

Intimate Partner Violence (IPV), also referred to as domestic violence, involves physical, sexual, or psychological harm by a current or former partner or spouse.¹ This significant public health problem affects millions of people in the United States.² More than one-third of women and over one-quarter of men in the US have experienced IPV.³ IPV accounts for 15 percent of all violent crime.⁴ One in three female murder victims and one in 20 male murder victims are killed by intimate partners.⁵ IPV results in significant physical and psychological consequences, increases in health care costs,⁶ and 8 million lost days of paid work each year among survivors.⁷ Children are often the hidden or silent victims of IPV. Some are directly injured, while others are frightened and helpless witnesses.



How Many Children Are Exposed to IPV in the US?

In a national telephone survey, one in 15 children reported witnessing violence in the home between parents within the last year.⁸ This survey likely underrepresented the experiences of young children (ages six and younger). A recent analysis of data from 8,446 children, ages 7-18, who received mental health services from programs in the National Child Traumatic Stress Network (NCTSN) further highlighted the significance of the problem.⁹ These NCTSN data revealed that child exposure to IPV was the second most frequently occurring trauma in children's histories, surpassed only by traumatic loss/bereavement, with 49 percent of the children sampled having been exposed to IPV. Thirty percent of children exposed to IPV had their first exposure before the age of two. An additional 26 percent had their first exposure between the ages of two through seven.

What are the Consequences for Children Exposed to IPV?

Children who are witnesses to violence between their parents are at increased risk for becoming direct victims, with research showing considerable overlap between exposure to domestic violence and child physical abuse.¹⁰ Children exposed to IPV are often too young to describe what is happening or too frightened to speak about the abuse. This exposure can result in children perceiving their home and parents as unsafe. They may learn unhealthy norms about parenting, relationships, and the use of violence as a way to cope with stress or to exert authority. Instead of developing a healthy understanding about intimacy, the children may learn that violence is acceptable, which could carry over into their own adult relationships.¹¹

The resulting trauma of these experiences has both short- and long-term effects on children's physical and psychological health. Recent research indicates that these children are affected in the domains of emotional, cognitive, and social functioning.¹² Childhood exposure to violence is associated with poor school performance, specifically with lower grade point averages and more days missed in school.¹³ Childhood exposure to IPV also predicts poorer physical and emotional health and has been associated with increased rates of asthma, failure to thrive, developmental delays, and increased rates of traumatic stress, anxiety, and posttraumatic stress disorder (PTSD).¹⁴

Very young children are particularly vulnerable to the psychological effects of IPV exposure, as the stress experienced may affect the child's developing brain, especially in the first three years of life. This in turn may affect the child's physiological development, including the stress response system and ability to regulate emotions.¹⁵ In addition, very young children have not yet developed coping or survival skills to mitigate the impact.



How Can We Address the Needs of Children Exposed to IPV?

The first and possibly the most important task is to identify these children as early in life as possible.¹⁶ Young children (under the age of 6) are disproportionately represented in the population of children exposed to IPV,¹⁷ and targeted resources are particularly needed for this at-risk population. Early intervention can help. While IPV can have lifelong negative consequences on development and health, effective strategies and interventions exist to help mitigate the impact of IPV on children. For example, programs that provide active parent support and education, along with child-focused services, are associated with increased resilience in children exposed to IPV.¹⁸ Other promising interventions for children and families exposed to IPV include programs that address maternal mental health problems, such as depression and PTSD; legal intervention; evidence-based treatments especially for young children; and screening in medical/pediatric systems.

Because IPV has a far-reaching and serious impact on children, families, communities, as well as the nation's public health and economy, policymakers can play a critical role in addressing the needs of children exposed to IPV by supporting policies that do the following:

- Assist survivor parents and children to obtain and maintain safety
- Support early intervention programs for very young children to help prevent the long-term impact and intergenerational transmission of IPV
- Implement universal early and routine screenings for childhood exposure to violence in pediatric and other primary healthcare settings in order to identify and respond to the physical and mental health needs of these children¹⁹
- Provide education to children in schools and other settings on how to engage in and navigate healthy relationships
- Develop, disseminate, and support effective evidence-based trauma interventions that help children and parents recover from IPV
- Provide training and support to child and family service providers, especially healthcare, education, early childhood, and court personnel, on the issue of childhood exposure to IPV
- Create partnerships between IPV service organizations and child-serving systems to promote training and support for front-line providers to build capacity for identifying and assessing at-risk children and families
- Recognize that perpetrators are often parents who have ongoing contact with their children; thus programs are needed to address safety concerns, engage perpetrators in opportunities to understand the impact of their violence in relationships, and to provide education about the impact of IPV on children

How Does the NCTSN Serve as a Resource?

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families across the US. The broad mission of the NCTSN includes assessment, treatment and intervention development, training, data analysis, program evaluation, policy analysis and education, systems change, and the integration of trauma-informed and evidence-based practices into all child-serving systems. The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) coordinates the work of the NCTSN, a national network of 100 funded and over 150 affiliate members, and hundreds of national and local partners.



The NCTSN and its Domestic Violence Work Group have developed a variety of resources for professionals, policymakers, and the public. These resources include a webinar series to assist child serving systems in understanding the facets of providing services and treatment to children who have been exposed to IPV. These educational offerings also provide guidance on effective collaboration with key child serving systems, including medical/health care, juvenile justice, law enforcement, child welfare, education, and military family communities. The NCTSN 10-factsheet series, *Children and Domestic Violence*, assists caregivers in understanding how children may respond to IPV and how they can support them in feeling safe, valued, and developing personal strength. During Domestic Violence Awareness month, the NCTSN engages in a month-long social media campaign to educate and raise awareness about the importance of prevention and intervention with children exposed to IPV. NCTSN resources about IPV can be accessed at www.nctsn.org/trauma-types/domestic-violence.

For more information about child trauma and the NCTSN, visit www.nctsn.org or contact the NCCTS Policy Program at policy@nctsn.org.

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