



THE FELLOW

EDITORIAL BOARD

Samira Ali
Michelle Evans-Chase
Sara Wiesel Cullen
Itay Greenspan
Maayan Schori
Kristie Thomas
Abhijit Visaria

TABLE OF CONTENTS

Peer Review

Non-fatal Strangulation in Intimate Partner Violence Against Women by Manisha Joshi
Pages 2-3

Sources & Tips

Page 3

Alumni Spotlight (NEW!)

Victoria Stanhope, PhD
Page 4

Did You Know...

Page 4

Peer Cites

Pages 5-6

The Fellow is the official peer-reviewed publication of the Ph.D. students at the School of Social Policy & Practice at the University of Pennsylvania

Another semester has come and gone...The last several months have been very busy for all of us. We would like to take this opportunity to reflect on some of the events that took place and thank those that organized them as well as all who participated and made them a success.

This semester we were given the opportunity to attend no less than 10 colloquium events! First, we had the new school-wide Pauline S. Holsaert Research Colloquium Series organized by Itay Greenspan. In September we heard Dr. Samir Soneji from Penn talk about improving statistical calculations for social security forecasts. October and November brought with them two talks each: SP2's Dr. Eileen Rothbard talked about psychiatric bed capacity in Pennsylvania. Dr. Richard Berk, also from Penn, spoke about the role of race in forecasts of violent crime. Dr. Arthur Brooks from the American Enterprise Institute asked us if money can buy happiness. And we received another visit from Dr. Hans-Uwe Otto from Bielefeld University in Germany in which we raised critical questions regarding the move towards evidence-based practice in social work. Dr. Dennis Culhane of SP2 wrapped up the series with a talk on the new prevention-based approach to homelessness that is taking shape on the national level.



Rosie Frasso collaborated with our colloquia co-chairs, Katy Kaplan and Joanna Bisgaier, to bring us a series of workshops featuring Drs. Bourjolly, Estes and Iversen aimed at enhancing our teaching skills. Finally, we heard about successful grant writing from Dr. David Mandell of Penn. Thank you to all our colloquia organizers!

The fourth annual *Winter Essentials Drive* was another successful venture. We continued the tradition of previous years by collecting multiple bags of clothes from the Penn community and delivering them to New Visions, a day shelter in Camden, New Jersey. Thanks to all who donated and took part in the drive. A special thanks to Casey Bohrman for leading the efforts!

Right before the break we celebrated our annual holiday party, which was a great success. Thanks to Rosie for snapping a couple of the pictures above!

Finally, as can be seen in the last pages of this issue of the fellow, many of us have been very busy this past semester... In fact, we have been so busy the Fellow needed an extra page! Lets keep up the good work!

We hope you enjoy this new (and longer) issue of the Fellow.

Wishing you all a great new semester!
Maayan Schori and Mary Zhou, DSSC Co-chairs

PEER REVIEW

We all work hard writing papers for classes, and many papers are worthy of more than just a letter grade. The Fellow provides an outlet to share unpublished manuscripts, essays, book reviews and editorials with colleagues in an effort to distribute ideas, spark debates, obtain feedback, encourage journal submissions, and support interdisciplinary collaborations. Full references are available upon request to the authors.

Non-fatal Strangulation in Intimate Partner Violence Against Women

by Manisha Joshi | manishaj@sp2.upenn.edu

Strangulation: Definition and health effects

Strangulation is a significant risk factor for attempted or completed homicide of women by their male intimates [1]. Strangulation can have substantial physical (e.g., neck injuries, difficulty breathing, difficulty swallowing, voice change, vision change, constant headaches), neurological (e.g. facial droop, eyelid droop, loss of sensation) and psychological (e.g. depression, anxiety, suicidal ideation) health effects [2,3,4]. Medical case reports of surviving intimate partner violence (IPV) victims indicate that strangulation can lead to strokes even months after an attack [5,6]. Furthermore, the likelihood of experiencing negative health outcomes increases with an increase in the number of strangulation assaults suffered by a victim [7].

Strangulation is often incorrectly referred to as choking. Choking is usually an accident and involves internal blocking of the trachea by a foreign object such as food [4]. Strangulation on the other hand, is generally intentional, and is characterized by a lack of oxygen due to compression of blood vessels or air passages of the neck as a result of external pressure [4,8,9]. Strangulation is particularly pernicious because unlike other forms of physical violence, it often leaves no marks or any other external evidence on the skin [3,4].

The difficulty in detecting strangulation is a challenge for law enforcement and medical professionals, which helps make it a particularly useful means of intimidation and harm for an abuser. An abuser can strangle his intimate partner repeatedly and still not get caught. Strangulation can also result in significant health problems or even death for the victim in the absence of timely and adequate medical care due to lack of detection.

