

DV: The effects on child witnesses

A training for providers serving children and their parents

Estimated Time

4.25 hours

Overview of Methods Used

The goal of this training is to provide participants with basic information on intimate partner violence (IPV) and its effects on child witnesses. The workshop includes brief lectures, discussion, and small group work.

Learning Objectives

Each session has specific, measurable objectives

Prepared by: The San Francisco Department of Public Health, Community Health Education Section, DVFree Children and Youth Project, funded by the Department of Health Services, MCAH Branch, Domestic Violence Section (7/1/00-6/30/05.)

Through Children and Youth DV FREE, staff provided community training from 2000 to 2005, particularly to providers who work with parents. We focused on the effects on children and youth of witnessing domestic violence. Our long-term goal was to change how people in San Francisco learn about, and act upon, domestic and family violence.

The project developed a curriculum for the training, "Effects on Children of Witnessing Intimate Partner Violence (IPV)," listed in three parts below. Providers are welcome to use this curriculum to train their staff and parents. Providers may feel free to adapt the curriculum to their own circumstances. There is no charge, but please credit the San Francisco Department of Public Health, Community Health Education Section. For providers in San Francisco, SafeStart (<http://www.dcyf.org/safestart/>) continues to provide trainings on issues related to intimate partner violence.

Thanks to all of our collaborators for helping us develop and implement this training through the five years of the Project.

Children and Youth DV FREE

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6. What We Have Learned

* Due to copyright concerns, we request that you look up the article, *Intimate Partner Violence and Women of Color: A Call for Innovations*, AJPH, April 2002, Vol. 92, #4, page 530

Part II Impact on Children of Witnessing IPV

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An Introduction to the Effects of Intimate Partner Violence on Child Witnesses

Estimated Time	2 hours
Session Overview (narrative) Lecture, group activity, discussion	The goal of this training is to provide participants with basic information on intimate partner violence (IPV) and its effects on child witnesses. The workshop includes brief lectures, discussion, and small group work.
Learning Objectives	By the end of the training the participants will be able to: 1) define/describe IPV in their own words, 2) identify at least 3 examples of abusive behavior; and 3) identify 3 effects that may be experienced by child witnesses.
Facilitator Preparation	Make overheads by photocopying "masters" onto overhead projection slides. Alternately, use the same process with power point templates.
Materials/equipment needed	Overhead projector. Transparency with definition of IPV. Flip chart paper, markers, 2 blank power and control wheels on overhead transparencies, overhead markers
Handouts	Bureau of Justice Statistics Special Report Intimate Partner Violence, CDC Intimate Partner Violence: Fact Sheet Power, Control Wheels, What We Have Learned About Children Exposed to Violence in San Francisco, Intimate Partner Violence & Women of Color: A Call for Innovations

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Time

Training Activities

40

Learning Objectives: By the end of the training participants will be able to:

- 1) define/describe IPV in their own words,
- 2) identify at least 3 examples of abusive behavior.
- 3) identify 3 effects that may be experienced by child witnesses.

Mini lecture/discussion: Definition of IPV Show Definition of IPV on overhead or through a power point presentation. Definition includes different kinds of abuse: psychological, physical, emotional, economic/legal, sexual.

Definition of IPV Intimate partner violence (IPV), also called domestic violence¹, refers to any behavior purposely inflicted by one person against another within an intimate relationship that causes physical, psychological, or sexual harm. Such behavior includes acts of physical aggression and psychological or emotional abuse as well as forced intercourse and other forms of sexual coercion.². Additional examples of abusive behavior may include screaming or withholding money. Most often, the violent person is a husband, ex-husband, boyfriend, ex-boyfriend, or male partner, but sometimes the abuser is female. People of any sexual orientation may suffer or perpetrate IPV.

Mandatory Reporting Licensed professionals and staff of certain workplaces must comply with mandatory reporting to the proper authorities of suspicion of child/elder abuse and neglect. Most health care professionals must report suspected domestic violence. Know your mandatory reporting obligations and always inform parents/caregivers that you are required by law or practice to report suspected abuse or harmful behaviors to the proper authorities

Highlight the following from Centers for Disease Control & Prevention, 2004:

- More women than men experience intimate partner violence. In a national survey, 25% of female participants reported being raped or physically assaulted by an intimate partner at some time in their lives. In contrast, only 8% of male participants reported such an experience.
- Nearly two-thirds of women who reported being raped, physically assaulted, and/or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend, or date. Intimate partner violence is a major cause of violence-related injuries.
- One in three women injured during a physical assault or rape required medical care.
- Women are more likely than men to be murdered in the context of intimate partner violence.
- In 1998, 32% of all female homicide victims were murdered by an intimate partner. In contrast, 4% of male murder victims were killed by an intimate partner.

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40

Mini lecture/discussion Show Power and Control Wheel on overhead and list different categories on a blackboard or on separate sheets of flip chart paper. Ask group to give examples of how power and control is exerted in an intimate relationship. Write their comments in the spaces.

Ask how racism and other societal pressures exert power and control people of color. Write comments in the spaces.

40

Small Group Work Using the categories of abuse on the power and control wheel listed on the sheets of paper, assign small groups to discuss and list the various types of abuse/violence that may occur. Examples may include psychological, physical, emotional, economic, legal, and sexual. Note: perpetrators often use threats to pets as a means of threatening a victim. Be sure to mention this if it is not brought up.

Presentations to the large group When the participants have finished the task of identifying the various types of abuse/violence, small groups present their findings.

CDC National Center for Injury Prevention and Control

Intimate Partner Violence: Fact Sheet

OCCURRENCE

- Nearly 5.3 million intimate partner victimizations occur each year among U.S. women ages 18 and older. This violence results in nearly 2 million injuries and nearly 1,300 deaths (CDC 2003).
- Estimates indicate more than 1 million women and 371,000 men are stalked by intimate partners each year (Tjaden and Thoennes 2000b).
- Intimate partner violence occurs across all populations, irrespective of social, economic, religious, or cultural group. However, young women and those below the poverty line are disproportionately affected (Heise and Garcia-Moreno 2002).
- Nearly 25% of women have been raped and/or physically assaulted by an intimate partner at some point in their lives, and more than 40% of the women who experience partner rapes and physical assaults sustain a physical injury (Tjaden and Thoennes 2000b).
- As many as 324,000 women each year experience IPV during their pregnancy (Gazmararian et al. 2000).
- Intimate partner violence accounted for 20% of all nonfatal violent crime experienced by women in 2001 (Rennison 2003).
- Forty-four percent of women murdered by their intimate partner had visited an emergency department within 2 years of the homicide, 93% of whom had at least one injury visit (Crandall et al. 2004).
- Firearms were the major weapon type used in intimate partner homicides from 1981 to 1998 (Paulozzi et al. 2001).

CONSEQUENCES

Physical

- Women with a history of IPV report 60% higher rates of all health problems than do women with no history of abuse (Campbell et al. 2002).
- IPV victims report lasting negative health problems, such as chronic pain, gastrointestinal disorders, and irritable bowel syndrome, which can interfere with or limit daily functioning (Heise and Garcia-Moreno 2002).
- The more severe the abuse, the greater its impact on a women's physical and mental health, resulting in a cumulative effect over time (Leserman et al. 1996) (Koss, Koss and Woodruff 1991).
- Intimate partner violence also affects reproductive health and can lead to gynecological disorders, unwanted pregnancy, premature labor and birth, and sexually transmitted diseases including HIV/AIDS (Heise, Moore and Toubia 1995).
- IPV victims have a higher prevalence of sexually transmitted diseases, hysterectomy, and heart or circulatory conditions (He et al. 1998).

Psychological

- Adolescents involved with an abusive partner report increased levels of depressed mood, substance use, antisocial behavior, and, in females, suicidal behavior (Roberts, Klein and Fisher 2003).
- Abused girls and women often experience adverse mental health conditions, such as depression, anxiety, and low self-esteem (Mercy et al. 2003).
- Women with a history of IPV are more likely to display behaviors that present further health risks, such as substance abuse, alcoholism, and increased risk of suicide attempts (Coker et al. 2000).

Social

- Researchers report that children who witness IPV are at greater risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem (Nelson et al. 2004).
- Women in violent relationships have been found to be restricted in the way they gain access to services, take part in public life, and receive emotional support from friends and relatives (Heise and Garcia-Moreno 2002).

Economic

- The costs of IPV against women exceed an estimated \$5.8 billion. These costs include nearly \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (CDC 2003).
- Victims of IPV lose a total of nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs—and nearly 5.6 million days of household productivity each year as a result of the violence (CDC 2003).

Lloyd and Taluc (1999) found that women who experienced male-perpetrated IPV were more likely to experience spells of unemployment, have health problems, and be welfare recipients.

GROUPS VULNERABLE TO VICTIMIZATION

- Both men and women experience IPV. However, women are 2 to 3 times more likely to report an intimate partner pushed grabbed or shoved them and 7 to 14 times more likely to report an intimate partner beat them up, choked them, or tied them down (Tjaden and Thoennes 2000a).
- American Indian/Alaska Native women and men report more violent victimization than do women and men of other racial backgrounds (Tjaden and Thoennes 2000b).
- In the United States, researchers estimate that 40% to 70% of female murder victims were killed by their husbands or boyfriends, frequently in the context of an ongoing abusive relationship (Bailey et al. 1997).
- In a survey of boys and girls ages 8 to 12 years, girls cited concerns about IPV while boys did not consider IPV an issue (Sheehan, Kim and Galvin 2004).
- Hispanic women are more likely than non-Hispanic women to report instances of intimate partner rape (Tjaden and Thoennes 2000a).

RISK FACTORS FOR PERPETRATION

A combination of individual, relational, community, and societal factors contribute to the risk of perpetrating IPV. To understand and prevent IPV, it is important to understand and identify these risk factors. A risk factor is anything that increases the likelihood that a person will perpetrate IPV. However, risk factors are not necessarily causes and not everyone who is identified as "at-risk" becomes involved in violence.

Risk factors exist at each level of the social ecology, which contribute to IPV perpetration. At the individual level, risk factors include attitudes and beliefs; at the relational level, risk factors include interpersonal and verbal interactions and family/relationship norms. At the community level and the larger societal level, risk factors include social norms and institutional structures, policies, and procedures.

Individual Factors for Perpetrating IPV

<http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>

Recent research reviews of male perpetrators link several risk factors to IPV (Black et al. 1999; Harway and O'Neil 1999):

- Young age
- Low self-esteem
- Low income
- Low academic achievement
- Involvement in aggressive or delinquent behavior as a youth
- Alcohol use
- Drug use
- Witnessing or experiencing violence as a child
- Lack of social networks and social isolation
- Unemployment

Relationship Factors for Perpetrating IPV

Recent research reviews link several relational risk factors to IPV perpetration (Heise and Garcia-Moreno 2002; Kantor and Jasinski 1998; Harway and O'Neil 1999):

- Marital conflict
- Marital instability
- Male dominance in the family
- Poor family functioning
- Emotional dependence and insecurity
- Belief in strict gender roles
- Desire for power and control in relationships
- Exhibiting anger and hostility toward a partner

Community Factors for Perpetrating IPV

Recent research reviews link several community risk factors to perpetrating IPV (Heise and Garcia-Moreno 2002; Counts, Brown and Campbell 1992):

- Poverty
- Low social capital
- Factors associated with poverty such as overcrowding, hopelessness, stress, frustration

Weak sanctions against domestic violence

VULNERABILITY FACTORS FOR VICITIMIZATION

To understand and prevent IPV, it is important to understand and identify vulnerability factors. A vulnerability factor is anything that increases the likelihood that a person will experience IPV. However, vulnerability factors are not necessarily causes and exist without the occurrence of IPV. The following vulnerability factors increase the likelihood of experiencing IPV:

Individual Factors Increasing Vulnerability to IPV

<http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>

Recent research reviews identify several individual vulnerability factors related to IPV (Tjaden and Thoennes 2000a; Crandall et al. 2004; Rennison 2000):

- History of physical abuse
- Prior injury from the same partner
- Having a verbally abusive partner
- Economic stress
- Partner history of alcohol or drug abuse
- Childhood abuse
- Being under the age of 24

Relationship Factors Increasing Vulnerability to IPV

Recent research reviews identify several relational vulnerability factors related to IPV (Heise and Garcia-Moreno 2002):

- Marital conflict
- Marital instability
- Male dominance in the family
- Poor family functioning

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<http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>



Bureau of Justice Statistics Special Report

May 2000, NCJ 178247

Intimate Partner Violence

By Callie Marie Rennison, Ph.D.
and Sarah Welchans
BJS Statisticians

Estimates from the National Crime Victimization Survey (NCVS) indicate that in 1998 about 1 million violent crimes were committed against persons by their current or former spouses, boyfriends, or girlfriends. Such crimes, termed *intimate partner violence*, are committed primarily against women. About 85% of victimizations by intimate partners in 1998, about 876,340, were against women.

Intimate partner violence made up 22% of violent crime against women between 1993 and 1998. By contrast, during this period intimate partners committed 3% of the violence against men.

Women experienced intimate partner violence at lower rates in 1998 than in 1993. From 1993 to 1997 the rate of intimate partner violence fell from 9.8 to 7.5 per 1,000 women. In 1998 the rate was virtually unchanged from that in 1997 (7.7 per 1,000 women). Males experienced intimate partner violence at similar rates in 1993 and 1998 (1.6 and 1.5 per 1,000 men, respectively).

