



The Facts on Children's Exposure to Intimate Partner Violence

Children's Exposure to Intimate Partner Violence (IPV)^{1, 2}

Exposure in the Past Year:

- 1/15 (6.6%) of US children were exposed to physical IPV, which is more than 5 million children
- 1.3% or almost one million children were exposed to serious violence, i.e. kicking, choking, beating
- 5.7% were exposed to psychological/emotional IPV, or about 4.3 million children
- 1/9 (11.1%) exposed to physical or psychological violence between adults or adult and teen (any family violence involving an adult), about 8.3 million children

Lifetime Exposure (all kids surveyed):

- 17.9% exposed to physical IPV, or about 13.6 million children
- 25.6% exposed to any family violence involving adult, about 19.4 million children

Lifetime Exposure for the Oldest Age Group Studied (14-17):

- 27.7% exposed to physical IPV, about 21 million teens
- 40.3% exposed to any family violence, about 30.6 million teens

Gender of Perpetrator in Children Exposed to IPV³

Perpetrator patterns for IPV exposure

- 78% of IPV incidents involved male perpetrators, most commonly fathers
- 68.8% of children reported seeing only male-perpetrated violence
- 22.6% reported seeing only female-perpetrated violence
- 8.6% saw both

Direct Abuse of Children by a Parent or Caretaker⁴

These numbers are for "incidence with harm," counted "only if the maltreatment results in demonstrable injury or impairment that is serious or fatal."⁵⁶

¹ Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office. Retrieved at : <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf>

² Note: The raw numbers are adjusted for 2012 population data based on Number of children 0-17 in US in 2012=76.1million. Source: <http://www.childstats.gov/americaschildren/tables/pop1.asp?popup=true>

³ Hamby, Finkelhor, Turner & Ormrod (2011), *op. cit.*, p. 7

⁴ Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nis4_report_congress_full_pdf_jan2010.pdf

- 1/58 children in US within the study year experienced maltreatment with harm or approximately 1.7%, close to 1.3 million children. Most of these were harmed by neglect; 44% by abuse
- Of children who were abused, more than half suffered physical abuse, 24% sexual abuse, 27% emotional abuse⁷
- Perpetrators in 81% of the families were biological parents (64% of abuse cases; 92% of neglect cases, 36% sexual abuse cases)
- Gender of perpetrator: 62% of children were abused by men; 41% abused by women. 87% of sexual abuse is perpetrated by men. Neglect is attributed to women for 86% of children; 38% to men⁸

Overlap Between Witnessing Violence and Experiencing Direct Violence⁹

- 31% (1 in 3) children who witnessed partner violence reported being physically abused themselves. Of those children who did not witness partner violence, only 4.8% reported physical abuse
- The findings for psychological abuse were similar¹⁰

Effects of Children's Exposure to IPV

All children exposed to IPV are affected differently and not all are traumatized. The effects of exposure to domestic violence on children can include immediate effects in the violent situation, on-going effects in childhood and adolescence, as well as long-term effects on adult life. They include direct effects from the experience of witnessing abuse as well as indirect effects from parenting that is compromised by abuse.

Immediate Effects in the Violent Situation

Almost half the children who witness domestic violence intervene in some way. Recent research¹¹ indicates:

- 49.9% Yelled for the abuser to stop
- 43.9% Tried to get away
- 23.6% Called for help

⁵ *Ibid.*, chap 3. p. 2.

⁶ Data were collected in 2005-2006, Raw numbers here are adjusted for 2012 population data based on Number of children 0-17 in US in 2012=76.1million. Source:

<http://www.childstats.gov/americaschildren/tables/pop1.asp?popup=true>

⁷ Sedlak, et al., *op cit.*, executive summary, p.5.

⁸ *Ibid.* p. 14

⁹ Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse and Neglect* 34, 734-741.