Non-fatal strangulation in abusive relationships

There is abundant literature on the prevalence of IPV in general; however, there is little research specifically on strangulation in the context of intimate partner violence. The few studies that are available suggest that use of strangulation is common in abusive relationships [1,2,10-18]. An early study found that one-fourth (23%) of the women who came to a hospital in San Francisco, with either an IPV-related injury or who disclosed that they were IPV victims, had experienced strangulation [11]. In a more recent study of 1,000 women in a clinical trial of nurse management related to abuse in pregnancy, 34% of the abused women who were assessed for risk of homicide had experienced strangulation in the past six months. Among those who were available for a follow-up assessment after three months or later, one-fourth had been strangled in the time since the first interview [16]. In fact, some women said that strangulation is a “favorite during pregnancy”, because it does not leave cuts or marks and avoids hitting the fetus [16, p.367].

Strangulation is not only common; it is also a recurring form of violence in women’s lives. In a study of 62 abused women who came to a shelter or a violence prevention center, 68% had a history of strangulation, and on average, each woman had been strangled 5.3 times in her intimate relationship. Moreover, strangulation may not be the only method of abuse used during individual assaults. In the same study, about 88% of the victims had also experienced other types of abuse (physical, verbal, sexual) immediately surrounding the strangulation incident [2].

Experience of strangulation may indicate an ongoing pattern of severe violence in the lives of women victims. In a study of women who came to a Chicago hospital for any health related reason and

Work published in The Fellow is not copyrighted by the newsletter and publication in The Fellow does not limit, in any way, the publication in other venues of work contained herein. Opinions and ideas expressed by the contributors are their own and not necessarily those of the editorial board, the School of Social Policy & Practice, or the University of Pennsylvania. Submissions are edited only to conform to newsletter styles and formats.

had experienced IPV in the past year, 210 women were interviewed twice. Of the 68 women whose partner had tried to strangle them in the year before the initial interview, 65% reported in the follow-up interview that they experienced a severe incident in the period after the initial interview. That is, they had suffered a permanent injury, internal injury, head injury, or broken bones. Or, they had been threatened or attacked with a weapon, were beaten up, strangled, or burnt by their partner [15]. Non-fatal strangulation has also been found to be a significant risk factor for attempted and completed homicide of women IPV victims. In a study of 57 women who were killed by a male partner during 1995-1996 in Chicago, 53% of the victims had experienced strangulation in the preceding year [14]. In a more recent case-control study, 43% of homicide victims, and 45% of attempted homicide victims had been strangled in the past year by their male partner, as compared to 10% of the victims who were abused but were neither a homicide nor an attempted homicide victim [1].

Conclusions and implications

Strangulation is a common and recurrent form of IPV that can have substantial health effects. Experience of strangulation indicates ongoing severe violence and is a risk marker for homicide. It is therefore crucial for health care practitioners to be trained in the detection and assessment of strangulation and to provide timely treatment to the victim. In fact, some practitioners suggest that IPV screening tools should not only be modified to ask about experiences of strangulation in the past year but that questions on strangulation should be added to routine screening tools used during pregnancy as well [16]. In addition, given the lethality risk, it is important for health care practitioners to make appropriate referrals to service agencies to help increase the safety of victims.

The police typically are one of the first and most common responders to IPV victims [19]. Given the frequency with which IPV victims experience strangulation, and the difficulty in detecting such assaults, training of officers is crucial. It is important for officers to gather detailed information about strangulation assaults (e.g., object used to strangle, medical symptoms experienced by the victim). Such

detailed information can be crucial in the prosecution of a strangulation case [3]. In addition, training officers on the medical consequences of strangulation is also important, as it may improve the chances of the victim getting timely medical treatment [4,20].

Current knowledge about strangulation in IPV cases is limited. More research on the relationship characteristics, co-occurring forms of violence, long-term health effects, and resources women use for help (e.g., family, police, health care professionals), can increase our knowledge and also inform the development of appropriate interventions.



Sources & Tips

Anyone interested in kicking out some articles based on secondary data analysis should check out these sites:

UNICEF: *Monitoring the Situation of Children & Women – international data covering an array of topics, including child survival and health, child nutrition, newborn care, water & sanitation, education, child protection, intimate partner violence, HIV/AIDS, Millennium Development Goals* (www.childinfo.org/mics3_surveys.html)

ICPSR: *Inter-University Consortium for Political & Social Research - offers more than 500,000 digital files containing social science research data: political science, sociology, demography, economics, history, gerontology, criminal justice, public health, foreign policy, terrorism, health and medical care, early education, education, racial and ethnic minorities, psychology, law, substance abuse and mental health, and more* (<http://www.icpsr.umich.edu/icpsrweb/ICPSR/access/index.jsp>)

