

Children's Exposure to Intimate Partner Violence

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KEYWORDS

- Intimate partner violence • Child abuse • Spouse abuse • Mental disorders
- Child welfare

KEY POINTS

- Children's exposure to IPV is common and associated with impairment similar to other types of maltreatment.
- There is no evidence to support universal IPV screening; however, clinicians should be alert to signs and symptoms of IPV exposure among children and their caregivers, and include questions regarding IPV and safety at home in their assessments, which should be conducted individually to ensure safety of children and their caregivers.
- The evidence for reducing children's exposure to IPV by reducing IPV itself is limited.
- Mother-child and child-focused therapies for children exposed to IPV show promise in improving mental health outcomes.
- Clinicians working with children at risk of or exposed to IPV must ensure there is close collaboration among health care and child protection professionals.

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Acronyms	
IPV	Intimate partner violence
NatSCEV	National Survey of Children's Exposure to Violence
PTSD	Posttraumatic-stress disorder
WHO	World Health Organization
WPV	Witnessing partner violence

DEFINITION

The phrase “intimate partner violence” (IPV) is defined as “physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.”¹ Although much of the literature has focused on women’s exposure to IPV, it has become increasingly recognized over the past decade that children’s exposure to IPV is a type of child maltreatment; this includes any incident of violent or threatening behavior or abuse between adults who are, or have been, intimate partners or family members.² It is important to underscore that IPV is not limited to physical aggression, such as hitting, kicking, and beating. It also encompasses emotional abuse, which includes such behaviors as intimidation; controlling actions, such as isolation from family and friends; and financial control or abuse. Much of the literature refers to children’s exposure as “witnessing” IPV, but it is now understood that the impairment for children is associated with awareness that a caregiver is being harmed or is at risk of harm (ie, it occurs even without direct observation by a child of the violence). For this reason, we use the term “exposure” rather than “witnessing,” except when referring to specific studies that focus on witnessing.

Dating violence is a type of IPV that occurs between two people in a close relationship, but in the literature, this usually involves adolescents as victims and perpetrators.³ This article addresses children’s exposure to IPV generally, and does not specifically address dating violence. We focus on children’s (from infants through to adolescents up to the age of 18 years) experiences of violence between caregivers, rather than between peers.

EPIDEMIOLOGY

Prevalence

The prevalence of children’s exposure to IPV is difficult to determine contemporaneously. As is the case for other types of child maltreatment, it is well recognized that official reports of children’s experiences of IPV, for example to child welfare agencies, underestimate the extent of exposure. One of the most comprehensive approaches to estimating children’s exposure to violence generally, the National Survey of Children’s Exposure to Violence (NatSCEV), conducted most recently in 2011 (NatSCEV II), included questions about witnessing partner assault.⁴ The study involved a cross-sectional national telephone survey with a target sample of more than 4500 children, aged infant to 17 years (if the selected child was younger than 10 years, the interview was conducted with the caregiver who was most familiar with the child’s daily activities). Approximately one-sixth (17.3%) of the sample had witnessed an assault between parental partners in their lifetime, and 6.1% had witnessed such an assault in the past year. We also have prevalence data about IPV exposure in childhood through studies in which adults provide retrospective self-reports of their experiences. A review of US community studies conducted in 2000 estimated a yearly prevalence of 10% to 20%.⁵

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