

Intersection of Intimate Partner Violence (IPV) & Child Abuse



Overview and Resources

Intimate Partner Violence (IPV) may also be referred to as domestic violence, gender-based violence, spousal abuse, battering of women, among other terms both historically and presently. What these terms all have in common is that they describe a pattern of assaultive and coercive behaviors, often including physical, sexual, and emotional/psychological, verbal abuse, as well as economic and legal status coercion, intimidation and threats, that are part of a systematic pattern of power and control perpetrated by one intimate partner against another.

Child Maltreatment & Children's Exposure to Violence (CEV) - Definitions of child maltreatment encompass a wide range of behaviors, including physical and sexual assaults, neglect, and emotional injuries inflicted on children. CEV relates to the witness or direct victim of bullying, child abuse, sexual assault, community and school violence, dating violence and exposure to adult or parental domestic violence. Children's exposure specifically to IPV typically falls into three primary categories:

- Hearing a violent event
- Being directly involved as an eyewitness, intervening, or being used as a part of a violent event (e.g., being used as a shield against abusive actions)
- Experiencing the aftermath of a violent event

The frequency, severity and impact of domestic violence varies by individual and their personal background and circumstances. It is experienced by all people regardless of age, socioeconomic status, sexual orientation, gender identity, race, religion, or nationality.

Statistics

Intimate Partner Violence

- 1 in 4 women and 1 in 10 men experience sexual violence, physical violence and/or stalking by an intimate partner during their lifetime with 'IPV-related impact' such as being concerned for their safety, PTSD symptoms, injury, or needing victim services. (Smith, et. al., 2018)
- 23.2% of women and 13.9% of men have experienced severe physical violence by an intimate partner during their lifetime. (Smith, et. al., 2017)
- From 2016 through 2018, the number of intimate partner violence victimizations in the United States increased 42%. (Morgan & Oudekerk, 2019)
- 19% of intimate partner violence involves a weapon. (Morgan & Oudekerk, 2019)
- In 2018, partner violence accounted for 20% of all violent crime. (Morgan & Oudekerk, 2019)
- 1 in 2 female murder victims and 1 in 13 male murder victims were killed by intimate partners. (Ertl, et. al., 2019)

Children Exposed to Violence

The most recent OJJDP National Survey of Children's Exposure to Violence (NatSCEV) highlights included the following statistics from children 17 years of age and younger and their caregivers reporting on children's direct and indirect exposure in the past year and cumulative over their lifetimes:

- 22.4% of those surveyed had witnessed violence in the past year, either in the family or in the community
- 8.2 percent had witnessed a family assault, and 6.1% had witnessed a parent assault another parent (or parental partner) in the past year
- Over their lifetimes, more than 1 in 5 children surveyed (20.8 %) witnessed a family assault, and more than 1 in 6 (17.3 %) witnessed one parent assault another parent or a parental partner
- Among the oldest youth (ages 14–17), the lifetime rate of witnessing any family assault was 34.5%, and 28.3% of these youth had witnessed one parent assaulting another

(Finkelhor, et. al., 2015)

Impact

Caregivers who are victims of IPV may experience a range of impacts physically, emotionally/psychologically, socially/relationally, spiritually, economically, and pose a risk of lethality, among others. Such impacts may manifest in shock, disbelief, denial, guilt, ambivalence, fear, anxiety, isolation, grief, powerlessness, depression, diminished self-esteem, among others. Without meaningful intervention, the devastating consequences of IPV on adults and children can manifest across the lifespan and transcend generations.

Children who live with domestic violence face numerous risks, such as the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused or used by abusive parent to control the other parent and the risk of losing parents (e.g., threatening loss of custody, deportation, kidnapping, violence, arrest, incarceration, etc.). All of these can lead to negative outcomes for children and clearly have an impact on them. Research studies consistently have found the presence of three categories of childhood problems associated with exposure to domestic violence:

- Behavioral, social, and emotional problems— common effects include higher levels of anxiety, fear, sleeplessness, nightmares, aggression, anger, hostility, oppositional behavior, disobedience, withdrawal, separation anxiety, and depression; poor peer, sibling, and social relationships; and low self-esteem
- Cognitive and attitudinal problems—lower cognitive functioning, difficulty concentrating, poor school performance, lack of conflict resolution skills, limited problem- solving skills, acceptance of violent behaviors and attitudes, belief in rigid gender stereotypes and male privilege
- Long-term problems—higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships

(Bragg, et. al., 2003)

Historical trauma and structural violence associated with racism, prejudice and discrimination also plays a role in increasing children's risk for poor health and educational outcomes as a result of exposure to trauma.