¹⁰ *Ibid.*, p.737

¹¹ Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office. Retrieved from : <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf> Figure 6, p.8)



On-Going Effects in Childhood, Adolescence & Adulthood

Many factors shape the effects on children exposed to domestic violence: the child's age; the severity, chronicity and frequency of abuse witnessed¹²; the co-occurrence of other adverse experiences; and the presence of protective factors, particularly supportive relationships with non-violent adults.¹³

- A 2003 review of studies of child witnesses concluded that about 63% were faring more poorly than the average child who had not been exposed to domestic violence¹⁴
- Child witnesses experienced more health complaints, in particular, more eating, sleeping, and pain problems and more self-harm than a population sample in a recent Dutch study¹⁵
- Overall, studies indicate that PTSD is a major concern for children who witness domestic violence, as well as increased experiences of negative emotions, such as anxiety and depression¹⁶
- A prospective longitudinal study of high-risk families found that witnessing domestic violence in the preschool years was related to behavior problems at age 16 for both sexes; for boys, middle childhood exposure was related to contemporaneous behavior problems¹⁷
- A recent study of college students compared those who had never witnessed inter-parental violence with those who had witnessed it a few times and those who had witnessed it frequently (more than 10 times). Frequent exposure to domestic violence was a significant risk factor for depression in young adulthood even when confounding variables (other adverse experiences) were controlled¹⁸
- A national survey of youth found that more than half of dating violence victims and statutory rape/sexual misconduct victims had witnessed intimate partner violence¹⁹

¹² Edleson, J. L (2006, October. Updated 2011, July). *Emerging Responses to Children Exposed to Domestic Violence*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Retrieved from: <http://www.vawnet.org>

¹³ Summers, A. (2006). *Children's Exposure to DV: A Guide to Research and Resources.*, National Council of Juvenile and Family Court Judges. P. 9. Retrieved from <http://www.safestartcenter.org/pdf/childresexpostoviolence.pdf>.

¹⁴ Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 339-352. P. 345

¹⁵ Lamers-Winkelmann, F., Schipper, JC, Oosterman, M. (2012). Children's physical health complaints after exposure to intimate partner violence. *Br J Health Psychol*. 2012 Nov;17(4):771-84. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/22490127>.

¹⁶ Summers, A. (2006). *Children's Exposure to DV: A Guide to Research and Resources.*, National Council of Juvenile and Family Court Judges.pp 23-25. Retrieved from <http://www.safestartcenter.org/pdf/childresexpostoviolence.pdf>

¹⁷ Yates, T., Dodds, M., Sroufe, A., & England, E. (2003). Exposure to partner violence and child behavior problems: A prospective study controlling for child physical abuse and neglect, child cognitive ability, socioeconomic status and life stress. *Development and Psychopathology*,15(1), 199-218. Retrieved from [http://adlab.ucr.edu/publications/POST/Yates.%20T.%20M.,%20Dodds.%20M.%20F.,%20Sroufe,%20L.%20A.,%20%26%20Egeland,%20B.%20\(2003\).%20Exposure%20to%20partner%20violence%20and%20child%20behavior%20problems.pdf](http://adlab.ucr.edu/publications/POST/Yates.%20T.%20M.,%20Dodds.%20M.%20F.,%20Sroufe,%20L.%20A.,%20%26%20Egeland,%20B.%20(2003).%20Exposure%20to%20partner%20violence%20and%20child%20behavior%20problems.pdf)

¹⁸ Russell, D., Springer, K., & Greenfield, E. (2010). Witnessing domestic violence in childhood as an independent risk factor for depressive symptoms in young adulthood. *Child Abuse and Neglect* 34(6), 448-453.

¹⁹ Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse and Neglect* 34, 734-741.

- In a prospective study exposure to parental violence as a child was the strongest predictor of experiencing domestic violence in adulthood²⁰
- There is increasing evidence that early life stressors, such as abuse, witnessing IPV and related adverse experiences, cause enduring brain dysfunction that, in turn, affects health and quality of life throughout the lifespan²¹

Co-Occurring Adverse Experiences

Children who witness domestic violence in their home often experience other adverse childhood events, increasing the risk of subsequent health and behavioral difficulties.

