Effects of Childhood Exposure to Domestic Violence

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Learning Objectives

1. Participants will recognize the prevalence and impact of domestic violence exposure experienced by children.

2. Participants will develop a framework of understanding exposure to domestic violence as one form of many adverse childhood experiences children may have (poly-victimization).

3. Participants will identify tools for increased detection of domestic violence in child abuse cases.
“Annie”

- 14 year old female
- CSA by biological father
- DV by stepfather, especially at lunch

- Eating disorder
- PTSD
National Domestic Violence Data

• Each year, women experience about 4.8 million intimate partner related physical assaults and rapes (1).

• Estimated costs of IPV exceed $5.8 billion each year. This includes costs of medical care, mental health services, and lost productivity (2).


Domestic Violence in North Carolina

• In 2018 there were 47 domestic violence-related homicides

• In 2016, 5,375 children spent at least one night in a DV Shelter

• In 2016, 48,601 individuals received services for DV
  ➢ 40,278 were female
  ➢ 8,323 were male
Adverse Experiences in Childhood (ACE Study)

Why is this work so important?
Adverse Childhood Experiences Study

- 14-year-old study involves 17,337 adults who became members of Kaiser Permanente, a health care maintenance organization in San Diego, between 1995 and 1997.
- After visiting a primary care facility, they voluntarily filled out a standard medical questionnaire that included questions about their childhood.
- The questionnaire asked them about 10 types of child trauma:
  - Three types of abuse (sexual, physical and emotional).
  - Two types of neglect (physical and emotional).
  - Five types of family dysfunction (having a mother who was treated violently, a household member who’s an alcoholic or drug user, who’s been imprisoned, or diagnosed with mental illness, or parents who are separated or divorced).
<table>
<thead>
<tr>
<th>Demographic Categories</th>
<th>Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>54%</td>
</tr>
<tr>
<td>Male</td>
<td>46%</td>
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<tr>
<td><strong>Race</strong></td>
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<tr>
<td>White</td>
<td>74.8%</td>
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<tr>
<td>Hispanic/Latino</td>
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<td>Asian/Pacific Islander</td>
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<td>African-American</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Age (years)</strong></td>
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<tr>
<td>19-29</td>
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<td>30-39</td>
<td>9.8%</td>
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<td>40-49</td>
<td>18.6%</td>
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<td>50-59</td>
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<td>60 and over</td>
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<td><strong>Education</strong></td>
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<td>Not High School Graduate</td>
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<tr>
<td>High School Graduate</td>
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<tr>
<td>Some College</td>
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<tr>
<td>College Graduate or Higher</td>
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<tr>
<td>ACE Category*</td>
<td>Women (N = 9,367)</td>
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<tr>
<td>---------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Abuse</td>
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<td>Emotional Abuse</td>
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<td>Physical Abuse</td>
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<td>Sexual Abuse</td>
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<tr>
<td>Neglect</td>
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<tr>
<td>Emotional Neglect$^1$</td>
<td>16.7</td>
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<tr>
<td>Physical Neglect$^1$</td>
<td>9.2</td>
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<tr>
<td>Household Dysfunction</td>
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<td>Mother Treated Violently</td>
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<td>Household Substance Abuse</td>
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<td>Household Mental Illness</td>
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<tr>
<td>Parental Separation or Divorce</td>
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<tr>
<td>Incarcerated Household Member</td>
<td>5.2</td>
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<tr>
<td>Number of Adverse Childhood Experiences (ACE Score)</td>
<td>Women</td>
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<tr>
<td>---------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>0</td>
<td>34.5</td>
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<td>1</td>
<td>24.5</td>
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<td>2</td>
<td>15.5</td>
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<tr>
<td>3</td>
<td>10.3</td>
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<tr>
<td>4 or more</td>
<td>15.2</td>
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Adverse Childhood Experiences Study

• More than 50 research papers published since 1998

• **Adverse childhood experiences are common** – 64% of the study participants had experienced one or more categories of adverse childhood experiences.

