
Confirmed or suspected  
Victim v. perpetrator  
Lifetime history
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<tr>
<td>Interaction between spouses or partners characterized by negative</td>
<td>Relationship distress is associated with impaired functioning in:</td>
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<tr>
<td>communication (e.g., criticisms), distorted communication (e.g.,</td>
<td>a) behavioral domains</td>
</tr>
<tr>
<td>unrealistic expectations), or non-communication (e.g., withdrawal).</td>
<td>conflict resolution difficulty, withdrawal, and overinvolvement</td>
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<td></td>
<td>b) cognitive domains</td>
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<td></td>
<td>chronic negative attributions of the other's intentions or dismissal</td>
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<td></td>
<td>of the partner's positive behaviors</td>
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<tr>
<td></td>
<td>c) affective domains</td>
</tr>
<tr>
<td></td>
<td>chronic sadness, apathy, and/or anger about the other</td>
</tr>
<tr>
<td>Absent categories</td>
<td>Specific mention of same-gender couples</td>
</tr>
<tr>
<td></td>
<td>Disruption of family by separation or divorce</td>
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<td></td>
<td>Child affected by parental relationship distress</td>
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<td>DSM-IV-TR</td>
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</table>
| Pattern of interaction between parent and child (e.g., impaired communication, overprotection, inadequate discipline) associated with clinically significant impairment in individual or family functioning or the development of CS symptoms in parent or child. | • Impairment with the quality of the parent-child relationship or
• The quality of the parent-child relationship is affecting prognosis, course or treatment of a mental or medical disorder
• Associated with impaired functioning in
  a) behavioral domains
    inadequate parental control, supervision, and involvement with child, parental overprotection, excessive parental pressure, arguments that escalate to threats of physical violence, avoidance without resolution of problems
  b) cognitive domains
    negative attributions of other’s intentions, hostility toward or scapegoating of the other, unwarranted feelings of estrangement
  c) affective domains
    feelings of sadness, apathy, or anger about the other individual in the relationship |
ICD-11 Progress

• Definitions are planned to be incorporated into ICD-11, Z codes
• Goal is to also simply the coding structure
• International working group for field trials
  1. Test the screening instruments in other settings, particularly low and middle income countries
  2. Test the clinical utility through the global clinical network
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Next Steps and Future Directions

- Use of codes in practice
- Use of codes in different settings
- Use of codes for research
- Training and increasing awareness
- Iterative improvement of the codes
  - Cross-cultural data
  - More international data on specific types
    - Caregiver-child relationship problems
    - Psychological abuse and neglect
    - Intimate relational problems
• Screening instruments and clinical interviews
  – There are brief screening instruments available for most of the relational problems that match the definitions and can be used in clinical settings
  – More consensus on international screening practices and validation across cultures and languages is needed
Moving Forward in Public Policy

• Document the prevalence with reliable codes
  – Especially with the DSM and ICD codes
• Document the impacts for physical, mental, and economic health
• Show the effectiveness of the treatments
  – Including cost effectiveness
• Stay involved in public advocacy
Hopes for the Future

• Wide recognition of and evidence for the family and social influences on health

• Wide recognition of relationships and related problems as important in their own right
Dank u

I can be reached at:

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Public health relevance

“Among other things, parenting has emerged as a robust predictor, perhaps the most robust predictor, of a wide range of psychopathological outcomes in youth.”

Klahr & Burt, 2013 Psychological Bulletin
## Key Changes in the DSM-V: Child Neglect

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<tr>
<td>No definition</td>
<td>• Any confirmed or suspected egregious act or omission by a child's parent or other caregiver that deprives the child of basic age-appropriate needs and</td>
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<tr>
<td></td>
<td>• thereby results, or has reasonable potential to result, in physical or psychological harm to the child.</td>
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<tr>
<td></td>
<td>• Child neglect encompasses abandonment, lack of appropriate supervision, failure to attend to necessary emotional or psychological needs; and failure to provide necessary education, medical care,</td>
</tr>
<tr>
<td>Initial and subsequent encounter</td>
<td>Confirmed or suspected</td>
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<td>Lifetime history</td>
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