- A national study of children and youth found that experiencing many different forms of victimization is more highly related to trauma symptoms than experiencing repeated victimizations of a single type²²
- Witnessing domestic violence is associated with experiencing physical abuse and witnessing physical abuse of a sibling, indicators of children living in the household with a multiply violent parent or adult²³
- Many studies have documented the association of other adverse childhood experiences, such as exposure to substance abuse, mental illness, incarcerated family members and other forms of abuse or neglect, with a child's exposure to adult domestic violence²⁴
- Poverty and/or the experience of racism, prejudice and discrimination increase children's vulnerability when exposed to other risks, such as abuse or witnessing IPV²⁵
- Retrospective studies of [adverse childhood experiences](#) demonstrate long-term behavioral, health and social problems as consequences of extreme, traumatic or

²⁰ Ehrensaft, M.K., Cohen, P., Brown, J., et al. (2003). Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study. *Journal of Consulting and Clinical Psychology* 79(4), 741–753.

²¹ Anda, R., Felitti, V., Bremner, J.D., Walker, J., Whitfield, C., Perry, B., Dube, S. & Giles, W. (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. P.2. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3232061/pdf/nihms340170.pdf>. Published in *Eur Arch Psychiatry Clin Neuroscience*. 256(3): 174–186.

²² Turner, Finkelhor, Ormrod, (2010). Poly-Victimization in a National Sample of Children and Youth. *American Journal of Preventive Medicine* 38(3),323–330.

²³ Finkelhor, D. Ormrod, R., Turner, H., Hamby, S. (2005). The Victimization of Children and Youth: A Comprehensive, National Survey, *Child Maltreatment*, 10(1), 5-25, p. 17

²⁴ Dube SR, Anda RF, Felitti VJ, Edwards VJ, Williamson DF. Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: implications for health and social services. *Violence and Victims* 2002;17(1):3–17; Gewirtz, G. & Edelson, J. (2004). Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention, retrieved from http://www.nccev.org/pdfs/series_paper6.pdf : Edleson, J. L (2006, October. Updated 2011, July). *Emerging Responses to Children Exposed to Domestic Violence*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Retrieved from: <http://www.vawnet.org>; Lamers-Winkelmann F, Willemsen AM, Visser M. (2012). Adverse childhood experiences of referred children exposed to intimate partner violence: consequences for their wellbeing. *Child Abuse and Neglect*. 36(2),166-79. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/22280846>.

²⁵ Summers, A. (2006). *Children's Exposure to DV: A Guide to Research and Resources.*, National Council of Juvenile and Family Court Judges. P. 35. Retrieved from <http://www.safestartcenter.org/pdf/childresexpostoviolence.pdf>., Gewirtz, G. & Edelson, J. (2004). Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention, retrieved from http://www.nccev.org/pdfs/series_paper6.pdf; Arrington, E. and Wilson, M. (2000). A Re-examination of Risk and Resilience During Adolescence: Incorporating Culture and Diversity. *Journal of Child and Family Studies* 9(2). 221-230.



repetitive stressors in childhood, specifically noting abuse and witnessing domestic violence. They find a direct relationship between amount of exposure to adverse experiences in childhood and degree of health and behavioral problems in adulthood²⁶

What we can do

Researchers have distinguished positive, tolerable, and toxic stress as possible responses to witnessing domestic violence.²⁷

These different responses suggest that:

1. Not all exposures to violence have a long-term negative impact. Many children who witness IPV show no measurable negative effects
2. About 37%, according to a 2003 meta-analysis, showed outcomes similar to or better than non-witnesses²⁸
3. The presence of a supportive adult or environment provides a powerful buffer to children from the intense stress or anxiety that may occur when they are exposed to violence²⁹
4. The effects of exposure to violence can be mitigated with appropriate supports and interventions³⁰

Resilience can be supported by decreasing risk factors and by supporting protective factors or assets.