In 1998 about 1,830 murders were attributable to intimate partners, down substantially from the 3,000 murders in 1976.

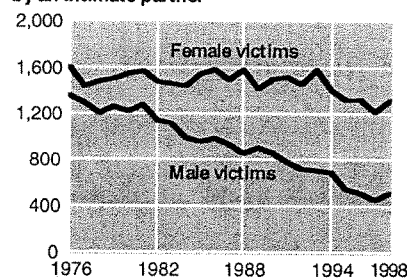
Highlights

Intimate partners: current or former spouses, boyfriends, and girlfriends

Violent crimes include lethal (homicide) and nonlethal (rape, sexual assault, robbery, aggravated assault, and simple assault) offenses.

Lethal

Number of victims murdered by an intimate partner



Note: Data for graphical figures are on page 10.

- Intimate partners committed fewer murders in each of the 3 years 1996, 1997, and 1998 than in any other year since 1976.
- Between 1976 and 1998, the number of male victims of intimate partner homicide fell an average 4% per year and the number of female victims fell an average 1%.
- In 1998 women were nearly 3 out of 4 victims of the 1,830 murders attributable to intimate partners. In 1976 women were just over half the approximate 3,000 victims.
- The percentage of female murder victims killed by intimate partners has remained at about 30% since 1976.

Nonlethal

- The number of female victims of intimate violence declined from 1993 to 1998. In 1998 women experienced about 900,000 violent offenses at the hands of an intimate, down from 1.1 million in 1993.
- In both 1993 and 1998, men were victims of about 160,000 violent crimes by an intimate partner.
- Considered by age category, 1993-98, women ages 16 to 24 experienced the highest per capita rates of intimate violence (19.6 per 1,000 women).
- About half the intimate partner violence against women, 1993-98, was reported to the police; black women were more likely than other women to report such violence.
- About 4 of 10 female victims of intimate partner violence lived in households with children under age 12. Population estimates suggest that 27% of U.S. households were home to children under 12.
- Half of female victims of intimate partner violence reported a physical injury. About 4 in 10 of these victims sought professional medical treatment.

Measuring intimate partner victimization

This report updates findings presented in *Violence by Intimates* (March 1998, NCJ 167237) and provides more complete statistics of intimate partner violence against men.

Data

Findings regarding violent crime came from National Crime Victimization Survey (NCVS) data collected by the Bureau of Justice Statistics (BJS). The NCVS collects data about criminal victimizations from an ongoing nationally representative sample of households in the United States. Homicide data were collected by the FBI, under the Supplementary Homicide Reports (SHR) of the Uniform Crime Reporting Program (UCR).

Definitions

As defined in this report, intimate relationships involve current or former spouses, boyfriends, or girlfriends. These individuals may be of the same gender.

Violent acts examined include murder, rape, sexual assault, robbery, aggravated assault, and simple assault. Definitions of these violent crimes are provided in the definitions section on page 9.

Rate of violence by an intimate partner, by gender, 1993-98

Number of victimizations by an intimate partner per 1,000 persons of each gender age 12 or older

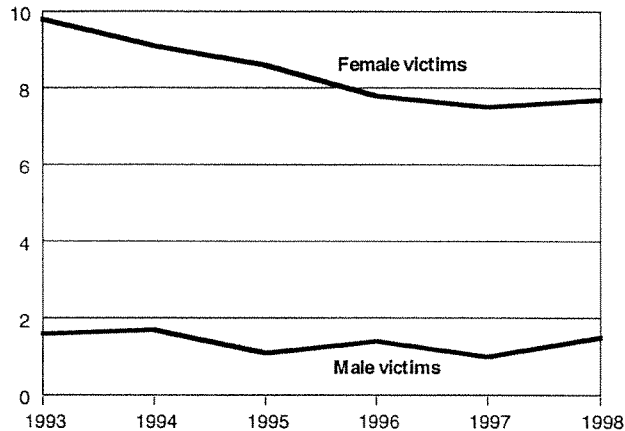


Figure 1

Intimate partner violence in 1998

In 1998 women were victims in about 876,340 violent crimes and men were victims in about 157,330 violent crimes committed by an intimate partner (table 1). Women were victims of intimate partner violence at a rate about 5 times that of males (767 versus 146 per 100,000 persons, respectively). Women were more likely to be victimized by a nonstranger, which includes a friend, family member, or intimate partner, while men were more likely to be victimized by a stranger (appendix table 3, page 10). Sixty-five percent of all intimate partner violence against women and 68% of intimate partner violence against men involved a simple assault, the least serious form of violence studied.

In 1998 intimate partner homicides accounted for about 11% of all murders nationwide. Of the 1,830 persons murdered by intimates in 1998, 72% or 1,320 were women. Female murder victims were substantially more likely than male murder victims to have been killed by an intimate partner. In 1998 intimate partner homicides comprised about 33% of the murders of women but about 4% of the murders of men.

Trends in violence against intimate partners, 1993-98

The rate of intimate partner violence against women decreased 21% from 1993 to 1998. The estimated number of violent crimes against women by intimate partners decreased from the 1993 level of about 1.1 million to 848,480 in 1997. The victimization rate over the same period fell from 9.8 to 7.5 per 1,000 women. A nominal but not statistically significant increase in female intimate partner violence rates occurred from 1997 to 1998 (7.5 to 7.7 per 1,000 women) (figure 1, table 2, appendix table 3).

Intimate partner victimization rates for males were similar in 1993 and 1998 (1.6 and 1.5 men victimized per 1,000 males), despite some fluctuation during intervening years. The rate of victimization of male intimate partners in 1998 represented an increase from 1.0 per 1,000 in 1997.

Table 1. Violence by intimate partners, by type of crime and gender, 1998

	Intimate partner violence by gender					
	Total		Female		Male	
	Number	Rate per 100,000 persons	Number	Rate per 100,000 persons	Number	Rate per 100,000 persons
Overall violent crime	1,033,660	465.9	876,340	766.8	157,330	146.2
Murder	1,830	0.8	1,320	1.2	510	0.5
Rape/sexual assault	63,490	28.6	63,490	55.6	--	--
Robbery	103,940	46.8	101,830	89.1	--	--
Aggravated assault	187,970	84.7	140,050	122.5	47,910	44.5
Simple assault	676,440	304.9	569,650	498.4	106,790	99.2

Note: Rates for this table only are the number of victimizations per 100,000 persons. Rates reported in other tables are the number of victimizations per 1,000 persons. Populations for calculation of rates are presented in appendix table 9, page 11. The difference in male and female intimate partner victimization rates is significant at the 95%-confidence level within each victimization category presented.

--Based on 10 or fewer sample cases.

Homicide of intimate partners, 1976-98

Overall, the number of women killed by an intimate partner was stable between 1976 and 1993 and then declined 23% between 1993 and 1997. The number of women murdered by an intimate partner increased 8% between 1997 and 1998. The number of men murdered by an intimate partner fell 60% from 1976 to 1998 (*Highlights* figure, page 1 and page 10).

Most victims of intimate partner homicide are killed by their spouses, although much less so in recent years. In 1998 murders by spouses represented 53% of all intimate partner homicides, down from 75% in 1976 (figure 2).

White females represent the only category of victims for whom intimate partner homicide has not decreased substantially since 1976 (figure 3). The number of intimate partner homicides for all other racial and gender groups declined during the period. The number of black females killed by intimates dropped 45%; black males, 74%; and white males, 44%. Between 1997 and

Table 2. Violence by intimate partners, by gender, 1993-98

Year	Violent victimization by intimate partners			
	Female victims		Male victims	
	Number	Rate per 1,000	Number	Rate per 1,000
1993	1,072,090	9.8	163,570	1.6
1994	1,003,180	9.1	176,180	1.7
1995	953,700	8.6	115,490	1.1
1996	879,290	7.8	150,730	1.4
1997	848,480	7.5	107,850	1.0
1998	876,340	7.7	157,330	1.5

Note: See appendix table 10, page 11, for the populations used to calculate rates.

The difference between male and female rates of intimate partner victimization for every year is significant at the 95%-confidence level. The rates for males in 1993 and 1998 were not significantly different. Male intimate partner victimization rates fell significantly between 1994 and 1995, fell slightly between 1996 and 1997, and increased significantly between 1997 and 1998. Rates of intimate partner violence against females declined from 1994 to 1997 and slightly between 1994 and 1998.

Homicides of intimate partners, by victim-offender relationship, 1976-98

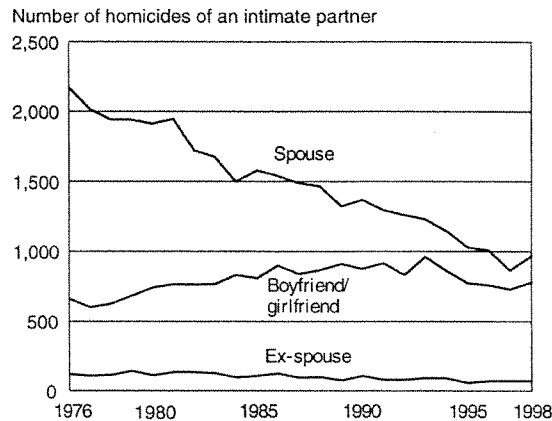


Figure 2

1998 the number of white females killed by an intimate partner increased 15%.

For additional information on trends of intimate partner homicide, refer to the BJS website: <http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm>

Characteristics of intimate partner violence victims, 1993-98

Regardless of the demographic characteristics considered, women experienced intimate partner violence

at higher rates than men between 1993 and 1998.* Among women, being black, young, divorced or separated, earning lower incomes, living in rental housing, and living in an urban area were all associated with higher rates of intimate partner victimization between 1993 and 1998. Men who were young, black, divorced or separated, or living in rented housing had significantly higher rates of intimate partner violence than other men.

*The remainder of the report examines nonlethal violent victimization, although inclusion of homicides would not affect the findings.

Homicides of intimate partners, by gender and race of the victims, 1976-98

Number of victims killed by an intimate partner

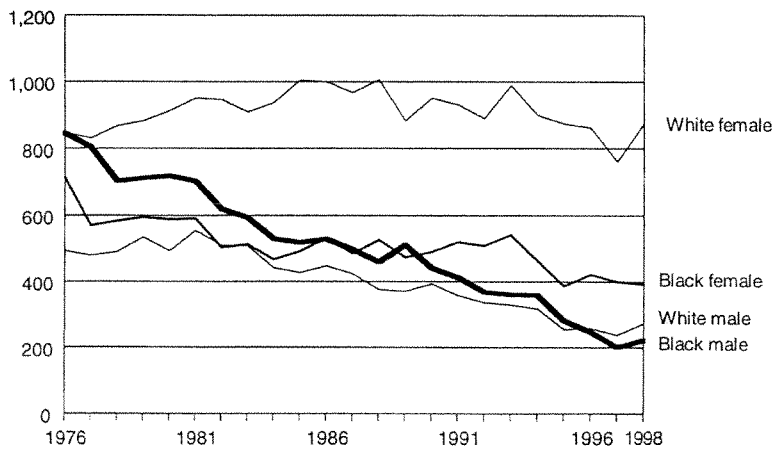


Figure 3

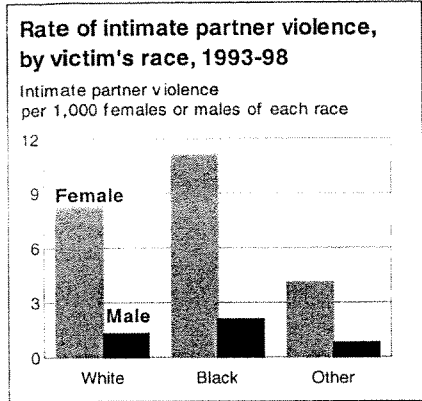


Figure 4

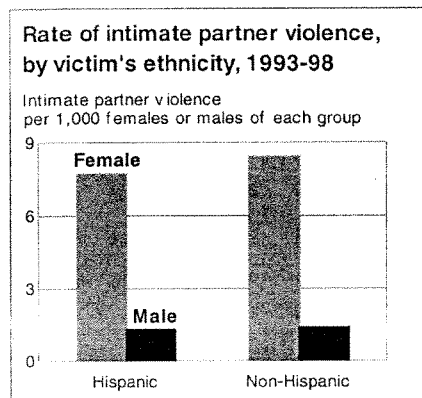


Figure 5

Race and ethnicity

Overall, blacks were victimized by intimate partners at significantly higher rates than persons of any other race between 1993 and 1998 (figure 4, appendix table 4). Black females experienced intimate partner violence

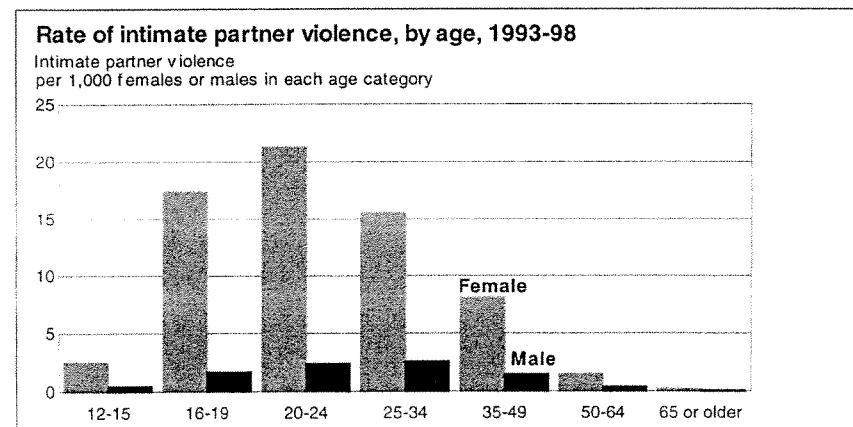


Figure 6

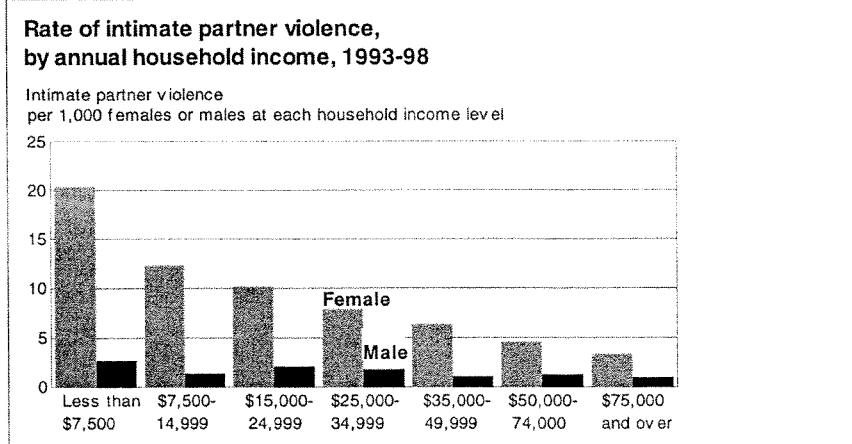


Figure 7

at a rate 35% higher than that of white females, and about 2½ times the rate of women of other races. Black males experienced intimate partner violence at a rate about 62% higher than that of white males and about 2½ times the rate of men of other races.

