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Incidence and Prevalence of Children Exposed to Violence: A Research Review

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The Issue of Children's Exposure to Violence

Millions of children in the United States are exposed to violence at home, at school, and in their neighborhoods. Although few statistics on the incidence and prevalence of children's exposure to violence (CEV) are known, research indicates that the impact of exposure to violence on children's development is extensive. Current estimates of various forms of exposure to violence suggest that the problem is pervasive; see the section titled "Incidence and Prevalence of Children's Exposure to Violence." Even without specific numbers on the degree and extent of CEV, the welfare of children exposed to violence has become a major concern as continued research demonstrates the harmful effects of exposure. The negative impact of exposure is coupled with the concerns of professionals, policymakers, and service providers, including medical and health professionals, child protection and social services agencies, intimate partner violence service providers and advocates, law enforcement, and juvenile justice agencies, that these children often do not receive adequate intervention or treatment to address harmful aftereffects.

Research on children who witness family and community violence is less extensive than research on children who are direct victims of abuse and neglect, despite the fact that in many families, neighborhoods, and communities, violence is a regular occurrence in the lives of children. Young people are routinely exposed to violence—both as victims of and witnesses to violent acts. Although not the direct targets of violence, children who witness family and community violence also suffer negative consequences (Osofsky, 2003). The relatively limited literature points to long-term developmental effects on children exposed to violence at the individual, family, school, neighborhood, and community levels (Carter, Weithorn, and Behrman, 1999). Growing evidence links children's indirect exposure to violence to a wide range of psychological, emotional, behavioral, social, and academic problems (Margolin and Gordis, 2000). In addition, the literature indicates several mediating factors, such as the severity of violence, the age of onset, and the proximity, frequency, duration, and timing of the violence (Schwartz and Gorman, 2003).

The impact of these exposures on children's development varies from child to child, depending on the child's temperament, level of risk and protective factors in the child's environment, and the quality and availability of community resources, along with factors related to the incident such as severity, proximity, and relationship to the perpetrator and victim (Osofsky, 1998). Detrimental effects of CEV can include delayed language development, visual and learning deficits, emotional disturbances, failure to thrive, short-term disruptions in psychosocial functioning, lapses into states of trauma, and posttraumatic stress disorder. According to a report published by the National Institutes of Health, children experience incidents of maltreatment and indirect exposure to domestic and community violence as traumatic events—for example, experiences that cause physical, emotional, or psychological distress or harm. Children often perceive these events as threats to their safety or to the stability of their environment (National Library of Medicine, 2002). In addition, events that may appear harmless to an adult may be very traumatic to a young child because young children have not developed the skills to understand or deal with feelings and stress related to traumatic events (Cohen and Walthall, 2003). Moreover, the memory of the experience may remain traumatic for a child long after the experience has occurred. Understanding the scope of the effects of CEV and the mediating factors that influence child developmental outcomes has become a central focus of recent research.

Most researchers, practitioners, and advocates concur that an ecological and transactional framework is required in order to fully address the issues related to CEV (Dawes and Donald, 2000). An ecological framework places young victims of violence and young witnesses to violence within the context of family, community, and society. Factors within these realms must be taken into consideration in an analysis of children's exposure to violence. These developmental, environmental, and social influences are grouped into a set of systems—with the child in the middle. A transactional framework recognizes the complexity of the many interacting systems that determine developmental outcomes. The transactional approach contends that at each developmental phase, the child brings his or her past experience and current level of psychosocial functioning to bear on the interpretation of the situation. Therefore, a child's response to a violent event is developmentally dependent on the reactions of those in the immediate environment, which may either reduce or increase the vulnerability of that child to the violent event. To understand how developmental outcomes relate to violence, violence must be viewed as a multilevel phenomenon that affects the individual, family, and community.

Important questions remain unanswered in the effort to understand the epidemiology of CEV. How should children's exposure to violence be defined? What is the impact of children's exposure to violence? What are the recommended best practices? The interventions used toward these outcomes must be developmentally and environmentally specific and appropriate, and must also address the needs of the entire family unit, specifically the safety of the adult victim and children. It is recognized that while the child is the center of the ecological framework, interventions must address the other levels of the system either directly or through collaborative partnerships, particularly those of the most proximal level, the family.