• **Strong link between adverse childhood experiences and adult onset of chronic illness** - those with ACE scores of 4 or more had significantly higher rates of heart disease and diabetes than those with ACE scores of zero.
  - chronic pulmonary lung disease increased 390%
  - hepatitis increased 240%
  - depression increased 460%
  - suicide increased 1,220%
Adverse Childhood Experiences Study

• **Multiple ACEs connected to early death** - people with six or more ACEs died nearly 20 years earlier on average than those without ACEs
  - 60.6 years vs. 79.1 years

• **Child maltreatment has long-term impacts** - those who had experienced child maltreatment were more likely to engage in risky health-related behaviors during childhood and adolescence:
  - early initiation of smoking
  - sexual activity
  - illicit drug use
  - adolescent pregnancies
  - suicide attempts
What are some issues which increase our healthcare costs? Why should child abuse be important to everyone?
Cost of healthcare for abuse survivors

• Participants - 3,333 women who received insurance from the Group Health Cooperative for at least 12 of the 41 calendar quarters in the study’s time frame.

• 34% reported a history of childhood abuse:
  ➢ Physical Abuse only – 6.5%
  ➢ Sexual Abuse only – 20.1%
  ➢ Physical and Sexual Abuse – 7.2%
Cost of healthcare for abuse survivors

• **Total annual health care costs were higher** for all groups of women who experienced some form of child abuse:
  - Both physical and sexual abuse – 36%
  - Sexual abuse only – 16%
  - Physical abuse only – 22%

Impact of Child Abuse on Medicaid $ 

• Children with abuse histories had significantly higher healthcare expenses – $2,635 per year.
  ➢ Significantly higher healthcare costs for:
    • Psychiatric care
    • Inpatient hospital
    • Outpatient – physician and clinic
    • Prescription drugs
    • Targeted case management

• Estimated cost related to child maltreatment - $5.9 billion (9% of all Medicaid expenses)

Key Findings from the National Survey of Children’s Exposure to Violence (NatSCEV)
National Survey of Children’s Exposure to Violence (NatSCEV)

- Survey conducted January 2008 - May 2008
  - Utilizing Juvenile Victimization Questionnaire
- National RDD sample of 4,549 children (age 0-17)
  - Telephone interviews with 2,454 caregivers of kids (age 0-9)
  - Telephone interviews with 2,095 youth (age 10-17)
- Respondents promised confidentiality and paid $20 for participation
- Over-sample of minorities and low income
- Interviews completed with 71% of eligible respondents contacted (63% with over-sample of minorities and low income)
Victimization in Last Year
(Total and Selected Aggregates)

- Any Vict: 61%
- Any Physical Assault: 46%
- Any Sex Vict: 6%
- Any Maltreatment: 10%
- Any Prop Vict: 25%
- Any Witness/Indirect: 25%
Lesson from NatSCEV:

Witnessing Partner Violence is Associated with All Forms of Maltreatment
Physical Abuse & WPV

All odds ratios control for several demographics and have Zhang & Yu correction applied.
Psychological Abuse & WPV

From Hamby, Finkelhor, Turner, & Ormrod, 2010
Sexual Abuse by Known Adult & WPV

% abused

Odds ratio

Past year

Lifetime
Neglect & WPV

- % WPV youth
- % non-WPV youth

Odds ratio

- Lifetime: 6.17
- Past year: 9.06
Custodial Interference & WPV

72% of family abductions occurred in WPV homes!
National Survey of Children’s Exposure to Violence II (NatSCEV II)

• Designed to obtain a second wave of comprehensive epidemiology of children exposure to crime, violence, and victimization in the United States
• Examines inter-relationships across victimization types
• Track trends
• Understand developmental patterns across the entire developmental spectrum
National Survey of Children’s Exposure to Violence II (NatSCEV II)

• Survey conducted in 2011 utilizing Juvenile Victimization Questionnaire

• National RDD sample of 4,503 children (age 1 month – age 17)
  • Telephone interviews with caregivers of kids (age 0-9)
  • Telephone interviews with youth (age 10-17)
National Survey of Children’s Exposure to Violence II (NatSCEV II)