No difference in intimate partner victimization rates between Hispanic and non-Hispanic persons emerged, regardless of gender (figure 5).

Age

For both women and men, rates of violence by an intimate partner were below 3 victimizations per 1,000 persons under age 16 or over age 50 (figure 6 and appendix table 5). Women ages 20-24 were victimized by an intimate partner at the highest rate, 21 per 1,000 women. This rate was about 8 times the peak rate for men

(3 victimizations per 1,000 men ages 25-34).

Household income

Women living in households with lower annual household incomes experienced intimate partner violence at significantly higher rates than women in households with higher annual incomes (figure 7, appendix table 6). Intimate partners victimized women living in households with the lowest annual household income at a rate nearly 7 times that of women living in households with the highest annual household income (20 versus 3 per 1,000). No discernible relationship emerged between intimate partner violence against males and household income.

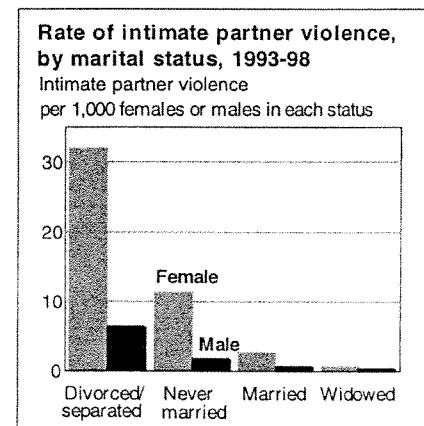


Figure 8

Marital status

For both men and women, divorced or separated persons were subjected to the highest rates of intimate partner victimization, followed by never-married persons (figure 8, appendix table 7). Because the NCVS reflects a respondent's marital status at the time of the interview, it is not possible to determine whether a person was separated or divorced at the time of the victimization or whether separation or divorce followed the violence.

Home ownership

Intimate partner victimization rates were significantly higher for persons living in rental housing regardless of the victim's gender (figure 9, appendix table 8). Females residing in rental housing were victimized by intimate partner violence at more than 3 times the rate of women living in owned housing, and males residing in rental housing were victimized by an intimate partner at more than twice the rate of men living in purchased housing.

Urban, suburban, and rural households

Women in urban areas were victims of intimate partner violence at significantly higher rates than suburban women and at somewhat higher rates than rural women. Ten per thousand urban women were victims of intimate partner violence compared to 8 per 1,000 women in suburban and rural areas between 1993 and 1998.

Urban and suburban males were victims of intimate partner violence at similar rates. Men in urban areas experienced violence at a rate slightly higher than that of men in rural areas. No significant difference emerged between the rates for suburban and rural men.

The nature of intimate partner victimization

Location and time

Between 1993 and 1998 almost two-thirds of intimate partner violence

Rate of intimate partner violence, by home ownership and location of household, 1993-98

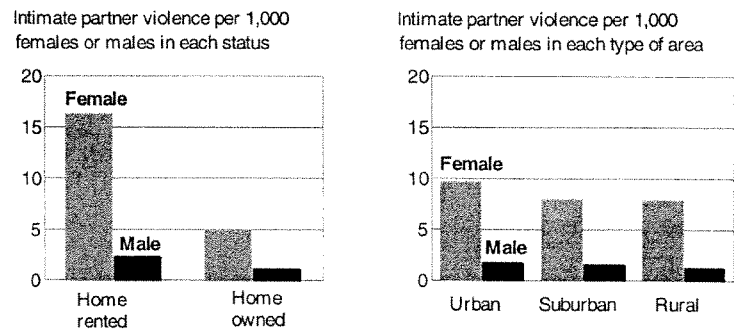


Figure 9

Table 3. Location and time of intimate partner violence, by gender of victim, 1993-98

Location and time	Female average annual		Male average annual	
	Number	Percent	Number	Percent
Total intimate partner victims	937,490	100%	144,620	100%
Victim's home	590,030	63%*	74,480	52%
Near victim's home	81,600	9*	23,910	17
Friend/neighbor's home	115,430	12	22,300	15
Commercial place	24,020	3	5,820	4
Parking lot or garage	34,800	4	5,860	4
School	11,350	1	--	--
Other	80,260	9	9,630	7
Daytime (6 a.m. to 6 p.m.)	353,560	38%	58,900	41%
Nighttime	558,130	60	84,910	59
Don't know	25,800	3	--	--

--Based on 10 or fewer sample cases.
*The difference between male and female percentages is significant at the 95%-confidence level.

Table 4. Households with children under age 12, by gender of victims of intimate partner violence, 1993-98

Present	Total annual average		Female average annual		Male average annual	
	Number	Percent	Number	Percent	Number	Percent
Total intimate partner victims	1,082,110	100%	937,490	100%	144,620	100%
Children in household	459,590	43%	424,140	45%	35,450	25%
Children not in household	462,090	43	364,720	39	97,370	67
Unknown	160,430	15	148,630	16	11,800	8

Note: The difference between male and female percentages is significant at the 95%-confidence level for each category shown. The difference in having children as household members and not having them is significant at the 95%-confidence level for both women and men.

against women, and about half of all intimate partner violence against men, occurred in the victim's home (table 3). Intimate partner violence occurred most often between 6 p.m. and 6 a.m., accounting for about 6 in 10 female and male victimizations by intimate partners (60% and 59%).

Table 5. Percent of threats, attempted attacks, and physical attacks in intimate partner violent crimes, 1993-98

Type of violence	Victims of intimate partners	
	Female	Male
Attempt or threat	31%	35%
Threatened to kill	32	27
Threatened to rape	1	--
Threatened in "other" way	52*	41
Threatened with a weapon	18	22
Threw object at victim	4*	11
Followed/surrounded victim	4	--
Tried to hit, slap, or knock down victim	13	15
Physically attacked	69%	65%

Note: Detail may not add to total because victims may have reported more than one type of threat.

--Based on 10 or fewer sample cases.

*The difference between male and female percentages is significant at the 95%-confidence level.

Children younger than 12 present in the household

Between 1993 and 1998 children under the age of 12 resided in 43% of the households where intimate partner violence occurred (table 4). Population estimates suggest that in general, 27% of households in the United States were home to children under the age 12. This study is not able to determine the extent to which young children witnessed intimate partner violence.

Injuries and treatment

Between 1993 and 1998, about two-thirds of the male and female victims of intimate partner violence were physically attacked (table 5). The remaining third were victims of threats or attempted violence. Though percentages of males and females being attacked were similar, the outcome of these attacks differed (table 6). Fifty percent of female victims of intimate partner violence were injured by an intimate partner versus 32% of male victims.

Percent of intimate partner victimization reported to police, by gender, race, and ethnicity, 1993-98

Percent of intimate partner violence reported to police

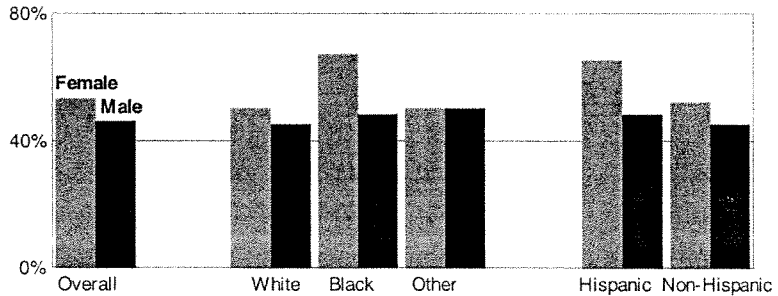


Figure 10

Among those injured, similar percentages of men and women suffered serious injuries (4% and 5%, respectively). A significantly higher percentage of women than men sustained minor injuries (more than 4 in 10 females and fewer than 3 in 10 males).

Most victims injured by an intimate partner did not report seeking profes-

sional medical treatment for their injuries. About 6 in 10 female and male victims of intimate partner violence were injured but not treated. In general, injuries were minor, involving cuts and bruises. Most of those injured who were treated received care at home or at the scene of the victimization (17% of women and 24% of men).

Table 6. Injuries and treatment as a result of intimate partner violence, by gender, 1993-98

Injury and treatment	Female average annual		Male average annual	
	Number	Percent	Number	Percent
Total intimate partner victims	937,490	100%	144,620	100%
Not injured	466,380	50%*	97,620	68%
Injured	471,110	50*	47,000	32
Serious injury	43,910	5	6,380	4
Gunshot wound	--	--	--	--
Knife wounds	5,410	1	--	--
Internal injuries	10,170	1	--	--
Broken bones	16,380	2	--	--
Knocked unconscious	9,240	1	--	--
Other serious injuries	--	--	--	--
Rape/sexual assault without additional injuries	33,260	4	--	--
Minor injuries only	392,810	42*	39,690	27
Injuries unknown	--	--	--	--
Injured	471,110	100%	47,000	100%
Injured, not treated	297,800	63	28,090	60
Treated for injury	173,310	37	18,910	40
At scene or home	82,200	17*	11,240	24
Doctor's office or clinic	23,000	5	--	--
Hospital				
Not admitted	16,990	4	--	--
Emergency, not admitted	39,850	8	--	--
Emergency, admitted	5,840	1	--	--
Other locale	5,020	1	--	--
Don't know	--	--	--	--

--Based on 10 or fewer sample cases.

*The difference in male and female percentages is significant at the 95%-confidence level.

Reporting to police

About half of all victims of intimate partner violence between 1993 and 1998 reported the violence to law enforcement authorities (53% of women and 46% of men) (table 7, figure 10, and appendix table 9).

The percentage of victims reporting to police differed by race and ethnicity. Black women (67%) reported their victimization to police at significantly higher percentages than black men (48%), white men (45%), and white women (50%). No difference in white male and female percentages reporting emerged (45% versus 50%). Hispanic females reported intimate partner violence to the police at higher percentages than did non-Hispanic females (65% versus 52%).

Among victims of violence by an intimate partner, the percentage of women who reported the crime was greater in 1998 (59%) than in 1993 (48%). There was no significant difference between 1993 and 1998 in the percentage of men's reporting their victimization to the police.

In 1997 and 1998 a significantly higher percentage of female intimate partner violence victims reported the victimizations to the police than did not. Prior to 1997 similar percentages of females reported and did not report.

For males, for all years but 1997, approximately half the victims did not report their victimization to the police. In 1997 a slightly higher percentage of male victims did not report to the authorities. About half of the male victims' reasons and a third of the female victims' reasons for not reporting their intimate partner victimization to the police was because it was a "private or personal matter" (table 8). While this reason was the most often

Table 7. Percent of reporting intimate partner violence to police, by gender, 1993-98

Type of victim	1993	1994	1995	1996	1997	1998	1993-98
Female total	100%	100%	100%	100%	100%	100%	100%
Reported	48%	50%	52%	53%	58%	59%	53%
Not reported	52	50	47	46 ⁱ	42*	41*	47*
Don't know	0	0	1	1	0	0	0
Male total	100%	100%	100%	100%	100%	100%	100%
Reported	47%	48%	49%	46%	38%	49%	46%
Not reported	53	50	51	52	60 ⁱ	51	53
Don't know	0	2	0	2	2	0	1

*The difference in percent of within gender reporting and not reporting is significant at the 95%-confidence level.

ⁱThe difference in percent of within gender reporting and not reporting is significant at the 90%-confidence level.

Table 8. Reasons intimate partner violence was not reported to the police, by gender of victim, 1993-98

Reasons for not reporting to police	Female average annual		Male average annual	
	Number	Percent	Number	Percent
Total victimizations not reported	480,060		85,400	
Private or personal matter	151,900	35%*	39,690	52%
Afraid of reprisal	83,090	19	--	--
Minor crime	29,270	7*	11,480	15
Police will not bother	25,440	6	--	--
Protect offender	13,580	3*	8,400	11
Police biased	12,200	3%	--	--
Inconvenient	14,190	3	--	--
Reported to another official	11,910	3	--	--
Police ineffectiveness	15,290	4	--	--
Not clear a crime occurred	7,010	2	--	--
Don't know why I did not report it	7,100	2%	--	--
Other reason given	109,070	25	14,500	19

Note: Detail may not add to total because victims may have reported more than one reason and because of values not shown in instances in which the sample cases were fewer than 10.

