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Examining the Intersections between Child Maltreatment and Intimate Partner Violence

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Intimate partner violence (IPV) against women and child maltreatment (CM) have been traditionally addressed in isolation by researchers, policy makers and programs. In recent years, however, a growing body of research suggests that these types of violence often occur within the same household and that exposure to violence in childhood—either as a victim of physical or sexual abuse or as a witness to IPV—may increase the risk of experiencing or perpetrating different forms of violence later in life.¹⁻⁴ Moreover, physical punishment of children is more common in households where women are abused and interventions that address child maltreatment may be less effective in households experiencing IPV.¹⁻⁶

This evidence calls for greater recognition of the intersections between types of violence. We outline 4 specific gaps and present an integrated framework for moving the field forward with respect to the intersection of IPV and CM.

1. NEED FOR CLARITY ABOUT WHAT CONSTITUTES CM AND IPV

Researchers disagree on how to define CM and IPV. Regarding definitions of CM, it is unclear if they should include behaviorally specific acts, the perpetrator’s intent, the actual experience of harm and what types of corporate punishments should be considered CM.⁷ Another question is when and how definitions of CM and IPV should include emotional abuse. Researchers often limit the definition of IPV to physical acts. However, evidence suggests that stressful household environments – such as those plagued by marital conflict and emotional intimate partner abuse – have serious harmful effects on children’s overall development. Unfortunately, defining and measuring “emotional abuse” pose serious challenges to researchers.⁹

2. NEED TO CLARIFY WHAT WE MEAN BY “INTERSECTION”

The intersection of CM and IPV takes many forms. Co-occurrence can be loosely defined as IPV and CM taking place

during the same time period within a single family. However, there are questions about the degree to which definitions of co-occurrence should include awareness of co-occurrence by different family members, the definition of family, the definition of the time frame, and the most appropriate unit of analysis (e.g. the family, the child, the adult woman).

Even without specific co-occurrence, there are at least 4 other ways in which IPV and CM may intersect. First, they may have similar short- and long-term physical, emotional, and socio-occupational consequences. Second, one type of violence may be a risk factor for the other. Third, IPV and CM may share risk factors and causal mechanisms. Fourth, some prevention and response strategies may be effective for both.

3. NEED TO CONSIDER OTHER TYPES OF VIOLENCE THAT MAY ALSO CO-OCCUR WITH IPV AND CM

Researchers have persuasively argued that there is a need to consider multiple forms of childhood victimization (“poly-victimization”), including assaults, bullying and sexual victimization outside the family, CM by parents or caregivers, property victimization, and witnessing violence.¹⁰⁻¹³ Research shows that two-thirds of children who experienced any type of violence in the previous year had experienced 2 or more types, which further underscores that addressing the relationship between IPV and CM is an important start, but we should expand our focus to examine other forms of victimization as well.^{10,12}

As the framework proposed in the figure shows, addressing poly-victimization and multiple forms of intersections may be complex but has the potential to produce a more complete range of the prevalence of an individual’s total exposure to violence.