Decreasing Risk Factors

As the specific risk is witnessing domestic violence, reducing risk implies interventions that reduce and/or stop the violence

- Safety planning with the survivor and the children is a first priority
- Interventions with the abuser depend on the nature of the violence, the degree of risk to the family members, the resources available, the wishes of the survivor

²⁶ Anda, R., Felitti, V., Bremner, J.D., Walker, J., Whitfield, C., Perry, B., Dube, S. & Giles, W. (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. P.8. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3232061/pdf/nihms340170.pdf>. Published in *Eur Arch Psychiatry Clin Neuroscience*. 256(3): 174–186.

²⁷ Cohen, E., Groves, B.M., Kracke, K. (2009), [Understanding Children's Exposure to Violence. Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence, Issue Brief #1](http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf), p.3. Retrieved from: http://www.safestartcenter.org/pdf/IssueBrief1_UNDERSTANDING.pdf

²⁸ Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 339-352. P. 345

²⁹ Promoting recovery and resilience for children and youth involved in juvenile justice and child welfare systems. Page 3, figure 3. Retrieved from <http://store.samhsa.gov/shin/content/SMA12-4697/SMA12-4697.pdf>; Masten, A. S. (2006). Promoting resilience in development: A general framework for systems of care. In R. J. Flynn, et al. (Eds.), *Promoting resilience in child welfare* (3-17). Ottawa: Univ. of Ottawa Press; Masten, A. S., and J. Obradović. 2008. Disaster preparation and recovery: lessons from research on resilience in human development. *Ecology and Society* 13(1): 9. [online] URL: <http://www.ecologyandsociety.org/vol13/iss1/art9>

³⁰ Cohen, E., Groves, B.M., Kracke, K., *op. cit.*



- and other factors. They vary from arrest to batterer intervention programs, caring father programs,³¹ or unique community/extended family interventions
- Interventions should be guided by the survivor's needs and wishes
 - Given the high co-occurrence of adverse childhood experiences, it is important to identify other childhood risk factors which might be addressed, e.g. child maltreatment, poor housing, substance abuse, and mental illness

Increasing Protective Factors or Assets

- Research consistently suggests that the key environmental support for resilience in childhood is connections to competent and caring adults in the family and community³²
- Key internal characteristics are cognitive and self-regulation skills, positive views of self, and motivation to be effective in the environment. Exposure to violence and quality of parenting, as well as school and community relationships, affect the development of those capacities³³
- Therefore, support for children must be in the context of the developmental needs of the child and of the child's cultural context:
 - For the youngest children, support for secure attachment, i.e. support for the quality of the caretaker-child relationship. This may include development of parenting skills as well as relieving other stressors on the mothering person
 - For older children, environments outside the home and family are important. Preschools, schools, and community programs as well as extended families and neighborhoods can all provide the consistent resources and positive relationships with peers and adults that help children develop the skills, views of self, and motivation that are associated with resilience
 - One study of teenagers found that both parental "acceptance" of the child and peer communication and trust moderated the effects of IPV exposure on the likelihood of teenage pregnancy, running away from home, and/or depression³⁴

³¹ Scott, K. with Mederos, F. (2012). *Practical Considerations for Parenting Interventions for Men who Batter* VAWnet. Retrieved from

http://www.vawnet.org/Assoc_Files_VAWnet/AR_PracticalConsiderationsforParentingInterventions.pdf

³² Masten, A. (2001). Ordinary Magic Resilience Processes in Development. *American Psychologist* 56, (3). 227-238; Summers, A. (2006). *Children's Exposure to DV: A Guide to Research and Resources.*, National Council of Juvenile and Family Court Judges. Pp. 33-35. Retrieved from

<http://www.safestartcenter.org/pdf/childresexpostoviolence.pdf>.

³³ Masten, A. (2001). *Op cit.*; Gewirtz, G. & Edelson, J. (2004). Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention, retrieved from http://www.nccev.org/pdfs/series_paper6.pdf; Summers, A. (2006). *Op. cit.*

³⁴ Tajima, E, Herrenkohl, T., Moylan, C., Derr A. (2011). Moderating the Effects of Childhood Exposure to Intimate Partner Violence: The Roles of Parenting Characteristics and Adolescent Peer Support. *Journal of research on Adolescence* 21(2).376-394