--Based on 10 or fewer sample cases.

*The difference in male and female percentages is significant at the 95%-confidence level.

given by both male and female victims, it was given by male victims in a significantly higher percentage than female victims.

Fear of reprisal by the perpetrator made up 19% of the reasons females did not report their victimization to the police. About 1 in 10 male victims and fewer than 1 in 10 female victims said they did not report the crime to the police because they did not want to get the offender in trouble with the law.

Methodology

Except for homicide data obtained from the FBI's Uniform Crime Reporting Program, this report presents data from the BJS National Crime Victimization Survey. The NCVS gathers data about crimes using an ongoing, nationally representative sample of households in the United States. NCVS data include information about crime victims (age, gender, race, ethnicity, marital status, income, and educational level), criminal offenders (gender, race, approximate age, and victim-offender relations) and the nature of the crime

(for example, time and place of occurrence, use of weapons, nature of injury, and economic consequences). NCVS victimization data include incidents reported and not reported to police.

Between 1993 and 1998 approximately 293,400 households and 574,000 individuals age 12 or older were interviewed. For the NCVS data presented, response rates varied between 93% and 96% of eligible households, and between 89% and 92% of eligible individuals. The 1998 data presented in this report were collected during the calendar year being estimated. Data for 1993 to 1997 are based on crimes occurring during the year.

Appendix table 1. Average annual number and percentage of series and nonseries violent victimizations, 1993-98

Type of crime	Number of victimizations			Percent of victimizations		
	Total	Nonseries	Series	Total	Nonseries	Series
Violent victimizations	10,098,920	9,493,160	605,770	100%	94%	6%
Rape/sexual assault	394,600	368,430	26,170	100	93	7
Robbery	1,142,380	1,111,500	30,880	100	97	3
Aggravated assault	2,167,920	2,063,920	104,000	100	95	5
Simple assault	6,394,030	5,949,310	444,720	100	93	7
Intimate partner violence						
Female victims	937,490	835,850	101,630	100%	89%	11%
Male victims	144,620	132,030	12,600	100	91	9

Because the NCVS samples households, it does not capture the experiences of homeless individuals or those living in institutional settings such as homeless or battered persons' shelters. The experiences and esti-

mates of intimate partner violence in this report reflect those of the individuals residing in households.

The exact impact of this sampling limitation is unknown. Several studies estimate the impact that intimate partner violence has on homelessness or on residing in shelters for homeless or battered persons. One study suggested that 50% of homeless women and children became homeless after fleeing abuse (Zorza, 1991). A 1998 study conducted in 10 cities in the United States estimated that of 777 homeless parents (most of whom were mothers) 22% stated they left their previous home due to intimate partner violence (*Homes for the Homeless*, 1998). A survey by the U.S. Conference of Mayors suggested that 46% felt that intimate partner violence was a primary cause of homelessness (U.S. Conference of Mayors, 1998).

Definitions of intimate partner

Intimate partner relationships involve current spouses, former spouses, current boy/girlfriends, or former boy/girlfriends. Individuals involved in an intimate partner relationship may be of the same gender. The FBI does not report former boy/girlfriends in categories separate from current boy/girlfriends. Rather, they are included in the boy/girlfriend category during the data collection process.

The FBI, through the Supplementary Homicide Reports (SHR), and BJS, using the NCVS, gather information about the victim's and offender's relationship, using different relationship categories. In this report responses to the victim-offender question from both datasets are collapsed into four relationship groups: intimate, friend/acquaintance, other family, and stranger. These groups are created from the following original response categories:

	NCVS categories	SHR categories
Intimate	Spouse Ex-spouse Boyfriend/girlfriend Ex-girlfriend/ex-boyfriend	Husband/wife Common-law husband or wife Ex-husband/ex-wife Boyfriend/girlfriend Homosexual relationship
Friend/ acquaintance	Friend/ex-friend Roommate/boarder Schoolmate Neighbor Someone at work/customer Other non-relative	Acquaintance Friend Neighbor Employee Employer Other known
Other family	Parent or step parent Own child or stepchild Brother/sister Other relative	Mother/father Son/daughter Brother/sister In-law Stepfather/stepmother Stepson/stepdaughter Other family
Stranger	Stranger Known by sight only	Stranger

Standard error computations for NCVS estimates

Comparisons of percentages and rates in this report were tested to determine if differences were statistically significant. Differences described in the text as higher, lower, or different and changes over time characterized as having increased or decreased passed a hypothesis test at the .05 level of statistical significance (95%-confidence level). That is, the tested difference in the estimates was greater than twice the standard error of that difference. For comparisons that were statistically significant at the .10 level of statistical significance (90%-confidence level), the terms *somewhat different*, *marginally different*, or *slight difference* are

used to note the nature of the difference.

Caution is required when comparing estimates not explicitly discussed in the text. What may appear to be large differences may not test as statistically significant at the 95%- or the 90%-confidence level. Significance testing calculations were conducted at the Bureau of Justice Statistics using statistical programs developed specifically for the NCVS by the U.S. Bureau of the Census. These programs take into consideration many aspects of the complex NCVS sample design when calculating generalized variance estimates.

FBI homicide data

Homicide data presented in this report are collected by the FBI, under the Supplementary Homicide Reports (SHR) of the Uniform Crime Reporting Program (UCR). The homicide data provide incident-level data on about 92% of the homicides in the United States, including the victim and offender relationship.

Definitions

An important consideration in generating intimate partner violence estimates using NCVS data is the treatment of "series data." Series data are defined as six or more incidents similar in nature, for which the victim is unable to furnish details of each incident separately. Because no information for each incident is available, information on the most recent incident in the series is collected. Generally, series victimizations represent 6%-7% of all violent victimizations recorded by the NCVS, though some variation exists among the types of crime and victim characteristics (appendix table 1).

Series crimes are problematic in estimation because how or whether these victimizations should be combined with the other crime incidents is unclear. BJS continues to study how these types of victimizations should be handled in our published estimates. Currently, series victimizations are excluded from the annual BJS estimates but included in Special Reports. In addition, series data are included for analyses where repeat victimization is an important aspect of the subject being analyzed. This report includes series victimizations in estimation of intimate partner violence, counting a series as one victimization.

Violent acts covered in this report include murder, rape, sexual assault, robbery, and aggravated and simple assault. Definitions used in this report are as follows:

- Murder and non-negligent manslaughter is defined as the willful killing of one human being by another.
- Rape is forced sexual intercourse, including both psychological coercion and physical force. Forced sexual intercourse means vaginal, anal, or oral penetration by the offender(s). This category includes incidents where the penetration is from a foreign object such as a bottle. Also included are attempted rapes, male and female victims, and heterosexual and homosexual rape.
- Sexual assault covers a wide range of victimizations, distinct from rape or attempted rape. These crimes include completed or attempted attacks generally involving unwanted sexual contact between the victim and offender. Sexual assaults may or may not involve force and include such things as grabbing or fondling. Sexual assault also includes verbal threats.

- Robbery is a completed or attempted theft directly from a person, of property or cash by force or threat of force, with or without a weapons, and with or without an injury.

- Aggravated assault is defined as a completed or attempted attack with a weapon, regardless of whether or not an injury occurred, and an attack without a weapon in which the victim is seriously injured.

- Simple assault is an attack without a weapon resulting either in no injury, minor injury (such as bruises, black eyes, cuts, scratches, or swelling) or an undetermined injury requiring less than 2 days of hospitalization. Simple assaults also include attempted assaults without a weapon.

References

- Homes for the Homeless. Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America.* Available from Homes for the Homeless & the Institute for Children and Poverty, 36 Cooper Square, 6th Floor, New York, NY 10003; 212/529-5252.
- Homicide Trends in the United States*, a section of the BJS website, <http://www.ojp.usdoj.gov/bjs/homicide/homtrnd.htm>
- U.S. Conference of Mayors. *A Status Report on Hunger and Homelessness in America's Cities: 1998.* Washington, DC.
- Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends.* BJS report, NCJ 167237, March 1998.
- Zorza, Joan. "Woman Battering: A Major Cause of Homelessness," in *Clearinghouse Review*. Vol. 25, no. 4, 1991.

Appendix table 2. Intimate partner homicide, by gender, 1976-98

	Number of victims of intimate partner homicide	
	Male	Female
1976	1,357	1,600
1977	1,294	1,437
1978	1,202	1,482
1979	1,262	1,506
1980	1,221	1,549
1981	1,278	1,572
1982	1,141	1,481
1983	1,113	1,462
1984	989	1,442
1985	957	1,546
1986	985	1,586
1987	933	1,494
1988	854	1,582
1989	903	1,415
1990	859	1,501
1991	779	1,518
1992	722	1,455
1993	708	1,581
1994	692	1,405
1995	547	1,321
1996	515	1,324
1997	451	1,217
1998	512	1,317

Source: FBI, Supplementary Homicide Reports, 1976-98. Also found at <http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm#intimates>

Appendix table 4. Intimate partner violence, by race and ethnicity, 1993-98

Victims	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female victims	Male victims
Race		
White	8.2	1.3
Black	11.1	2.1
Other race ^a	4.1	--
Ethnicity		
Hispanic ^b	7.7	1.3
Non-Hispanic	8.4	1.4

Note: The difference between male and female intimate partner violence rates is significant at the 95%-confidence level for each race and ethnicity shown. Female intimate partner violence rates among races differ at the 95% level. No difference between Hispanic and non-Hispanic rates emerged. Male intimate partner violence rates differed at the 95%-confidence level between whites and blacks and between blacks and persons of other races. No difference in the rates for white males and other race males emerged.
 --Based on 10 or fewer sample cases.
^aDenotes Asians, Native Hawaiians, other Pacific Islanders, Alaska Natives, and American Indians.
^bHispanic or Latino persons could be of any race.

Appendix table 5. Intimate partner violence, by age, 1993-98

Age of victim	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female	Male
12-15	2.5	0.6
16-19	17.4	1.7
20-24	21.3	2.4
25-34	15.5	2.6
35-49	8.1	1.5
50-64	1.5	0.4
65 or older	0.2	--

Note: The difference between male and female intimate partner violence rates is significant at the 95%-confidence level for every age group.
 --Based on 10 or fewer sample cases.

Appendix table 6. Intimate partner violence, by household income, 1993-98

Household income of victim	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female	Male
Less than \$7,500	20.3	2.6
\$7,500 to \$14,999	12.3	1.3
\$15,000 to \$24,999	10.1	2.0
\$25,000 to \$34,999	7.8	1.7
\$35,000 to \$49,999	6.3	1.0
\$50,000 to \$74,999	4.5	1.2
\$75,000 or more	3.3	0.9

Note: The difference between male and female intimate partner violence rates is significant at the 95%-confidence level for every income category shown.

Appendix table 3. Victim-offender relationship, by gender, 1993-98

Gender of victim and victim-offender relationship	Rate of violent victimization						
	1993	1994	1995	1996	1997	1998	1993-98
Female victim							
Intimate partners	9.8	9.1	8.6	7.8	7.5	7.7*	8.4
Other relatives	3.3	2.9	2.2	3.0	2.4	2.7	2.8
Friends/acquaintances	17.1	16.7	15.2	14.5	14.1	12.5*	15.0
Stranger	15.4	16.8	13.2	11.8	10.7	9.5*	12.9
Male victim							
Intimate partners	1.6	1.7	1.1	1.4	1.0	1.5	1.4
Other relatives	1.6	2.2	2.0	1.3	1.5	2.0	1.8
Friends/acquaintances	23.0	21.5	19.3	19.1	18.5	17.2*	19.7
Stranger	38.8	38.2	33.8	29.2	26.6	24.9*	31.8

*The difference between 1993 and 1998 violent victimization rates is significant at the 95%-confidence level.
 Source: BJS, National Crime Victimization Survey (NCVS), and FBI, Supplementary Homicide Reports (SHR), 1993-98.

Appendix table 7. Intimate partner violence, by marital status, 1993-98

Victim's marital status	Rate of nonlethal intimate violence (per 1,000 persons)	
	Female	Male
Divorced/separated	31.9	6.2*
Never married	11.3	1.6*
Married	2.6	0.5*
Widowed	0.6	--

--Based on 10 or fewer sample cases.
*The difference between male and female rates of intimate partner violence is significant at the 95%-confidence level.

Appendix table 8. Intimate partner violence, by urbanization and housing, 1993-98

Area in which victim lives	Rate of nonlethal intimate partner violence (per 1,000 males and females)	
	Female	Male
Home owned	4.8	1.0
Home rented	16.2	2.2
Urban	9.5	1.6
Suburban	7.8	1.4
Rural	8.1	1.1

Note: The difference in male and female intimate partner violence victimization rates for each housing category is significant at the 95%-confidence level. Among females, intimate partner violence rates differ at the 95%-confidence level between urban and suburban areas and at the 90%-confidence level between urban and rural areas. Among males, rural rates differed significantly from urban rates.