Although this brief background section does not provide an exhaustive review of all the literature and data on CEV, it highlights current aspects related to this issue based on a review of empirical data. It classifies the population, discusses the prevalence and incidence of children exposed to violence, and notes the impacts of CEV.

Identification and Classification of Children Exposed to Violence

Through its Safe Start Initiative, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has defined CEV to include being a direct victim of abuse, neglect, or maltreatment, or witnessing domestic violence or another type of violent event. The literature in the area of CEV is largely specific to the type of exposure a child experiences. However, given the co-occurrence of child maltreatment and domestic violence, as well as the tendency toward multiple victimizations of a single child, there is a need for policy, practice, and research to understand and respond to the impact of violence more holistically, thereby encompassing all elements of exposure to violence.

Direct Victims of Violence

Children's direct victimization usually occurs in the form of child abuse and neglect. Child maltreatment is the broad category used to classify child abuse and neglect. The Child Abuse Prevention and Treatment Act (1996) defines child maltreatment as "the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate the child's health and welfare is harmed or threatened." Although standard definitions for child maltreatment do not currently exist, and definitions in federal and state legislation vary considerably, children who are victims of direct violence are usually victims of four major types of child maltreatment: physical abuse, child neglect, sexual abuse, and emotional abuse (Edleson, 1999).

Indirect Victims of Violence

Children's indirect victimization typically occurs when they witness family and community violence (Somer and Braunstein, 1999). Exposure to family violence includes the physical, sexual, verbal, and emotional abuse between adults that is seen or heard by a child in the home. It also includes taking a child hostage to force a parent to return home, using a child as an emotional weapon against the victim, forcing a child to watch or participate in the abuse of a parent, and interrogating and threatening a child to obtain information about the victim's activities (Edleson, 1999). At younger ages and earlier developmental periods, children who experience indirect violence between intimate partners are not able to distinguish between direct and indirect experiences. Therefore, younger children who may still be involved in the developmental tasks of separation may experience and perceive such violence as a direct personal threat. In addition to seeing, hearing, or being forced to actively participate in the abuse of a parent, the child also deals with the aftermath of the violent event. Frierson has defined community violence as "violence that occurs in the child's environment but outside the home," but can be expanded to also encompass violence that occurs outside the familial environment (Frierson, 1999). For example, a child may be inside his or her home but be exposed to community violence through a driveby shooting during which bullets enter the home.

Other Classification Issues

Regardless of the categorizations or definitions of various forms of violence, OJJDP is expressly interested in children's exposure to "violence" overall. Violence is defined as an act of harm or intent to harm. Exceptions to violent events that OJJDP elects to exclude are media violence and acts of terrorism and war. Other delineations include "trauma" versus "violence." In psychiatry, trauma refers to "an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects." (National Institute of Mental Health, 2001). Trauma literature and research delineate various forms of trauma, distinguishing between "accidental" incidence and "intentional quality" of a traumatic experience as well as the acuteness and chronicity of the trauma (Harris, Putnam, and Fairbank, 2004). Although clear overlap exists between violence and trauma in that a violent incident is indeed traumatic and can result in emotional harm, not all trauma is violent; i.e., trauma does not always involve an act of harm or intent to harm. This study focuses exclusively on violence, not trauma. Research should capture and reflect the magnitude and

severity of the problem of children's exposure to *any form of violence with the exception of those noted above*.

Without nationally standardized and accepted definitions for various forms of violence (e.g., state definitions of child maltreatment and domestic violence vary widely), researchers need to determine the most appropriate and methodologically sound categorizations and definitions. Although it is important methodologically and analytically to be able to categorize and compare various forms of violence, it is equally important that research design not be limited by terminology and conflicts about definitions.

Other terms related to the identification and classification of CEV include, but are not limited to, incidence, prevalence, chronicity, acuteness or severity, and proximity. The following definitions are meant to clarify the current understanding of these terms, but not to limit the researcher.