OJJDP: *Compendium of National Juvenile Justice Data Sets - topics include, the characteristics of violent juvenile offenders, student victimization at school, sexual activity, and substance use. Data sources include official records and self-report data from surveys* (<http://ojjdp.ncjrs.gov/ojstatbb/Compendium/index.html>)

DHS: *Demographic & Health Surveys: The DHS surveys cover a wide range of research topics, including fertility, family planning, maternal and child health, nutrition, women's status and empowerment, HIV, malaria and domestic violence* (<http://www.measuredhs.com/accesssurveys>)

EarthTrends: *The Environmental Information Portal of the World Resources Institute. Topics include education and literacy, gender and development, human health, income and poverty, population and human well-being, transportation, trends in mortality and life expectancy* (http://earthtrends.wri.org/searchable_db/index.php?theme=4)

ALUMNI SPOTLIGHT

Victoria Stanhope, PhD (SP2 2007)

Assistant Professor, Silver School of Social Work, New York University

Tell us about your work and how it relates to your research at Penn.

I am in my third year of being an Assistant Professor at NYU in the Silver School of Social Work. This position offered me the perfect opportunity to continue the research agenda I had begun at Penn with my dissertation – looking at provider-consumer relationships within mental health services. I am particularly interested in how to engage some of the most hard-to-reach people and have focused particularly on Housing First, a program aimed at people who have experienced long-term homelessness and have co-occurring disorders. I have been able to collaborate with NYU faculty and doctoral students as well as other researchers in NY who are doing similar work. I am now doing research at a Housing First program in Philadelphia, which has been a good way to build on the agency contacts I made at Penn.



What experiences at Penn have been the most valuable for you - as a student and now in your job at NYU?

Being mentored by Phyllis Solomon, not only in my specific research area but just learning

the two most important skills for succeeding in social work academia – how to write papers and how to write grants. Being able to observe and participate in getting and implementing grants was invaluable. Also, I learned how to work collaboratively, especially how to write papers with others – which is actually one of the things I enjoy the most about my job. Now that I am on the faculty, I am learning all the (sometimes not so thrilling) ins and outs of how a school runs, committees and faculty governance etc. But, figuring out how to be a researcher before I got to NYU really enabled me to make a good start. You cannot allow the first year to pass as you acclimate – because, before you know it, it will be time for tenure review...

What has been your biggest challenge as you have transitioned from being a graduate student to a faculty member at NYU?

The politics. Nobody much cared what I thought when I was a doctoral student; I enjoyed the anonymity! Academic politics can be complicated both in large schools like NYU or small schools, and you have to learn

how to negotiate it and also not get too embroiled in it – but that can be hard!

What were your key considerations in choosing a career in academia and accepting an offer from NYU's School of Social Work?

Probably the most important thing was that there were people I could be mentored by (especially in securing NIH funding) and collaborate with at the School. I prefer to work with people and did not relish the idea of pursuing my research agenda by myself. Also, New York City is an incredibly rich research environment in my area, and I have been able to collaborate with researchers from other schools and agencies. But, to be honest, I was also happy to not be in an incredibly competitive environment – NYU is a relatively easy atmosphere in which to work.

Do you have any advice for current SP2 PhD students vis-à-vis the job market and their career prospects and options?

I think it's important to realize when you are on the job market, it's often about your expertise across areas – teaching, research and clinical experience – rather than the calibre of your research. Given how specialized we all are often people do not “get” your research. It is often more about “fit”, so you have to consider how you “fit” a school's needs – but also consider what your needs are too. Also think about how you can pursue your research agenda at this school – I have seen people struggle because there is nobody to work with. Most people need the support and accountability of working with others.

Is there anything else you think current PhD students should know?

Try and keep your ties with Penn – have ongoing research relationships as you transition to your new job – it will provide you with a really important source of support (and papers) while you find your feet and establish new relationships. This includes ties with your cohort as well – these people are going to be your future colleagues.



Did You Know...

The Foundation Center (foundationcenter.org) is an excellent source for those seeking grants? The website provides a comprehensive database of grants, tools for proposal writing, and additional information on educational programs. Foundation grants may be particularly useful for international students who are not eligible for federally funded grants because of citizenship requirements.

Publications

Friesen, B., Nicholson, J., **Kaplan, K.**, & Solomon, P. (in press). Parents with a mental illness and implementation of the Adoption and Safe Families Act, Monograph on ASFA.

Kaplan, K., Kottsieper, K., Scott, J., Salzer, M., & Solomon, P. (2009). ASFA state statutes regarding parents with mental illnesses: A review and targeted intervention. *Psychiatric Rehabilitation Journal*, 33(2), 91-94.

Joshi, M. (2008). Violence against women. In R. Priya, & S. Mehta (Eds.), *Dialogue on AIDS: Perspectives for the Indian context* (pp. 381-404). Delhi, India: Vasudhaiva Kutumbakam Publications.