Appendix table 9. Reporting intimate partner violence to police, by race and ethnicity, 1993-98

Victim	Female			Male		
	Number reported	Number of victims	Percent	Number reported	Number of victims	Percent
Total	498,210	937,490	53%	67,110	144,620	46%
White	384,030	763,100	50%	53,090	116,830	45%
Black	105,720	157,480	67*	11,910	24,780	48
Other	8,470	16,900	50	--	--	--
Hispanic	50,650	78,390	65%*	6,010	12,470	48%
Non-Hispanic	442,470	847,210	52	58,710	129,060	45

--Based on 10 or fewer sample cases.
*The difference in male and female percentages is significant at the 95%-confidence level.

Appendix table 10. Resident population of the United States age 12 or older, by gender, 1993-98

	Populations used to calculate victimization rates					
	1993	1994	1995	1996	1997	1998
Total	211,524,770	213,747,270	215,709,450	217,967,370	220,433,520	221,880,960
Female	109,176,670	110,378,010	111,440,640	112,490,440	113,540,360	114,285,430
Male	102,348,090	103,369,260	104,268,820	105,476,930	106,893,170	107,595,530

The Bureau of Justice Statistics is the statistical agency of the U.S. Department of Justice. Jan M. Chaiken, Ph.D., is director.

BJS Special Reports address a specific topic in depth from one or more datasets that cover many topics.

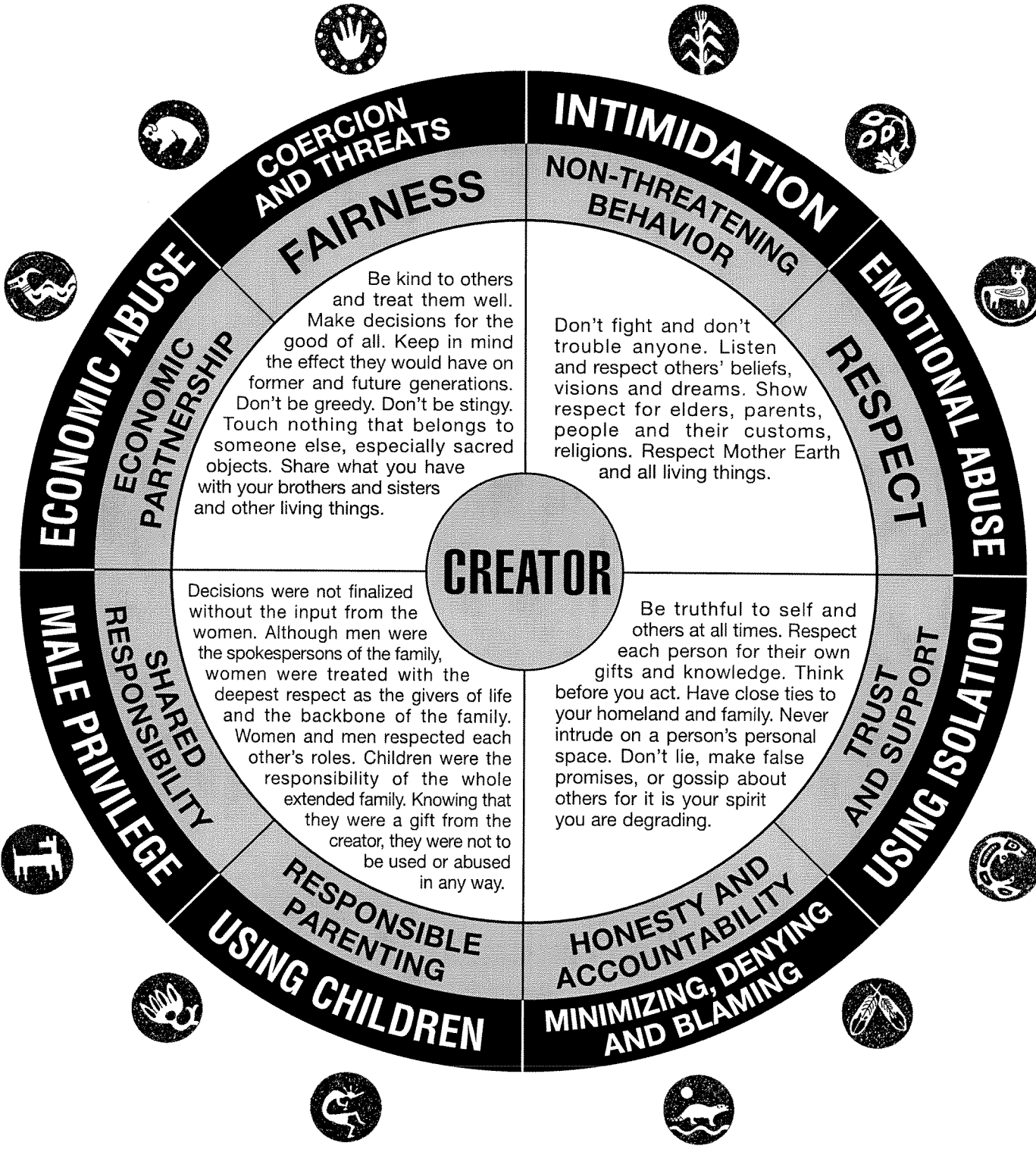
Callie Marie Rennison, Ph.D., and Sarah Welchans wrote this report. Cathy Maston provided statistical review. Tina Dorsey produced and edited the report under the supervision of Tom Hester. Jayne Robinson prepared the report for final publication.

May 2000, NCJ 178247

The primary source of data for tables presented in this report is the National Crime Victimization Survey (NCVS). Data for lethal violence or homicide were collected by the FBI, under the Supplementary Homicide Reports (SHR) of the Uniform Crime Reporting Program (UCR).

Data presented in this report can be obtained from the National Archive of Criminal Justice Data at the University of Michigan, 1-800-999-0960. When at the archive site, search for dataset ICPSR 6406.

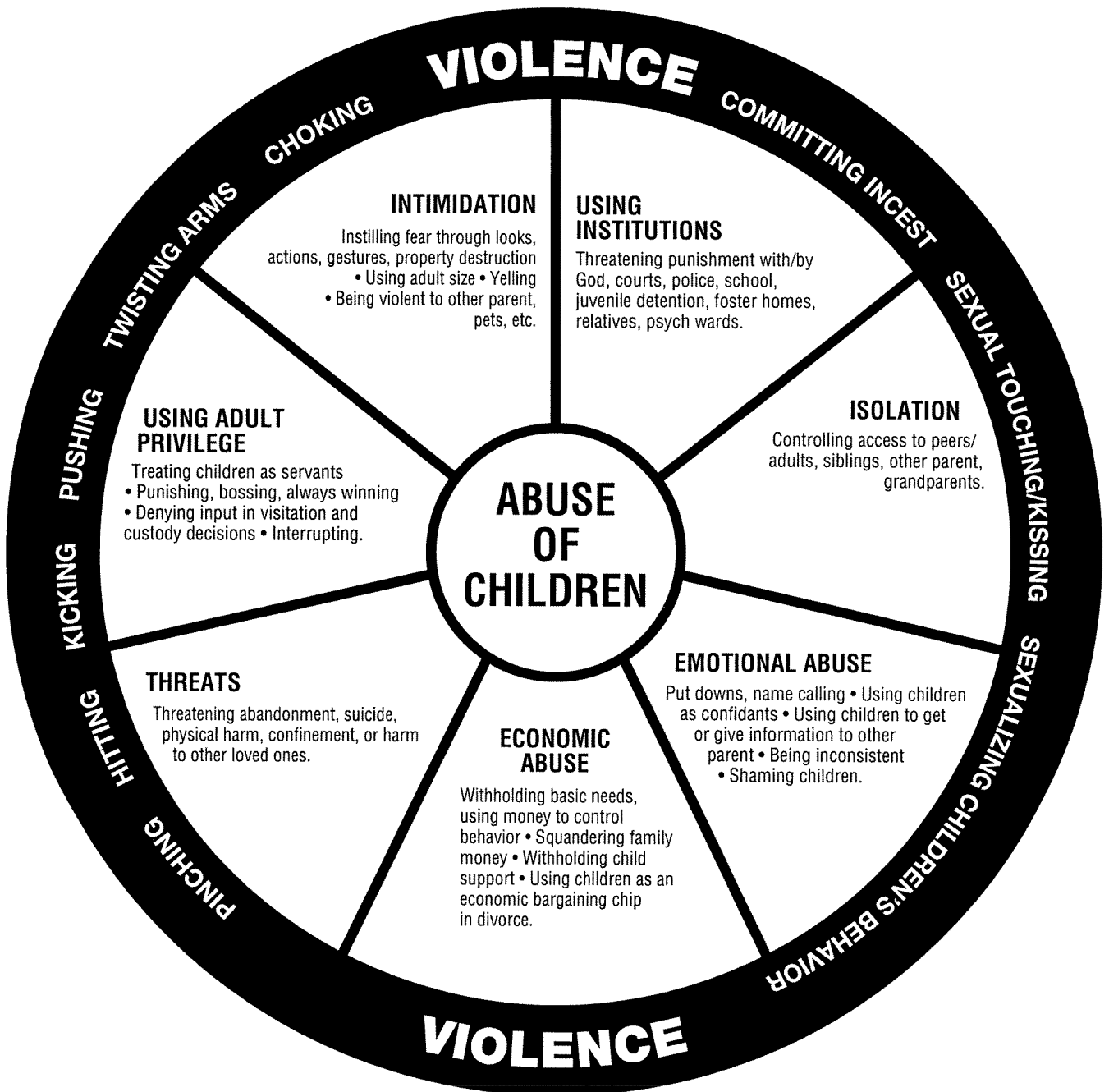
The archive may also be accessed through the BJS website, where the report, data, and supporting documentation are available: <http://www.ojp.usdoj.gov/bjs/>



MENDING THE SACRED HOOP
 202 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781



DOMESTIC ABUSE INTERVENTION PROJECT
 202 East Superior Street
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 218-722-2781



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DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
Duluth, Minnesota 55802

218-722-2781

DIARIO DEL CONTROL
Grupos de Educación de Hombres

Nombre: _____

Fecha: _____

1. ACCIONES: Describa brevemente la situación y las acciones que usted usó para controlar a su pareja (afirmaciones, gestos, tonos de voz, contacto físico, expresiones del rostro).

2. INTENCIONES Y CONVICCIONES: ¿Qué era lo que usted quería que pasara en esta situación?

¿En qué convicciones, creencias o principios suyos están basadas sus acciones y las intenciones de sus acciones?

3. SENTIMIENTOS: ¿Qué sentimientos tuvo mientras se desarrollaron las acciones descritas en 1?

4. MINIMIZACIÓN, NEGACIÓN Y TRANSFERENCIA DE LA CULPA: ¿De qué manera usted minimizó o negó sus acciones o le echó la culpa a ella?

5. EFECTOS: ¿Cuál fue el impacto de sus acciones?

En usted: _____

En ella: _____

En otros: _____

6. SITUACIONES ANTERIORES DE VIOLENCIA: ¿Cómo cree usted que actos pasados de violencia afectaron esta situación?

7. COMPORTAMIENTOS NO CONTROLADORAS: ¿Qué podría haber hecho usted de manera diferente?



DOMESTIC ABUSE INTERVENTION PROJECT

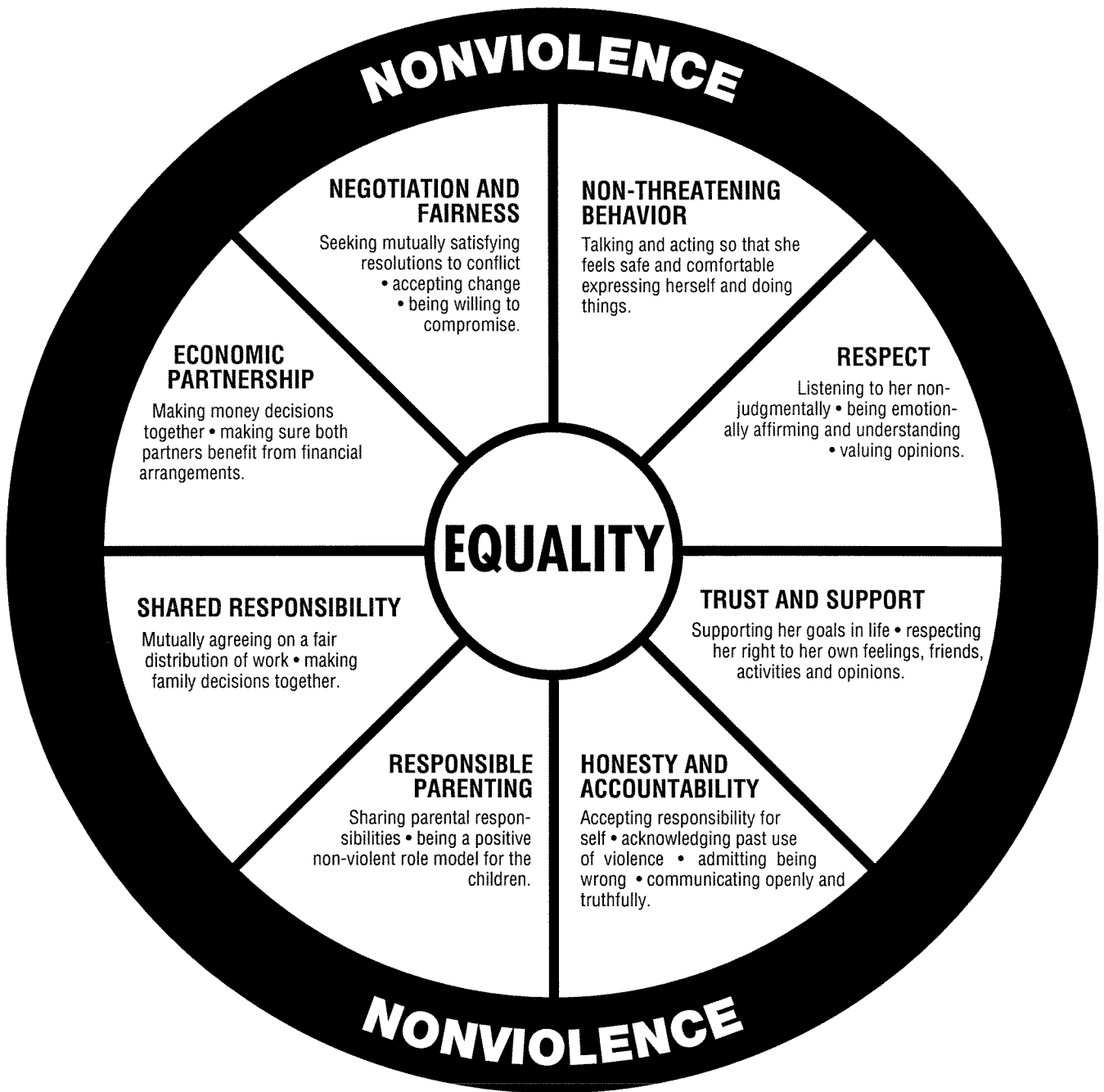
202 East Superior Street
Duluth, Minnesota 55802

