



Positioning a public health framework at the intersection of child maltreatment and intimate partner violence

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Primary prevention requires working outside existing systems[☆]

[☆] The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Australian Government, the Australian Institute of Family Studies, or the Centers for Disease Control and Prevention.

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Since about the mid-1990s, researchers have been examining the intersection of child maltreatment (CM; also referred to as child abuse and neglect) and children's exposure to intimate partner violence (IPV; also called domestic violence or DV). Both CM and IPV are major public health concerns that, together, affect a countless number of lives each year in the United States and in other countries around the world. Not only does each form of adversity carry long-term health and psychosocial consequences for those involved, there is increasing evidence of their tendency to co-occur within families. Reviews of research by Todd Herrenkohl and colleagues in 2008 and Daryl Higgins and Marita McCabe in 2001 came to that very conclusion, while underscoring that risk factors like poverty and parental unemployment, parenting stress, social isolation, and drug and alcohol abuse are also present in many cases. For some families with children, community violence and neighborhood social and structural factors add even more stress and trauma into their daily lives.

There is now a sizeable body of research on "adverse childhood experiences," or "ACEs," which include CM and IPV. Studies of ACEs have consistently shown a robust, additive effect of these early forms of risk on adult outcomes that include heart and lung disease, diabetes, and certain forms of cancer. Not surprisingly, individuals with more ACEs tend to be the most vulnerable to the early-onset of disease and serious illness. And, studies have shown that adults with this profile can die up to two decades earlier than others with less adversity early on. Twenty-eight states and the District of Columbia now collect data on ACEs using public health surveillance surveys that are part of the Behavioral Risk Factor Surveillance System (BRFSS). Using these data, states are beginning to investigate how ACEs affect

life opportunities for their citizens, based on educational attainment, employment, and earnings.

As mentioned in the article by Geneviève Lessard and Pamela Alvarez-Lizotte (this issue), it is now well established that CM and IPV (and other associated risk factors) not only co-occur within families, but also make children susceptible to recurrent forms of victimization over their lifetimes. This pattern is known to researchers as *cumulative victimization* or *polyvictimization*. Additionally, research from multigenerational studies shows that an individual's susceptibility to violence can be passed on to her or his own children, such that violence becomes embedded within families. This raises an important question of how to prevent violence before it becomes an entrenched pattern.

Lessard and Alvarez-Lizotte very appropriately suggest a goal of joining the fields of child welfare and IPV prevention so that information can be freely shared and professionals in both arenas can work to coordinate and target their services on behalf of families, thereby increasing safety and lessening risk for women and children together. At the same time, the authors warn of the possibility of revictimizing women by prematurely removing children from families in which other adults (e.g., father, stepfather, boyfriend) are responsible for the violence that has occurred. It is a valid concern and an important consideration in any effort at system reform. Another concern is about competing values and priorities of service providers working on behalf of individuals within a family. Without sufficient planning and coordination, services may privilege one member over another and thus undermine efforts to attend to families more holistically.

Although supportive of the authors' recommendations, our interest is broader. It focuses

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