Joshi, M., & Sorenson, S. B. (in press). Intimate partner violence at the scene: Incident characteristics and implications for public health surveillance. *Evaluation Review*.

Wong, Y. L. I., **Matejkowski, J.**, & **Lee, S.** (in press). Social integration of people with serious mental illness: Network transactions and satisfaction. *Journal of Behavioral Health Services & Research*.

Thomas, K. A., Sorenson, S. B., & **Joshi, M.** (in press). Police-documented incidents of intimate partner violence against young women. *Journal of Women's Health*.

Presentations

Cullen, S. W., **Matejkowski, J. C.**, Marcus, S. C., & Solomon, P. L. (2009, November). Maternal mental health and pediatric health care use: A national sample of Medicaid and SCHIP insured children. Paper presented at the 137th American Public Health Association Annual Meeting, Philadelphia, PA.

Bennett, I., **Frasso, R.**, Elo, E. T., Culhane, D., & Marcus, S. C. (2009, October). Failure of the Rapid Estimate of Adult Literacy in Medicine (REALM) in a large observational study of low income women. Poster presented at The Health Literacy Conference, Washington, DC.

Davitt, J., **Frasso, R.**, Bowles, K., Bourjolly, J., & Amer, K. (2009, November). Understanding racial/ethnic disparities in home care outcomes: The clinical practice factors. Poster presented at the 137th American Public Health Association Annual Meeting, Philadelphia, PA.

Frasso, R. (2009, October) Motivating your class: A Center for Teaching and Learning (CTL) Workshop for Graduate Student Teachers.

Kaplan, K. M. (September, 2009). Strategies for supporting parents with psychiatric disabilities: Keeping families together. Workshop Presentation at Helping Parents with Psychiatric Disabilities: Strategies for Child Welfare, Behavioral Health, and Family Support Program Providers Meeting, Harrisburg, PA.

Kaplan, K. M. (October, 2009). Achieving the promise for parents with psychiatric disabilities. Workshop presentation at the Annual Conference of the Mental Health Association of New York State, Albany, NY.

Presentations (continued)

Kaplan, K. M. (November 2009). Peer-delivered services in public mental health. Paper presented at the 137th American Public Health Association Annual Meeting, Philadelphia, PA.

Klusaritz, H., & Boris, R. (2009, November). Trauma patients on methadone maintenance: Designing processes of care to decrease interruptions in treatment during inpatient medical admissions. Paper presentation, 137th American Public Health Association Annual Meeting, Philadelphia, PA.

Klusaritz, H., Cronholm, P. F., Dougherty, T., & Neill, R. A. (2009, November). Commitment to our community: Integrating a multidisciplinary home visit component into an urban family medicine residency curriculum. Poster presented at the 137th American Public Health Association Annual Meeting, Philadelphia, PA.

Lee, S., & Zhou, H. (2009, November). Predictors of labor force participation among Asian female immigrants. Poster presented at the 55th Council on Social Work Education (CSWE) Annual Program Meeting. San Antonio, TX.

Lee, S., Rothbard, A., & Noll, E. (2009, November). Factors associated with length of hospitalization among people with serious mental illness. Poster presented at the 137th American Public Health Association Annual Meeting, Philadelphia, PA.

Greenspan, I., Handy, F., & Giombetti, C. (2009, November). Predicting the motivation to volunteer in environmental organizations: The Value-Belief-Norm theory and the functional approach for volunteering compared. Paper presented at the 38th Annual Conference of the Association for Research on Nonprofit Organizations and Voluntary Action, Cleveland, OH.

Thomas, K. A., Dichter, M. E., & Matejkowski, J. (2009, November). Intimate partner vs. non-intimate murder: Differences in legal, situational, clinical and personal characteristics. Poster presented at the American Society for Criminology Annual Conference, Philadelphia, PA.

Zhou, H. (2009, October) Juvenile prostitution: What we (don't) know? Paper presented at First Annual Interdisciplinary Conference on Human Trafficking, Lincoln, NE

Zhou, H. (2009, August). Making the patch-work: How TVPA fails victims of human trafficking. Paper presented at the 13th International Symposium of the World Society of Victimology, Mito, Japan.

Awards/Funding

Joanna Bisgaier, Dr. Karin Rhodes (SP2), and an interdisciplinary team of researchers from UPenn were awarded \$9,901 from the Leonard Davis Institute of Health Economics for a project entitled, "A Working Group to Design and Evaluate Models of Care to Improve the Quality and Efficiency of the Primary-Specialty Care Interface in Patients with Chronic Conditions in Safety-Net Settings."

Mary Zhou was awarded the Council of Alumni for Social Enterprise Research Award (\$2,400).