218-722-2781

PLAN DE ACCIÓN PERSONAL

Nombre _____

CAMBIOS QUE ESTOY HACIENDO	PASOS ESPECÍFICOS PARA LOGRARLOS



DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
 Duluth, Minnesota 55802

218-722-2781

ACTION PLAN

Name _____

CHANGES I AM MAKING	SPECIFIC STEPS



DOMESTIC ABUSE INTERVENTION PROJECT
 202 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781

CONTROL LOG
Men's Education Groups

Name _____

Date _____

1. **ACTIONS:** Briefly describe the situation and the actions you used to control your partner (statements, gestures, tone of voice, physical contact, facial expressions).

2. **INTENTS AND BELIEFS:** What did you want to happen in this situation?

What beliefs do you have that support your actions and intents?

3. **FEELINGS:** What feelings were you having?

4. **MINIMIZATION, DENIAL AND BLAME:** In what ways did you minimize or deny your actions or blame her?

5. **EFFECTS:** What was the impact of your action?

On you _____

On her _____

On others _____

6. **PAST VIOLENCE:** How did your past use of violence affect this situation?

7. **NON-CONTROLLING BEHAVIORS:** What could you have done differently?

Effects of Domestic Violence on Children and Adolescents: An Overview
Joseph S. Volpe, Ph.D., B.C.E.T.S.
Director, Professional Development

I. What Is Domestic Violence?

In the past two decades, there has been growing recognition of the prevalence of domestic violence in our society. Moreover, it has become apparent that some individuals are at greater risk for victimization than others. Domestic violence has adverse effects on individuals, families, and society in general.

Domestic violence includes physical abuse, sexual abuse, psychological abuse, and abuse to property and pets (Ganley, 1989). Exposure to this form of violence has considerable potential to be perceived as life-threatening by those victimized and can leave them with a sense of vulnerability, helplessness, and in extreme cases, horror. Physical abuse refers to any behavior that involves the intentional use of force against the body of another person that risks physical injury, harm, and/or pain (Dutton, 1992). Physical abuse includes pushing, hitting, slapping, choking, using an object to hit, twisting of a body part, forcing the ingestion of an unwanted substance, and use of a weapon. Sexual abuse is defined as any unwanted sexual intimacy forced on one individual by another. It may include oral, anal, or vaginal stimulation or penetration, forced nudity, forced exposure to sexually explicit material or activity, or any other unwanted sexual activity (Dutton, 1994). Compliance may be obtained through actual or threatened physical force or through some other form of coercion. Psychological abuse may include derogatory statements or threats of further abuse (e.g., threats of being killed by another individual). It may also involve isolation, economic threats, and emotional abuse.

II. Prevalence of Domestic Violence

Domestic violence is widespread and occurs among all socioeconomic groups. In a national survey of over 6,000 American families, it was estimated that between 53% and 70% of male batterers (i.e., they assaulted their wives) also frequently abused their children (Straus & Gelles, 1990). Other research suggests that women who have been hit by their husbands were twice as likely as other women to abuse a child (CWP, 1995).

Over 3 million children are at risk of exposure to parental violence each year (Carlson, 1984). Children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate 15 times the national average (McKay, 1994). Approximately, 45% to 70% of battered women in shelters have reported the presence of child abuse in their home (Meichenbaum, 1994). About two-thirds of abused children are being parented by battered women (McKay, 1994). Of the abused children, they are three times more likely to have been abused by their fathers.

Studies of the incidence of physical and sexual violence in the lives of children suggest that this form of violence can be viewed as a serious public health problem. State agencies reported approximately 211,000 confirmed cases of child physical abuse and 128,000 cases of child sexual abuse in 1992. At least 1,200 children died as a result of maltreatment. It has been estimated that about 1 in 5 female children and 1 in 10 male children may experience sexual molestation (Regier & Cowdry, 1995).

III. Domestic Violence as a Cause of Traumatic Stress

As the incidence of interpersonal violence grows in our society, so does the need for investigation of the cognitive, emotional and behavioral consequences produced by exposure to domestic violence, especially in children. Traumatic stress is produced by exposure to events that are so extreme or severe and threatening, that they demand extraordinary coping efforts. Such events are often unpredicted and uncontrollable. They overwhelm a person's sense of safety and security.

Terr (1991) has described "Type I" and "Type II" traumatic events. Traumatic exposure may take the form of single, short-term event (e.g., rape, assault, severe beating) and can be referred to as "Type I" trauma. Traumatic events can also involve repeated or prolonged exposure (e.g., chronic victimization such as child sexual abuse, battering); this is referred to as "Type II" trauma. Research suggests that this latter form of exposure tends to have greater impact on the individual's functioning. Domestic violence is typically ongoing and therefore, may fit the criteria for a Type II traumatic event.

With repeated exposure to traumatic events, a proportion of individuals may develop Posttraumatic Stress Disorder (PTSD). PTSD involves specific patterns of avoidance and hyperarousal. Individuals with PTSD may begin to organize their lives around their trauma. Although most people who suffer from PTSD (especially, in severe cases) have considerable interpersonal and academic/occupational problems, the degree to which symptoms of PTSD interfere with overall functioning varies a great deal from person to person.

The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV; APA, 1994) stipulates that in order for an individual to be diagnosed with posttraumatic stress disorder, he or she must have experienced or witnessed a life-threatening event and reacted with intense fear, helplessness, or horror. The traumatic event is persistently reexperienced (e.g., distressing recollections), there is persistent avoidance of stimuli associated with the trauma, and the victim experiences some form of hyperarousal (e.g., exaggerated startle response). These symptoms persist for more than one month and cause clinically significant impairment in daily functioning. When the disturbance lasts a minimum of two days and as long as four weeks from the traumatic event, Acute Stress Disorder may be a more accurate diagnosis.

It has been suggested that responses to traumatic experience(s) can be divided into at least four categories (for a complete review, see Meichenbaum, 1994). Emotional responses include shock, terror, guilt, horror, irritability, anxiety, hostility, and depression. Cognitive responses are reflected in significant concentration impairment, confusion, self-blame, intrusive thoughts about the traumatic experience(s) (also referred to as flashbacks), lowered self-efficacy, fears of losing control, and fear of reoccurrence of the trauma. Biologically-based responses involve sleep disturbance (i.e., insomnia), nightmares, an exaggerated startle response, and psychosomatic symptoms. Behavioral responses include avoidance, social withdrawal, interpersonal stress (decreased intimacy and lowered trust in others), and substance abuse. The process through which the individual has coped prior to the trauma is arrested; consequently, a sense of helplessness is often maintained (Foy, 1992).

IV. Possible Signs and Symptoms of Domestic Violence in Children and Adolescents

More than half of the school-age children in domestic violence shelters show clinical levels of anxiety or posttraumatic stress disorder (Graham-Bermann, 1994). Without treatment, these children are at significant risk for delinquency, substance abuse, school drop-out, and difficulties in their own relationships.

Children may exhibit a wide range of reactions to exposure to violence in their home. Younger children (e.g., preschool and kindergarten) oftentimes, do not understand the meaning of the abuse they observe and tend to believe that they "must have done something wrong." Self-blame can precipitate feelings of guilt, worry, and anxiety. It is important to consider that children, especially younger children, typically do not have the ability to adequately express their feelings verbally. Consequently, the manifestation of these emotions are often behavioral. Children may become withdrawn, non-verbal, and exhibit regressed behaviors such as clinging and whining. Eating and sleeping difficulty, concentration problems, generalized anxiety, and physical complaints (e.g., headaches) are all common.

Unlike younger children, the pre-adolescent child typically has greater ability to externalize negative emotions (i.e., to verbalize). In addition to symptoms commonly seen with childhood anxiety (e.g., sleep problems, eating disturbance, nightmares), victims within this age group may show a loss of interest in social activities, low self-concept, withdrawal or avoidance of peer relations, rebelliousness and oppositional-defiant behavior in the school setting. It is also common to observe temper tantrums, irritability, frequent fighting at school or between siblings, lashing out at objects, treating pets cruelly or abusively, threatening of peers or siblings with violence (e.g., "give me a pen or I will smack you"), and attempts to gain attention through hitting, kicking, or choking peers and/or family members. Incidentally, girls are more likely to exhibit withdrawal and unfortunately, run the risk of being "missed" as a child in need of support.

Adolescents are at risk of academic failure, school drop-out, delinquency, and substance abuse. Some investigators have suggested that a history of family violence or abuse is the most significant difference between delinquent and non delinquent youth. An estimated 1/5 to 1/3 of all teenagers who are involved in dating relationships are regularly abusing or being abused by their partners verbally, mentally, emotionally, sexually, and/or physically (SASS, 1996). Between 30% and 50% of dating relationships can exhibit the same cycle of escalating violence as marital relationships (SASS, 1996).

V. Helping Children and Adolescents Exposed to Domestic Violence

For some children and adolescents, questions about home life may be difficult to answer, especially if the individual has been "warned" or threatened by a family member to refrain from "talking to strangers" about events that have taken place in the family. Referrals to the appropriate school personnel could be the first step in assisting the child or teen in need of support. When there is suggestion of domestic violence with a student, consider involving the school psychologist, social worker, guidance counselor and/or a school administrator (when indicated). Although the circumstances surrounding each case may vary, suspicion of child abuse is required to be reported to the local child protection agency by teachers and other school personnel. In some cases, a contact with the local police department may also be necessary. When in doubt, consult with school team members.

If the child expresses a desire to talk, provide them with an opportunity to express their thoughts and feelings. In addition to talking, they may be also encouraged to write in a journal, draw, or paint; these are all viable means for facilitating expression in younger children. Adolescents are typically more abstract in their thinking and generally have better developed verbal abilities than younger children. It could be helpful for adults who work with teenagers to encourage them to talk about their concerns without insisting on this expression. Listening in a warm, non-judgmental, and genuine manner is often comforting for victims and may be an important first step in their seeking further support. When appropriate, individual and/or group counseling should be considered at school if the individual is amenable. Referrals for counseling (e.g., family counseling) outside of the school should be made to the family as well. Providing a list of names and phone numbers to contact in case of a serious crisis can be helpful.

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DV: The effects on child witnesses

What We Have Learned About Children Exposed to Violence in San Francisco

- About 1 in 5 children under age 6 (approx. 6,200 children) are exposed to violence in their home every year.
- The prevalence of borderline/clinical behavioral health symptoms is 30% higher among children exposed to violence in families who seek services than among the 'normal' population.
- Many children exposed to violence live in families headed by (formerly) married spouses, where the father is/was abusive the mother.
- Many of these families have been affected by chronic violence and are known to law enforcement but not child welfare or behavioral health systems.
- Law enforcement provides a generally ineffective response to violent fathers, and a generally ineffective response to victims, especially victims who do not speak English well.
- Families with children exposed to violence seek help faster if they have boys, the parents are married, or the violence involves firearms.
- Many families exposed to violence lose their housing in order to flee violence and because they didn't have any friends or family to turn to.
- There is no such thing as POST Traumatic Stress Disorder in families chronically exposed to violence.
- Families may travel away from their community to get help they want, in the language and context they want, and may prefer to go outside their community solely in order to protect their privacy.
- Collaboration and service coordination are key to effective responses to families with children exposed to violence.

Data acquired from active SafeStart client database from June 2002 to March 2005. Findings based on children served by SafeStart, n = approx. 400 children

For more information contact SafeStart
Fox Plaza. 1390 Market Street. Suite 900. San Francisco, CA 94102
Phone 415.554.8990. Fax 415.554.8965

DV: The effects on child witnesses

Impact on Children

Estimated Time

75 minutes

Session Overview Lecture, group activity, discussion

In this session, participants learn about developmental changes in children that may be affected by violence.

Following lecture, small group work, and the use of media, participants will identify and discuss the emotional responses that children may have to witnessing violence.

Learning Objectives

By the end of the workshop participants will be able to:

- 1) Describe how children interpret violence and to identify at least 1 feeling children may experience.
- 2) Identify at least 3 physiological symptoms that may result as a consequence to witnessing violence.
- 3) Describe at least 3 behavioral symptoms that may occur in children who have witnessed violence.