- Incidence depicts a new condition or act (such as the witnessing of and/or involvement in a violent act) that affects a population for the first time. Incidence also describes the frequency of a new occurrence or influence over time (e.g., an incidence rate).

- Prevalence describes an existing condition that affects a population. Point prevalence is a measure of a condition at a specific point in time, whereas period prevalence measures an occurrence over time (e.g., over a lifetime).

- Chronicity refers to the number of times an incident occurs. It has been defined as the total number of incidents for anyone with one or more incidents (Najavits et al., 2004).

- Acuteness or severity refers to the severity of any single incident and is typically classified as either minor or severe.

- Proximity can be the physical distance between the victim or witness and the perpetrator or the level of exposure to violence of either the victim or witness) or exposure through other people's reports. (Purugganan et al., 2003).

Incidence and Prevalence of Children's Exposure to Violence

Every year millions of children are exposed to violence, but there are no reliable, current estimates of national incidence and prevalence of CEV. The most commonly cited incidence estimates are 3.3 million from the 1975 Family Violence Survey and 10 million from the 1985 Family Violence Survey; these two numbers are frequently combined and cited as a current finding (Carlson, 1984; Straus, 1991). In 1998 Holden generated an estimate of 17.8 million children exposed to violence based on Silvern's 1995 study of undergraduates (Holden, 1998; Silvern et al., 1995).

The most recent relevant, methodologically rigorous studies of children's exposure to violence are the Adverse Childhood Experiences Study (ACE) and the Developmental Victimization Survey (DVS). ACE is a retrospective study of more than 17,000 members of Kaiser Permanente HMO and is cosponsored by the Centers for Disease Control and Prevention (CDC). ACE uses questions from the Conflict Tactics Scale to measure exposure to violence throughout childhood, but it is not

representative. DVS was conducted in 2003 by the University of New Hampshire with 1,000 children ages 10 to 17 and 1,030 caregivers of children ages 2 to 9, using the Juvenile Victimization Questionnaire. DVS did not capture prevalence of children's exposure to violence, but did address multiple other methodological issues (e.g., multiplicity, co-occurrence, and mandated reporting), and it is generalizable (Finkelhor et al., 2005).

Because violence affects every aspect of society, an alarming number of children and youth are victims and/or witnesses of violence in their homes, communities, and schools; current estimates are likely to be conservative and to underrepresent the magnitude of the problem. According to Finkelhor and colleagues, fragmented study of CEV both underestimates the extent of the problem and fails to highlight the interrelationships of CEV. Interrelationships include the co-occurrence of violence (e.g., domestic violence and child maltreatment) as well as associations such as multiple incidents of the same type of event (such as bullying), and the heightened vulnerability of some child victims for further and different types of victimizations (Finkelhor et al., 2005). In addition, many studies fail to capture the chronicity and severity or acuteness of CEV.

In addition to these few and limited national studies on children's exposure to violence, a range of data sets provide estimates of various types of CEV. Data on children's exposure to violence come from a variety of sources, including official crime data surveys, public health epidemiological studies, and social science research (Frierson, 1999) and all categorize CEV into varying loci such as violence at home, in the community, or at school. The most robust estimates are in the area of child maltreatment. A brief review of these estimates is provided across the categorical areas as these estimates have been collected; however, as previously discussed, there is no current, comprehensive analysis of CEV.

Child Maltreatment

The U.S. Department of Health and Human Services (HHS) collects data annually from state child protective services agencies. These data provide an overview of the magnitude and severity of the problem of child maltreatment (Chalk, Gibbons, and Scarupa, 2002). In 2001, an estimated 903,000 children nationwide were victims of abuse and neglect. This number represents a victimization rate of 12.4 per 1,000 children. More than half of these victims (59.2 percent) experienced neglect, 18.6 percent were physically abused, 9.6 percent were sexually abused, 6.8 percent were emotionally or psychologically maltreated, and 19.5 percent experienced some other type of maltreatment. The rate of victimization was inversely related to the age of the child; children age 3 and younger accounted for more than one-fourth (27.7 percent) of all child victims (U.S. Department of Health and Human Services, 2003). In addition, researchers have found that the severity of child victimization is greater for children younger than age 5 (Dilillo, Tremblay, and Peterson, 2000).