- Respondents promised confidentiality and paid $20 for participation

- Interviews averaged 55 minutes in length

- Expanded on NatSCEV, but greater detail on:
  - Exposure to assaults by adults
  - Child maltreatment and neglect
  - Peer and sibling victimization
  - Cell phone harassment
JVQ
Juvenile Victimization Questionnaire
JVQ Modules

- **Module A: Conventional Crime**
  - Robbery
  - Personal Theft
  - Vandalism
  - Assault with Weapon
  - Assault without Weapon
  - Attempted Assault
  - Kidnapping
  - Bias Attack

- **Module B: Child Maltreatment**
  - Physical Abuse by Caregiver
  - Psychological/Emotional Abuse
  - Neglect
  - Custodial Interference/Family Abduction

- **Module C: Peer & Sibling Victimization**
  - Gang or Group Assault
  - Peer or Sibling Assault
  - Nonsexual Genital Assault
  - Peer physical harassment
  - Peer emotional harassment
  - Dating Violence

- **Module D: Sexual Victimization**
  - Sexual Assault by Known Adult
  - Nonspecific Sexual Assault
  - Sexual Assault by Peer
  - Rape: Attempted or Completed
  - Flashing/Sexual Exposure
  - Verbal Sexual Harassment
  - Statutory Rape & Sexual Misconduct

- **Module E: Witnessing & Indirect Victimization**
  - Witness to Domestic Violence
  - Witness to Parent Assault of Sibling
  - Witness to Assault with Weapon
  - Witness to Assault without Weapon
  - Burglary of Family Household
  - Murder of Family Member or Friend
  - Witness to Murder
  - Exposure to Random Shootings, Terrorism or Riots
  - Exposure to War or Ethnic Conflict
NatSCEV JVQ Additions

• **Community Crime Exposure**
  – Family/friend Sexual Assault
  – Family/friend Robbed
  – Family/friend Gun Threat

• **Family Abuse Exposure**
  – Parents Threaten Other Parent
  – Parents Break Objects
  – Parents Push Other Parent
  – Parents Slap, Choke, Beat Up
  – Any Teen or Grown-up Fight in Household

• **School Violence Threat**
  – Threaten School Bomb or Attack
  – School Vandalism

• **Internet Victimization**
  – Internet Harassment
  – Internet Sexual Victimizations
Most Common Types of Victimization
All Youth

- Relational Aggression: 51.8%
- Assault with no weapon or injury: 44.2%
- Assault by juvenile sibling: 28.6%
- Witnessing community assault: 27.5%
- Physical intimidation: 24.6%

Past Year (blue) vs. Lifetime (orange)
Categories of Victimization
Male vs. Female – Past Year

- Any Physical Assault:
  - Past Year Males: 45.2%
  - Past Year Females: 37.1%

- Any Sexual Victimization:
  - Past Year Males: 3.8%
  - Past Year Females: 7.5%

- Any Child Maltreatment:
  - Past Year Males: 13.4%
  - Past Year Females: 14.2%

- Any Property Victimization:
  - Past Year Males: 24.9%
  - Past Year Females: 23.2%

- Witnessing Violence:
  - Past Year Males: 24.2%
  - Past Year Females: 20.5%

- Indirect Exposure to Violence:
  - Past Year Males: 3.7%
  - Past Year Females: 3.1%
Categories of Victimization
Male vs. Female – Lifetime

- Any Physical Assault: Males 58.5%, Females 50.3%
- Any Sexual Victimization: Males 7.8%, Females 11.4%
- Any Child Maltreatment: Males 25.2%, Females 26.1%
- Any Property Victimization: Males 42.5%, Females 37.8%
- Witnessing Violence: Males 40.9%, Females 37.4%
- Indirect Exposure to Violence: Males 10.1%, Females 10.2%
Contrasting trends in youth victimization
What do we know about the victimization of children and what can be done?
Symptoms of Exposure to DV (Ages Birth to 5)