Facilitator Preparation

Prepare 5 sheets of flip chart paper with the following headings: Interpretation, Beliefs, Short-term effects, Long-term effects.

Materials/equipment needed

TV, VCR, Video: "The Advertising Council Public Service Announcements for Domestic Violence Prevention" available from the Family Violence Prevention Fund at (415) 252-8900, white board or flip chart, chart paper (see above) markers, LCD Projector for PowerPoint presentation or if an overhead projector and transparencies.

Handouts

The Effects of Domestic Violence on Children and Adolescents

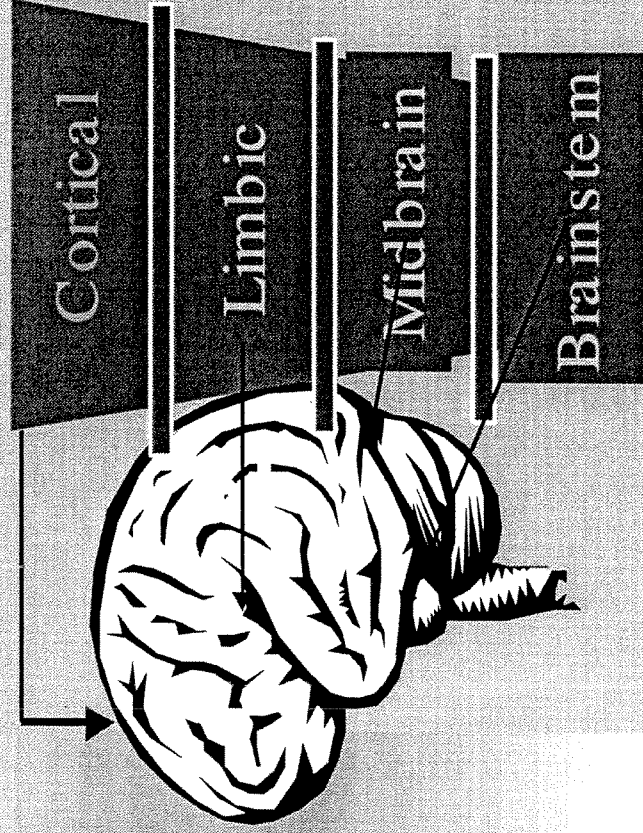
Children and Youth DV FREE

San Francisco Department of Public Health

DV: The effects on child witnesses

Time	Training Activities
10	<p>Learning Objectives Introduce the lesson's learning objectives. By the end of the workshop participants will be able to:</p> <ol style="list-style-type: none">1) Describe how children interpret violence and to identify at least 1 feeling children may experience.2) Identify at least 3 physiological symptoms that may result as a consequence to witnessing violence.3) Describe at least 3 behavioral symptoms that may occur in children who have witnessed violence.
10	<p>Introduce The Advertising Council Public Service Announcement for Domestic Violence Prevention. Play the video twice. The first time, ask participants to listen without viewing (eyes closed). The second time, ask them to open their eyes and view the video.</p> <p>Visualization Explain to the participants the visualization part of the exercise. Ask them to find a focus point somewhere in the room. Ask them to imagine themselves as a small child who has witnessed previous episodes of domestic violence. Say: <i>"Whenever the arguing begins, you can predict what the outcome will be. On this particular evening, you are at home sitting on the steps when the arguing begins."</i> Play the video again.</p>
30	<p>Discuss Record responses on a prepared chart with the following columns. Interpretation, Beliefs, Short-term effects, Long-term effects.</p> <p>What are the short and long term effects for the child? Repeat this charting for the other characters. Focus both on the content of what participants say and on the emotions expressed in their responses. In discussing short and long term effects, mention Post Traumatic Stress Disorder symptoms if the subject is not brought up by the participants. Provide handouts.</p>
25	<p>Lecture Using overheads, present information.</p> <ol style="list-style-type: none">a) Hierarchical nature of brain development (overhead 1)b) Parts of the brain (overhead 2)c) Age 0-5 window (overhead 3)d) Impact of trauma on the development of the brain (overhead 4)e) Results from prolonged trauma. <p>Then allow time for discussion and questions.</p>

HIERARCHY OF BRAIN FUNCTION



Slide from Delson-Kokish Associates, 2001, Niki Delson, BCD, LCSWTrinidad, CA 95570niki@delko.net

Children who have witnessed violence

- 50% of infants have eating and sleeping problems
- They're less responsive to adults, and cry a lot.
- Older children experience learning disabilities or ADHD
- Violent play (retelling)
- Social withdrawal
- Aggressiveness

DV: The effects on child witnesses

Helping the Child and Family

Estimated Time

60 minutes

Session Overview

**Lecture, group activity,
discussion**

In this session using toys, games, and a combination of lecture, brainstorming activities, and role-play, participants will learn how to communicate and support children who have witnessed violence.

Learning Objectives

By the end of the training participants will be able to:

- 1) Identify at least 3 developmental stages of childhood.
- 2) Identify 2 or 3 ways to help a child appropriately express his/her feelings.
- 3) Identify 3 to 4 useful resources for children, their parents, and/or other caregivers who have experienced IPV.

Facilitator Preparation

Review text and overhead transparencies on brain development. Using a laptop with PowerPoint slides is preferable.

Assemble the toys or games needed for the role-play. Practice using them so that you are familiar with these materials.

Materials/equipment needed

Flip chart, markers, toys, crayons etc. as needed for role-plays. Video: Window of Opportunity-Reducing Children's Exposure to Violence by Safe from the Start Project-California Attorney General's Office.

Handouts

Common Signs and Symptoms in Children Who Have Witnessed Violence, Witnessing Violence Impacts a Child's Development in Several Ways, Family Violence Referral List at <http://www.dph.sf.ca.us/PHP/MCH/DomViolRes12292004.pdf>, Helping the Child, Helping the Parents, Developmental Stages of Children/Youth

Children and Youth DV FREE

San Francisco Department of Public Health

DV: The effects on child witnesses

Time	Training Activities
05	<p>Learning Objectives By the end of the training participants will be able to:</p> <ol style="list-style-type: none">1) Identify at least 3 developmental stages of childhood.2) Identify 2 or 3 ways to help a child appropriately express his/her feelings.3) Identify 3 to 4 useful resources for children, their parents, and/or other caregivers who have experienced IPV. <p>Review Refer participants to the <i>Common Signs and Symptoms in Children Who Have Witnessed Violence</i> handout and summarize. Briefly discuss the developmental stages of childhood, and refer to the handout. Ask for comments.</p>
15	<p>Brainstorm Ask the group for examples of different ways that children deal with problems. List these on flip chart. Refer to the handout <i>Helping the Child</i>, and call attention to the suggestions listed just before the examples of play. Ask the participants for additions to the suggestions.</p>
25	<p>Role Play Choose a play activity (or several different ones) from the list on the handout, and ask members of the group to practice helping a child express his/her emotions/feelings/thoughts about witnessing violence. Tell the group that: 1) role-playing is voluntary, 2) each role-play will go for only 5 minutes, 3) not everyone may have a chance to participate in the role-play, and 4) anyone can choose to be an observer. Encourage asking for help from the other members of the group. Divide the participants into groups of 5 or 6: an adult helper, a child, an active observer, and 2 or 3 silent observers. Ask the “child” to define his/her age. Instruct the groups that they are to assume the child has seen or heard his/her parents being abusive. Allow about 5 minutes per role-play.</p> <p>Large Group Bring participants back together in the large group, and debrief the process. Have the active observers report out. Then ask the helpers and the “children” how they felt. Ask the “children” what the helpers did or said to help them express emotions/feel safe, etc. Ask the silent observers for additional input.</p>
15	<p>Lecture/Discussion/Video Show “Window of Opportunity.” Refer to the <i>Helping the Parents</i> handout, and stress that the best way to help a child is by helping his/her parents. Remind them that this program is more focused on the child, but that other speakers and programs are available to provide information on other aspects of family violence. Discuss referrals and point out the <i>Family Violence Referral List</i>, which is updated yearly. Ask if anyone has had experience with any of the agencies listed.</p> <p>Conclusion Thank participants for their concern for children and parents. Let them know that their concern can make a real difference in the lives of children. Provide an evaluation form.</p>

Developmental Stages for Children/Youth

Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Moral Development
<p>0 - 6 months</p>	<ul style="list-style-type: none"> · needs to be touched and held physically · caregiver feeds child · feeding pattern is established · has sucking and grasping reflexes · reaches toward objects and grasps them · makes large muscle movements (arms and legs) · is able to follow objects and focus · rolls over · supports head · sleeps a lot · no bladder or bowel control · rapid physical growth and change 	<ul style="list-style-type: none"> · vocalizes (makes cooing sounds and chuckles) · vocalizes spontaneously · discovers s/he has impact on environment (e.g., if s/he cries, caregiver will come) 	<ul style="list-style-type: none"> · establishes attachment/bonding with caregivers (caregiver and child get to know each other – learn to read each other’s cues and become emotionally attached to one another) · crying and smiling · comforts self with thumb or pacifier · learns to trust that basic needs will be met · concerned with satisfaction of needs · distinguishes between physical self and physical other 	<ul style="list-style-type: none"> · recognizes caregivers · very dependent upon caregivers for fulfillment of needs · initiates social contact (e.g., smiles when caregiver appears) 	<ul style="list-style-type: none"> · sees him/herself as the centre of the world · has no sense of right or wrong

Developmental Stages for Children/Youth

Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Moral Development
<p>6 months to 1½ years</p>	<ul style="list-style-type: none"> · feeds self with a spoon · stands and walks · “dances” to music · sits by him/herself · has precise thumb and finger grasp · can stack 2 or more blocks 	<ul style="list-style-type: none"> · uses one or two words to name things or actions · says words like “Mama” and “Dada” · points to familiar things · points to at least one body part · curious about everything (explores his/her world) · realizes an object can exist when out of sight and will look for it (e.g., drops things from high chair and looks for it) 	<ul style="list-style-type: none"> · hugs caregiver · does not like separation from caregiver · expresses several emotions clearly but is unable to identify them · trusts caregivers · sees him/herself as permanent with enduring qualities (e.g., male versus female) 	<ul style="list-style-type: none"> · plays simple games (e.g., peek-a-boo, pat-a-cake) · extends attachment to people other than caregivers · developing some independence from caregivers (can meet some of his/her own needs e.g., can feed him/herself and reach for objects) 	<ul style="list-style-type: none"> · sees him/herself as the centre of the world · has no sense of right or wrong

Developmental Stages for Children/Youth

Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Moral Development
<p>1½ years to 3 years</p>	<ul style="list-style-type: none"> · walks up and down stairs (one step at a time) · rides a tricycle · throws and kicks a ball · can put on a simple garment · can hold a crayon with fingers · increased eye-hand coordination (e.g., simple puzzles) · can draw a complete circle · handles small toys skillfully · bladder and bowel control 	<ul style="list-style-type: none"> · child has knowledge of the following: <ul style="list-style-type: none"> - - - - · can draw a partial person (e.g., head and body) · talks in sentences · speech is understandable half of the time · uses pronouns for self and other (e.g., I, you) 	<ul style="list-style-type: none"> · can express feelings verbally · shows sympathy · refers to self as “I” or “me” · can be separate from caregivers · recognizes people outside of immediate environment · role of caregivers is crucial to the development of self (e.g., will imitate adults’ behaviour) 	<ul style="list-style-type: none"> · plays with children (e.g., plays cooperatively sometimes) · washes and dries own hands · toilet trained · tests boundaries and limitations (e.g., learns to say “no”) · learns to consider needs and feelings of others · world expands beyond home to the “outside world” 	<ul style="list-style-type: none"> · beginning to learn about right and wrong

Developmental Stages for Children/Youth

Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Moral Development
<p>3 years to 6 years</p>	<ul style="list-style-type: none"> · hops on one foot repeatedly · skips and dances well · good balance and coordination · has refined motor skills (e.g., can draw a square with good corners) · prints a few letters 	<ul style="list-style-type: none"> · child knows the following: <ul style="list-style-type: none"> - - - - · can draw a complete person · can complete a puzzle · talks in sentences · is completely understandable · defines familiar words · has developed certain likes and dislikes · understands cause and effect relationships only in relation to his/her own needs, wants or experiences (e.g., hot stove hurts me) · expresses ideas, asks questions, and engages in discussions 	<ul style="list-style-type: none"> · can identify pictures of happy and sad people appropriately · identifies with caregivers and likes to imitate them · forms images of self (physically) from caregivers · frequently overwhelmed by feelings (s/he can experience feelings of doubt and shame) 	<ul style="list-style-type: none"> · dresses and undresses without help except for tying shoes · plays role in “make-believe” play · follows simple game rules · needs choices as s/he wants more independence · can share and take turns · often has “best friends” · likes to show off skills to adults · will test authority · can identify differences in self and others (e.g., gender, colour of eyes and hair) 	<ul style="list-style-type: none"> · protects self and stands up for his/her rights · is concerned with what behaviour works to bring about reward or punishment · still needs outside controls as his/her conscience relatively unformed.