Children also display specific problems unique to their physical, psychological, and social development. (See [National Children's Advocacy Center Fact Sheet: Impact on Children at Different Ages of Witnessing Intimate Partner Violence](#))

COVID Impact

The National Commission on COVID-19 and Criminal Justice issued an impact report about COVID-19 and domestic violence trends. This report provided a systematic review of multiple studies that compared changes in the number of domestic violence incidents before and after lockdown restrictions were put in place. Some highlights include:

- Data from 12 studies from multiple cities was drawn from more than police calls, including hotline registries and hospital and other health records
- Studies showed an 8.1% increase of domestic violence incidents post-lockdown
- Likely exacerbating factors included increased unemployment and financial insecurity, stress of childcare and home schooling, increased substance use
- See full report at <https://covid19.counciloncj.org/2021/02/23/impact-report-covid-19-and-domestic-violence-trends/>

Coordinated Intervention Approach

Historically, two distinct intervention systems were created—one to offer domestic violence services and legal protections and another to provide assistance and protections for abused children and their families.

In recent decades, increasing focus, study and attention has been on a more holistic response given compelling evidence that adult domestic violence and child maltreatment often occur together. Decades of studies have revealed that in families where women are abused, many of their children are also maltreated directly or indirectly. Several federally funded projects have focused on the need to have leaders of community agencies and institutions and direct service providers join together to establish responses to domestic violence and child maltreatment that offer meaningful help to families. These include:

- Protections for all victims from physical harm
- Adequate social and economic supports for families
- Access to services that are respectful, culturally relevant, and responsive to the unique strengths and concerns of families
- Simultaneous efforts to hold perpetrators accountable for abuse and violence through a variety of legal interventions and social services to help prevent the cycle of violence

Coordinated service delivery systems should:

1. Provide services respectfully, without blame and in culturally relevant and accessible ways as soon as problems are identified
2. Train all service providers to respond meaningfully to the safety of multiple victims within a family and to collaborate with other providers and community resources on behalf of their clients
3. Ensure that services are designed to minimize the family's need to respond to multiple systems and service providers
4. Provide adequate resources to support service delivery systems to meet the family's comprehensive needs and prevent out-of-home placement of children wherever possible

This requires:

- Increased and enhanced collaborative responses by police, mental health providers, domestic violence and other victim advocates, child protective service workers, and court personnel for women and children who are identified as victimized by and exposed to intimate partner violence
- Provision of trauma-informed interventions that address safety issues, basic needs and provide trauma-focused assessment and services
- Ensuring that non-offending caregivers have access to services and counseling that help and empower them protect and care for their children
- Coordinating the development of interdisciplinary, multi-system policies and protocols that guide the protection of children and adult victims when domestic violence and child sexual or physical abuse co-occur

(Schechter & Edelman, 1999; Bragg, 2003; Listenbee, 2012)

Understanding Poly-Victimization

Systemic and provider responses need to recognize the limitations of classifying types of victims, such as child victims of abuse, or children who witness domestic violence, or children who are subject to gang violence, etc. and move toward a more comprehensive, child- and family-centered approach. This requires all members of the MDT to utilize a poly-victimization framework to assess all exposures to violence and their interconnections. This more comprehensive approach has implications for interventions that recognize a parallel concept of “poly-strengths” that help prevent victimization and assist children and caregivers in coping, healing and building resilience after victimization.

(Hamby, et. al., 2018; See [National Children’s Advocacy Center Fact Sheet: Maltreated Children: The High Risk of Poly-Victimization](#))

Resources

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