4. NEED TO ADDRESS THE GAPS IN KNOWLEDGE ABOUT HOW TO IMPROVE PREVENTION AND RESPONSE TO IPV AND CM

As we move towards greater integration of research,

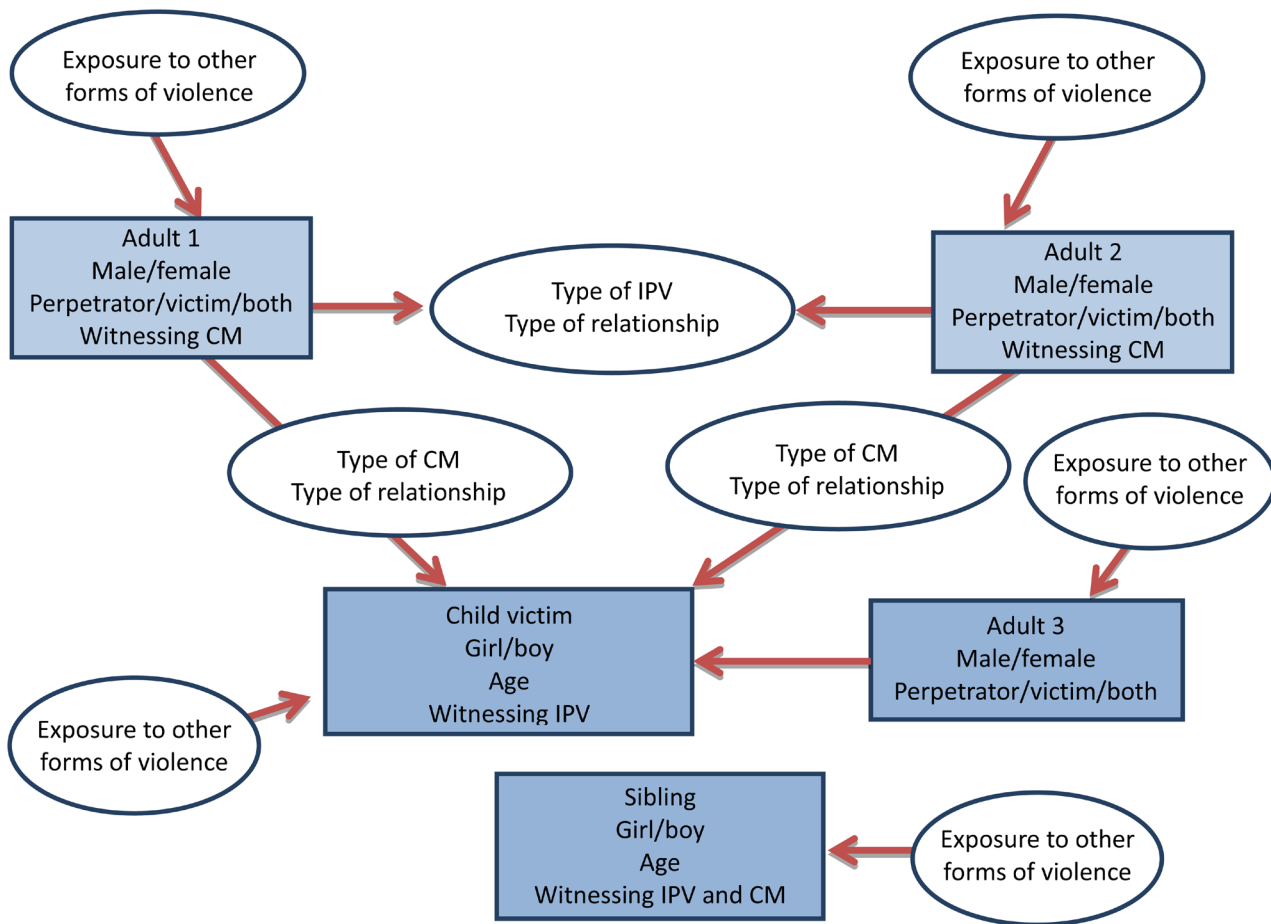


Figure. Possible patterns of co-occurrence of intimate partner violence (IPV) and child maltreatment (CM).

policy and programs addressing IPV and CM, the following important gaps in knowledge should be addressed.

a) The prevalence of different patterns of co-occurrence of CM and IPV

In measuring the prevalence of co-occurrence, 3 denominators are typically used – prevalence of co-occurrence in the general population, prevalence of CM in families in which IPV occurs, and prevalence of IPV in families in which CM occurs, each leading to quite different measures of prevalence. For example, in the United States, the lifetime prevalence of co-occurrence of IPV and CM in the general population is 6%, and the prevalence of CM in families in which IPV occurs is 45%, but these may vary across countries.¹⁴⁻¹⁸

b) Consequences of co-occurrence

Literature is scarce on the consequences of co-occurrence of IPV and CM for the child victim and few studies have examined the long-term consequences specifically of co-occurrence to adult victims. A key question is whether children who experience CM and exposure to IPV will suffer worse outcomes than those with fewer forms of victimizations by violent exposures.¹⁸⁻²²

c) Risk and protective factors

Risk factors specific to the co-occurrence of CM and IPV are not well understood, and less is known regarding protective factors and resilience in the aftermath of such co-occurrence. Several theories have informed this area, including social cognitive, developmental-ecological, personality disorder, and family systems theories leading to hypotheses about aggressive individuals and family stress.^{14,16,17} However, the process of understanding the interplay of risk and protective factors associated with the co-occurrence of CM and IPV is still only in its very early stages.

d) Strategies to prevent and mitigate consequences

The evidence regarding effective strategies that expressly target the co-occurrence of IPV and CM remains scarce. The presence of IPV can make CM prevention less effective.⁶ However, CM can be successfully addressed in the context of IPV.^{23,24} Unfortunately, few rigorously evaluated programs have specifically targeted the co-occurrence of IPV and CM.

e) Intersections in the case of non-co-occurrence

With regards to the intersections of IPV and CM without co-occurrence, the evidence is limited. Few studies have

systematically compared the similarities and differences in the nature and severity of consequences of IPV and CM, for example. CM may be a risk factor for IPV later in life, but few studies have systematically compared the risk factors for CM and IPV and their relative strengths of association.

It is imperative that we address CM and IPV with a new and integrated framework that addresses the needs and gaps outlined above. This is a particularly important issue for moving these fields forward and for providing better prevention interventions, medical care and services to victims of violence. It is also of particular importance that these issues are addressed for the benefit of international comparisons and collaborations. As such, we urge our fellow researchers to work with us to address these important issues.

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