Developmental Stages for Children/Youth

Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Moral Development
<p>6 years to 12 years</p>	<ul style="list-style-type: none"> • can play sports and develop new skills • energetic • has a large appetite • height and weight increasing at a steady rate • increased coordination and strength • body proportions becoming similar to an adult's • fine motor coordination well-developed (e.g., writing and drawing skills) 	<ul style="list-style-type: none"> • highly verbal (e.g., tells jokes, makes puns) • asks fact-oriented questions (e.g., wants to know "how," "why" and "when") • can deal with abstract ideas • judges success based on ability to read, write and do arithmetic • wants to develop skills and become competent • enjoys projects that are task-oriented (e.g., sewing, woodwork) • learns to think systematically and generally about concrete objects • learns the concept of "past," "present" and "future" 	<ul style="list-style-type: none"> • acts very independent and self-assured but can be childish and silly at times • self is partly defined by school environment (personality is more defined) • likes affection from adults • more independent but wants caregivers to be present to help • can identify and label what s/he is feeling • can distinguish between wishes, motives and actions 	<ul style="list-style-type: none"> • participates in community activities • enjoys working and playing with others • has friends • plays mostly with same-sex peers • can be alone • strong group identity (e.g., Brownies) • learns to achieve and compete • imitates and identifies with same-sex adult 	<ul style="list-style-type: none"> • begins to experience conflict between parents' values and those of peers • has strong sense of fairness • rules are important and must be followed (i.e., breaking rules is bad)

Developmental Stages for Children/Youth

Age	Physical Development	Intellectual Development	Emotional Development	Social Development	Moral Development
<p>12 years to 18 years</p>	<ul style="list-style-type: none"> · growth spurts · develops sexual characteristics and has sexual drives · new needs in personal hygiene (e.g., menstrual pads, razors) 	<ul style="list-style-type: none"> · achieves impressive changes in cognitive development (i.e., able to think and reason) · able to reason, generate general principles and test them out against evidence · capable of introspection and of perceiving differences between how things are and how they may be · begins to consider and sometimes make career choices · growth in ability to think abstractly and utilize imagination in solving problems 	<ul style="list-style-type: none"> · identifies with significant others outside of home · develops sexual identity · part child, part adult (e.g., "Go away, come closer" messages) · develops independence (e.g., "I dare you to tell me what to do!") · likely to show extreme mood swings · less dependent on family for affection and emotional support · strives to define self as separate individual · often feels misunderstood 	<ul style="list-style-type: none"> · many engage in part-time work · enjoys many social activities (e.g., at school) · relies heavily on peers (e.g., tries to conform to peer group norms) · has close friendships and emotional involvements · experiences conflict with parents (e.g., expectations) · experiments with sex-role expectations and standards 	<ul style="list-style-type: none"> · challenges values of home · develops personal morality code · what becomes important is whether the behaviour conforms to the behaviour of others, not its inherent rightness or wrongness · belief that good behaviour is maintained by some presence of authority

DV: The effects on child witnesses

Common Signs and Symptoms in Children Who Have Witnessed Violence

- **Sleep difficulties:** Frequent waking, nightmares, fear of falling asleep
Clara saw a man threaten her mother with a knife when she was seven years old. For weeks afterwards, she would lay awake at night, listening for steps on the stairs, afraid he was coming back. She had a recurring dream that he was chasing her around the neighborhood, and she was looking for a place to hide.
- **Somatic complaints:** Headaches, stomach aches, aches and pains with no clear medical cause
Jose, eight years old, witnessed his mother's abuse at the hands of his father for five years. After they separated, he reported that his stomach would hurt every time he thought about his father. He often went to the school nurse complaining of stomachaches.
- **Increased aggressive behavior, angry outbursts**
Marci, six years old, had lived with domestic violence all her life. She had trouble making friends at school because she would hit and kick when frustrated or disappointed. At home, she sometimes kicked her mother, and called her the same "bad words" her father used.
- **Increased activity level**
Terence, eleven years old, saw a murder. In the following months, his teachers and parents noticed that he had trouble settling down to do his schoolwork, and was more active than usual.
- **Hyper vigilance:** Worries, fears, overreaction to loud noises or sudden movements
Sarah, four years old, told her day care provider she wanted to go home early one day because she was worried about her mother: "My mommy will be hurt." Her mother reported to the day care provider that she had been abused by a former female partner who continued to stalk her and made many threats to kill her.
- **Regression:** Loss of skills learned at an earlier age, "babyish" behavior
Five-year-old Tommy, who had been toilet-trained by the age of three, started wetting his pants.
- **Withdrawal:** Loss of interest in friends, school, or other activities the child used to enjoy
Ebony, thirteen years old, used to enjoy going to the movies or the mall with her friends on weekends. She was also on her school's gymnastics team. After she saw her older sister get beaten by a boyfriend, she quit the gymnastics team and started to stay home every weekend.

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- **Numbing:** Showing no feelings at all, not being bothered by anything
Nine-year-old Eric had seen a lot of violence in his family. His father would beat his mother, and sometimes hit Eric and his little sister as well. Eric's teachers noticed that he seemed "shut down" emotionally. He never showed any anger or sadness, but he never seemed happy either.
- **Increased separation anxiety:** Refusing to go to school, becoming very upset when left with babysitter or child care provider
Somnang was just ten months old when she saw her mother pushed down the stairs by a relative. For several weeks after the incident, Somnang would wail for long periods of time after her mother brought her to day care, even though she knew the providers and used to separate easily.
- **Distractibility:** Having trouble concentrating at school or home
At sixteen years of age, Justin saw his friend beaten up by some other teenagers. Afterwards, he found it hard to concentrate on anything for very long, saying that memories of the fight would pop into his mind and distract him from what he was doing.
- **Changes in play:** Repeatedly acting out or recreating violent events in play, being less able to play spontaneously and creatively
After her parents split up, Elva's preschool teachers noticed that she was spending more and more time at the dollhouse. Each time, she used the father doll to hit the mother doll over and over again.
- **Lack of trust:** Children who witness violence come to see the adults in their lives as unable to protect them. They believe they must take responsibility for keeping themselves and their loved ones safe, a prospect that causes great anxiety for children.
Sonja, age five, drew a picture of her mother, a victim of domestic violence, lying on the floor beside the bed. Sonja went on to tell a story about how she and her little brother were playing alone in the next room. She began to worry that something might happen to her brother and that her mother would be unable to help her.

Adapted by SFDPH from **Unite for Kids: Helping Kids and Teens Exposed to Violence.**

DV: The effects on child witnesses

Helping the child

- Healing begins with relationships. The adult helping relationship is the best way to assist children in healing from trauma.
- Help children know what to expect. Provide a routine at home and school.
- Let children tell their stories. It helps children to be able to talk about the violence in their lives with trusted adults.
- Boost self-esteem: Children who live with violence need to hear that they are lovable, competent, and important.
- Don't try it alone. Find and work with other caregivers in the child's life.
- Teach alternatives to violence. Help children learn conflict resolution skills and about non-violent ways of playing.
- Model peace. Serve as role models for children in resolving issues in respectful and non-violent ways.

When helping children express their feelings, remember these suggestions:

- Parents' violence is not the child's fault. Help the child to recognize this.
- Let the expression of feelings be initiated by the child through play.
- Don't put-down or correct the child's play (e.g., saying that the "daddy" character should be nicer). Simply ask questions about why the character is that way, or describe what you see. For example, "It looks like the dinosaur is hurting the mom".

Water Play

Playing in a tub of warm water can free an inhibited child and soothe a restless child.

Play Dough

Play dough can be worked or re-worked to express feelings of anger, frustration, and anxiety.

Painting

Children paint what they feel, or what matters in their lives. Finger painting is a good medium for expressing emotions.

Puzzles

Puzzles can help create a sense of order and control. Children whose lives have become disoriented, confused, or disrupted will often feel better after putting a puzzle together.

Toys

Toys can help children relive a bad experience or play out their feelings. Often the victim becomes the rescuer, the one in control.

Puppets

The use of puppets enables children to become talkative and to re-enact an unhappy experience. Puppets are good listeners.

Books

Children often lack the vocabulary to express their feelings. A book can help a child process feelings of anger, grief, or fear.

Cuddly Toys

Giving love to a cuddly toy may help a child feel loved and comforted. Sitting quietly with a cuddly toy can soothe an angry or fearful child.

Music

Songs, dance and musical games can provide emotional release.

Play

Active play allows for release of emotional energy in a socially approved way. Quiet games may be comforting to a child who chooses to be alone.

Storytelling

Storytelling, drama, and role-play are ways to help children tell their stories, act out feelings, and resolve conflicts.

(Adapted from training leaflet, Cooperative Disaster Child Care Program, General Board, Church of the Brethren, Ways the Church Can Help)

DV: The effects on child witnesses

Helping the parents

- If you suspect that a child has witnessed violence, you can help the child by helping his/her parents. In the case of domestic violence, you can help by supporting and helping the battered partner. If you have a relationship with the batterer, you can encourage treatment.
- Let the parent know that you care. Ask her direct questions about her situation. If she's not ready to talk, try again later on. Let her know that she's not alone, that thousands of women live through abuse, and that help is available.
- Let her know that the abuse is not her fault and there is never an excuse for physical violence. Let him know that violence happens to men, too.
- Be supportive of the child's parent and express your concern. Simple statements like, "I am concerned about you," can make a lasting difference.
- Give parents support. Help parents understand that young children think differently than adults and need careful explanations about scary events.
- Call and ask for help from an appropriate service agency. Then you can educate yourself and learn how to help the battered parent. See "Domestic Violence Resources" handout.
- Give the telephone numbers of support services to the person you think is in need of the information. If the violence is domestic violence, share those numbers privately.
- Be willing to make a phone call for the parent/victim if she/he is ready.
- If needed, help them get to a safe place. If appropriate, give them a ride or call a taxi for them. The DV Resources list can help.
- If possible, help them find a safe place to stay. The DV Resources list can help.
- If necessary, support them in getting legal or housing assistance. The DV Resources list can help.
- Be careful not to blame the parent/victim. Saying things like "If I were you, I would have left him long ago," does not help. Rather, help explore the issues that lead to indecisiveness.
- Remember that if the violence is domestic violence, you probably won't help the victim by confronting the batterer yourself. Find a way for a trained professional to respond and help.
- Raise awareness about domestic violence in your community. Talk about domestic violence openly, in social and business situations. Take steps to make domestic violence a thing of the past.
- Put a bumper sticker on your car that raises awareness about domestic violence. Wear a T-shirt with an anti-DV message.
- Call the Family Violence Prevention Fund at (415) 437-4905 for an action kit of ideas to help communities prevent domestic violence, or visit them on the web at <http://www.fvpf.org>
- Ask your religious leader to take a stand against domestic violence. Encourage parents to do so, too. They can get materials for a sermon. Check out the Family Violence Prevention Fund's website for more information or do an Internet search.

NOTE: Licensed professionals and staff of certain workplaces must comply with mandatory reporting to the proper authorities of suspicion of child/elder abuse and neglect. Most health care professionals must report suspected domestic violence. Know your mandatory reporting obligations and always inform parents/caregivers that you are required by law or practice to report suspected abuse or harmful behaviors to the proper authorities.

DV: The effects on child witnesses

Witnessing Violence Impacts a Child's Development in Several Ways

- Children are forced to learn early lessons about loss, death, and body functioning. These lessons often present themselves before the child has the cognitive apparatus to understand them.
Four-year-old Victoria's father was fatally shot through the heart in gang warfare. She constantly asked if her mother's heart and lungs were OK.
- Children learn at an early age that the world is a dangerous and unpredictable place. Their natural curiosity about exploring and moving out into the world is affected.
Ten-year-old Liam witnessed a shooting that involved his younger sister. He told his counselor that he did not think he would ever feel safe going outside again.
- Children who witness violence come to see the adults in their lives as unable to protect them. They believe they must take responsibility for keeping themselves and their loved ones safe, a prospect that causes great anxiety for children.
Sonja, age five, drew a picture of her mother, a victim of domestic violence, lying on the floor beside the bed. Sonja goes on to tell a story about how she and her little brother were playing alone in the next room. She began to worry that something might happen to her brother and that her mother would be unable to help her.
- Children who witness violence experience overwhelming helplessness in the face of trauma. This helplessness leads to feelings of incompetence and worthlessness.
At age nine, Anthony, who was shot in the leg on a playground, managed to leave the playground during the melee. He did not tell his parents about the injury until they discovered the blood several hours later. When asked about this astounding secrecy, he replied that he just wanted to forget about it because he was afraid that it was his fault and that his parents would be angry with him.
- When children feel helpless and terrified, they may turn to aggression and hostility as a means of feeling more powerful and less vulnerable. It is safer to be aggressive than to be the helpless bystander.
Donald, now twelve, had witnessed violence in his neighborhood almost as long as he could remember. He frequently drew pictures of playground fights being settled with guns or of himself armed with weapons.
- Evidence increasingly suggests that witnessing violence at an early age is a strong risk factor for engaging in violent, or anti-social behavior later in life. In a study of elementary school age children, those who witnessed violence and personal victimization were more likely to become perpetrators of violence. Studies of juvenile offenders show that a disproportionate number of them witnessed violence in their early lives; domestic violence appears to be a particular risk factor. Thus, the cycle of violence is continued: children witness violence in early life and may grow up to engage in violent behavior themselves.
- More recent research focuses on changes in the physiology of the brain due to exposure to trauma. Preliminary evidence suggests that if a child is exposed to chronic stress or trauma, the brain's functioning is changed. This exposure to violence at a young age is particularly of concern because of these neuro-biological changes that may occur. Traumatizing experiences may over-stimulate the neural pathways that control the fear response, leaving children in a permanently heightened state of fear or anticipation, even in the absence of traumatizing stimuli.
Every time seven-year-old Maria comes into the play therapy room, she asks for reassurance from the therapist that there are no monsters in the room.

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