In 2001, approximately 1,300 child fatalities nationwide were attributed to abuse or neglect. The very youngest children were at greatest risk of dying; children younger than age 6 accounted for 84.5 percent of all child fatalities, and infants younger than 1 accounted for 40.9 percent (U.S. Department of Health and Human Services, 2003). According to CDC, homicide is the 15th leading cause of death during the first year of life. From 1989 to 1998, 3,312 infant homicides were reported. The risk of infant homicide is greatest on the day of birth. Of those infants killed on the

day they are born, 95 percent are not born in a hospital and the perpetrator is usually the mother, who is likely to be an adolescent and have a history of mental illness (Paulozzi and Sells, 2002).

Experts believe that child fatalities due to abuse and neglect are underreported because of variations in reporting requirements and definitions of terms such as “child homicide,” “abuse,” and “neglect,” and because of a lack of national standards for investigating child deaths (National Clearinghouse on Child Abuse and Neglect Information, 2003).

Intimate Partner and Family Violence

Because definitions of what constitutes children’s exposure to domestic violence differ, as do research methodologies, estimates of prevalence vary widely (Osofsky, 2003; Edleson, 1999; Fantuzzo and Mohr, 1999). Regardless of these conceptual and methodological issues, research findings to date provide clear evidence that domestic violence occurs in large numbers of households with children and that domestic violence and child maltreatment are often linked (Fantuzzo and Mohr, 1999; Osofsky, 2003).

Estimates from the National Crime Victimization Survey indicate that from 1993 to 1998, approximately 1 million crimes of intimate partner violence were committed each year and that children resided in 43 percent of the households in which intimate partner violence occurred (Rennison and Welchans, 2000). Findings from the Spousal Assault Replication Program, a research project sponsored by the National Institute of Justice, show that children were present in households where domestic violence occurred at more than twice the rate at which they were present in comparable households in the general population. In addition, households that experienced domestic violence had a significantly higher proportion of children younger than age 5 than did households in the general population (Fantuzzo and Mohr, 1999).

According to the Bureau of Justice Statistics, approximately 3.5 million violent crimes were committed within the family between 1998 and 2003. Of these, 60 percent were reported to the police and 33 percent were recorded by the police (Durose et al., 2005).

Children who live in homes where domestic violence occurs face an increased risk of child maltreatment. Research studies reveal a 30- to 60-percent overlap between child abuse/neglect and domestic violence in such families, with a 40-percent median co-occurrence in the families studied (Edleson et al., 2003; Edleson, 1999; National Clearinghouse on Child Abuse and Neglect Information, 2000).

Community Violence

In neighborhoods nationwide, children and adolescents are victims of homicide, victims of serious violent crime (e.g., rape, robbery, and assault), participants in physical fights, and witnesses to all of these forms of violence.

Although juvenile homicide rates in the United States have declined since the early 1990s, they remain unacceptably high (Wilson, 2000). According to CDC, an average of nine children and adolescents were killed every day during the 1990s. Between 1990 and 1999, almost 34,000 young people (age 18 and younger) were killed. Homicide is the leading cause of death among African

American youth ages 15 to 19 and the second leading cause of death among all youth in that age group (Thornton et al., 2002).

Juveniles and young adults are far more likely to be victims of nonfatal violent crime (i.e., rape/sexual assault, robbery, aggravated assault, or simple assault) than persons from other age groups. In 2002, persons age 16 to 19 experienced violent crime at a rate of 58.2 victimizations per 1,000 persons, and persons age 12 to 15 were victimized at a rate of 44.4 per 1,000. In comparison, the overall violent crime rate in the United States in 2002 was 23.0 victimizations per 1,000 persons age 12 or older (Rennison and Rand, 2003).