- Sleep and/or eating disruptions
- Withdrawal/lack of responsiveness
- Intense/pronounced separation anxiety
- Inconsolable crying
- Developmental regression, loss of acquired skills
- Intense anxiety, worries, and/or new fears
- Increased aggression and/or impulsive behavior
Symptoms of Exposure to DV (Ages 6-11)

• Nightmares, sleep disruptions
• Aggression and difficulty with peer relationships in school
• Difficulty with concentration and task completion in school
• Withdrawal and/or emotional numbing
• School avoidance and/or truancy
• Altered understanding of adult relationships
Symptoms of Exposure to DV (Ages 12-18)

• Antisocial behavior
• School failure
• Impulsive and/or reckless behavior, e.g.,
  ➢ School truancy
  ➢ Substance abuse
  ➢ Running away
  ➢ Involvement in violent or abusive dating relationships
• Depression
• Anxiety
• Withdrawal
• Increased risk for violence in relationships
Can nonoffending mothers of sexually abused children be both ambivalent and supportive? *Child Maltreatment*, 12, 191-197.
Ambivalence and Support?

• The purpose of this study was to evaluate the relationship and interaction between parental support and ambivalence in mothers whose children were sexually abused.
  ➢ Ambivalence and support – related or not?

• Another context for support vs. ambivalence:
  ➢ Parents of teenagers
Ambivalence and Support?

• **Subjects** - 29 non-offending others whose children were allegedly sexually abused by the mother’s resident partner (husband, stepfathers, boyfriends, etc.) participated in this study. These mothers reported:
  
  ➢ 86% stated their pre-disclosure relationship with their child was good or excellent
  ➢ 24% stated their relationship with the alleged perpetrator was good or excellent
  ➢ 66% stated their partner at some time in the past had physically abused them
Incorporating an Understanding of Co-Occurrence into Services

• Assess parents as well as children.
  ➢ Parents can’t implement treatment plans if they can’t freely choose their actions.

• Family Advocate engagement

• Background information on child abuse cases:
  ➢ Cross-reference address and names with DV Investigators
Incorporating an Understanding of Co-Occurrence into Services

• Forensic Interview Inquiry?

• Assess children as well as parents.
  ➢ What must it be like for a child in a shelter, a full-time residential program, to either not receive any services at all or to get perhaps an hour of week of group therapy?

• Forensic Interviews for children exposed to DV
  ➢ Challenges for using testimony
  ➢ Need to screen children in home w/DV

Predicting treatment attrition for child sexual abuse victims: The role of child trauma and co-occurring caregiver intimate partner violence, Counseling Outcome Research and Evaluation, Vol. 7(1), 40-52.
IPV Impact on Treatment

• **Purpose** - determine whether a relationship exists between child trauma symptomatology and a CSA client’s therapy graduation status; and a relationship on a caregiver’s exposure to interpersonal violence predicts whether a child completes treatment.

• 132 case records from NCAtrak for children seen at a CAC in Florida between 2010 and 2012:
  - Sexual abuse victims
  - No longer in treatment
  - Had caregivers who either confirmed or denied past or current Interpersonal Violence (IPV)
IPV Impact on Treatment

• Rates for completing treatment:
  ➢ No IPV in home – 50%
  ➢ IPV in home – 29%

• The odds of a CSA victim prematurely terminating treatment are 2.5 times higher if parents confirm past or current IPV than children whose parents denied IPV.
Assessment and Treatment Issues

• Need to assess a broad range of victimizations (at least in trauma assessments)
• Important to identify the most highly victimized youth
• Treatment approaches should address multiple victimizations
• Mixture of symptom alleviation and skill development
• Multiple intervention contexts (schools, police, family court, child protection)
The Poly-Victimization Model

• Focuses on the full burden of victimization by assessing exposure to multiple types

• Acknowledges the high rates of victimization across types often involve the same children

• Guards against overestimating impact of individual victimizations

• Defined as 7+ different types of past year victimizations and 11+ in child’s lifetime (approx. top 10% of sample)
A life course understanding of domestic and intimate partner violence in Ghana


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Chris Newlin, MS LPC
National Children’s Advocacy Center
(256)-327-3785
cnewlin@nationalcac.org