Physical fighting is a common occurrence in the lives of children. In 2001, one-third of all high school students reported that they had been in a physical fight within the past year, and 4 percent reported that they required medical treatment for their resulting injuries (Brown and Bzostek, 2003).

In a recent review of the literature on children and adolescents who witness community violence, Buka and colleagues (2001) concluded that the reported rates in the United States are “disturbingly high,” particularly among males, ethnic minorities, and urban residents. In a study assessing predominantly low-income urban youth, approximately one-quarter of participants reported having witnessed a murder; that percentage ranged from 1 percent in a study of upper-middle-class youth (Gladstein, Rusonis, and Heald, 1992) to 47 percent in a study of low-income, predominantly African American youth (Fitzpatrick, 1997). The percentage of youth who reported witnessing a stabbing in their lifetime ranged from 9 percent in a sample of affluent youth (Gladstein, Rusonis, and Heald, 1992) to 56 percent in a sample of inner-city youth (Fitzpatrick, 1997). The percentage of youth who reported having witnessed a shooting ranged from 4 to 70 percent; among urban youth, the lowest prevalence rate was 20 percent. Buka and colleagues (2001) also noted that children and youth who reported witnessing severe violence such as murder, shooting, and stabbing were likely to have witnessed lesser types of violence as well.

In a study of 97 young boys (age 6 to 10) in New York City who were considered at high risk for antisocial behavior (because of their urban residence and the presence of a sibling with a juvenile court conviction), Miller and colleagues (1999) found that these children witnessed high levels of community violence. Among the study participants, 84 percent had heard guns being shot and 25 percent had witnessed a murder. Almost all of the participants (96 percent) had witnessed at least one of the nine violent events described by the investigators, and 75 percent had witnessed four or more violent events.

Although most studies report that the prevalence of exposure to violence increases with age (Buka et al., 2001), even the youngest children witness community violence. In a study focusing on preschool children’s exposure to community violence, Shahinfar (1997) interviewed 155 parents and 73 children (age 3½ to 4½) who were enrolled in Head Start programs in a low-income neighborhood near Washington, DC. Seventy-eight percent of the children and 67 percent of the parents reported that the child had witnessed or been the victim of at least one violent event ranging from “mild violence,” such as exposure to beating, chasing, pushing, shoving, and slapping, to “severe violence,” such as exposure to robbery, threatening with a weapon, shooting, and stabbing.

Violence at School

Few studies have examined violence in elementary schools. However, available data point to an "epidemic of violence on junior high and high school campuses" (Tolmas, 1999). According to the National Center for Education Statistics (DeVoe et al., 2003), in 2001 students age 12 to 18 were victims of approximately 764,000 violent crimes at school and the violent crime victimization rate at school was 28 violent victimizations per 1,000 students. Younger students (age 12 to 14) were more likely than older students (age 15 to 18) to be victimized at school. In addition, 8 percent of students reported that they had been bullied at school within the last 6 months, 12 percent of male students and 7 percent of female students were threatened or injured with a weapon on school property, and students were more likely to be afraid of being attacked at school or on the way to school than away from school.

Disparities in Levels of Violence Experienced by Different Groups of Children

Disparities exist in the overall levels of violence experienced by different groups of children. A child's risk of exposure to violence and the types of violence encountered vary by age, gender, and socioeconomic status (Brown and Bzostek, 2003; Buka et al., 2001). For example, infants and young children are more likely than older children to be victims of abuse and neglect or to be exposed to domestic violence, and the severity of maltreatment is greater for children younger than age 5. At every age, females are more likely than males to be victims of sexual assault (Rennison and Rand, 2003; Tjaden and Thoennes, 2000), while males are more likely to be victims of homicide. Low-income urban youth are more likely than their upper-middle-class counterparts to experience community violence (Lauritsen, 2003).

Impact of Exposure to Violence on Child Development

A growing body of literature has examined the impact of violence and child maltreatment on child development. Research continues to indicate the devastating impact of child maltreatment, family violence, and community violence on vulnerable children and on society in general (Brill, Fiorentino, and Grant, 2001). Researchers have found that children exposed to violence in the home are often traumatized. Many children as young as age 2 and younger exhibit symptoms of posttraumatic stress disorder, such as sleep disturbances, flashbacks, separation anxiety, aggression, hyperactivity, and emotional detachment (Carlson, 2000; Graham-Bermann, 2002; Perry, 1997; Pynoos and Nader, 1986; Terr, 1991).

It is important to note that children exhibit a wide range of responses to adversity. The effects of violence vary greatly from child to child and are influenced by factors that contribute to these effects, including proximity to the event, severity of the event, child's gender and age, the chronicity of exposure, the child's relationship to the victim and perpetrator, and the presence of other stressors (Garmezy, 1993; Jenkins and Bell, 1994; Nader et al., 1990; Singer et al., 1995). Not all children exposed to violence exhibit signs of maladjustment or adverse impacts. Moreover, some children may show resilience, which is defined as not simply the absence of pathology but the presence of competence in the face of crisis (Kitzmann et al., 2003). Protective factors such as family situation, community environment, and the existence of a positive and supportive relationship between the child and a caring adult assist with this process. Factors related to risk and resilience have been summarized into three groups—factors related to the child, characteristics of the event, and characteristics of the family and social system (Perry and Azad, 1999).

Child Maltreatment

Child maltreatment has immediate physical and long-term developmental effects on children. Short-term physical effects range from bruises and broken bones to physical disability and even death. Long-term developmental effects include deficits in multisystem developmental achievements in behavioral, cognitive, and emotional regulation (De Bellis et al., 2001). A large body of research has linked the traumatic effects of child maltreatment to later delinquent and criminal behavior, although the most recent studies indicate that many factors contributing to this link require further examination (Wasserman and Seracini, 2001). In a review of the literature on child abuse and neglect, Graham-Bermann (2002) noted that young victims are affected in three important developmental domains: (1) the development of secure attachments, which is the basic foundation of a child's sense of self and ability to form trusting relationships; (2) the development of peer relationships, which shapes how a child reads social cues and interacts with others; and (3) the development of language, which is critical for academic success.

Intimate Partner and Family Violence

In a comparison study of 153 children (age 5 to 16) whose mothers experienced police- or court-reported intimate partner violence, Kernic and colleagues found that, relative to children from the comparison group, children whose mothers experienced such violence were 60 percent more likely to have visited a nurse for physical health problems that resulted in being sent home from school. Children exposed to intimate partner violence were more than twice as likely as children from the comparison group to have visited a school nurse at least once during the study period for concerns related to social and emotional issues, four times more likely to have visited a nurse for alcohol-related or other drug assessments or concerns, and more than seven times more likely to have received a speech and pathology referral. Finally, the researchers found that children exposed to maternal intimate partner violence were significantly more likely to be suspended from school than children in the comparison group, and children exposed to both maternal intimate partner violence and child abuse were at greater risk of heightened aggression and delinquency (Kernic et al., 2002).

In a study of 45 children in kindergarten through fifth grade from 3 elementary schools, Reynolds and colleagues (2001) found that, for children who had witnessed domestic violence, higher levels of symptoms indicating posttraumatic stress were associated with greater numbers of depressive symptoms and lower self-esteem. However, the researchers indicated the need for further studies comparing children exposed to violence with other groups of children, such as children of divorce, children not in therapy, and children from intact families.

Community and School Violence

In a cross-sectional investigation focusing on the link between community violence exposure and academic difficulties, Schwartz and Gorman (2003) studied 237 urban elementary school students (mean age of 9½) and found a strong association between children's self-reporting of exposure to community violence and deficient academic performance. The results of the study suggest that

children who are exposed to community violence may be vulnerable to academic difficulties because of depressive tendencies such as intrusive thoughts, decreased motivation, and low energy. The study also found evidence that children who experience community violence may be vulnerable to bullying or related social difficulties with school peers as a consequence of acquired deficits in emotion regulation and social-information processing (Schwartz and Gorman, 2003).

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