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## The Facts on Children's Exposure to Violence

Too many children in the United States are growing up in homes and communities where they witness or experience violence. Repeated exposure to violence and subsequent trauma can impact a young person's health, ability to succeed in school, their likelihood of becoming a victim or perpetrator of violence, and overall, their opportunity to stay on the right track.

Although the prevalence of children's exposure to violence is overwhelming, there is clear evidence that simple solutions can help children to heal and thrive. We all have a role to play in preventing violence in our communities and supporting children who have been exposed to violence. Knowing the facts about children's exposure to violence, as well as the factors that promote resilience, is the first step to changing the course for children in our communities.

### **At Home, In School, & In Communities**

The U.S. Attorney General's Defending Childhood initiative defines children's exposure to violence as being the witness or direct victim of bullying, child abuse, sexual assault, community and school violence, dating violence and exposure to adult or parental domestic violence.<sup>i</sup>

Historical trauma and structural violence associated with racism, prejudice and discrimination also plays a role in increasing children's risk for poor health and educational outcomes as a result of exposure to trauma. For some communities, such as American Indian, Alaska Native and African American communities in the US, the legacy of historical trauma is a current and ongoing traumatic experience that compounds other traumatic events.<sup>ii</sup>

The following statistics detail the prevalence of children's exposure to violence in their homes, schools and communities.

- 40% of US teens ages 14 – 17 have been exposed to at least one form of intimate partner violence (IPV) during their lifetimes.<sup>iii</sup>
- 17.9% of children of all ages have been exposed to physical IPV in their lifetime, or about 13.6 million children.<sup>iv</sup>
- 60% of children in a nationally representative survey had experienced at least one direct or witnessed violent victimization in the previous year.<sup>v</sup>
- 14%, or about 10 million children, experienced some form of maltreatment from a parent or caregiver in the past year.<sup>vi</sup>

- Sibling assaults accounted for 29% of physical assaults experienced by children in the past year, although these declined with age and were surpassed by nonsibling peer assaults for teens ages 14 – 17.<sup>vii</sup>
- Approximately 30% of children report moderate or frequent involvement in bullying in some capacity.<sup>viii</sup> Children involved in bullying in any capacity report higher rates of victimization in the home and community than their peers.<sup>ix</sup>
- 9.5% of all children ages 0 to 17, and 11.4% of girls, reported some sexual victimization in their lifetimes. Rates were considerably higher for girls ages 14 to 17, 34.9% of whom had experienced a sexual victimization over their lifetimes.<sup>x</sup>

### **Poly-Victimization**

A smaller but still significant portion of children experience frequent and ongoing violence. Researchers are suggesting that more attention be paid to these “polyvictims,” children and youth who experience multiple types of violent victimizations from multiple sources.

- 11% of children in a nationally representative survey were exposed to five or more different kinds of victimization or exposures to violence, crime and abuse in the past year. Children who were exposed to even one type of violence, both within the past year and over their lifetimes, were at far greater risk of experiencing other types of violence.<sup>xi</sup>
- Children who had experienced multiple forms of violence in the past year were four to six times more likely to report serious victimizations resulting in an injury, facing an assailant who carried a weapon, or sexual victimization. They were also the most likely to report mental health problems and other adversities associated with exposure to violence.<sup>xii</sup>

### **Consequences for Health, Education and Community Connection**

Left unaddressed, exposure to violence has serious consequences for children’s ability to succeed in school, lead healthy lives, and contribute positively to their communities.

- Youth ages 10 to 17 who had engaged in delinquent behavior in the past year reported higher rates of exposure to violence than their peers who reported little or no delinquent behavior. Youth who have been exposed to violence are at a higher risk to engage in criminal behavior as adolescents.<sup>xiii</sup>
- The landmark Adverse Childhood Experiences (ACES) study launched in 1995 found a significant relationship between childhood experiences of abuse and violence and a host of negative adult physical and mental health outcomes, including heart disease, stroke, depression, suicide attempts, sexually transmitted diseases, and substance abuse.<sup>xiv</sup>
- Children exposed to violence and trauma exhibit significantly higher levels of emotional and behavioral problems than their non-exposed peers.<sup>xv</sup> Witnessing or experiencing violence has been linked to lower grade-point averages, more negative remarks in their cumulative records, and more reported absences from school than other students.<sup>xvi</sup>
- Long-term effects of structural violence associated with racism and discrimination can cause cardio vascular disease, diabetes, depression and chronic fatigue.<sup>xvii</sup>

- According to a national survey conducted in 2013, about 7% of students had missed at least one day of school in the previous month because they felt unsafe at school or on their way to or from school.<sup>xviii</sup>

### **What We Can Do: Policy and Practice Change to Promote Resilience**

While exposure to violence can impact children in a variety of ways, not all children are permanently harmed or traumatized. Emerging research on the factors that promote resilience and prevent violence suggests the following practice and policy changes to help all children heal and thrive.

- **Change social norms** – Studies show that individuals and communities adhering to restrictive or harmful social norms are more likely to perpetrate physical, sexual, and emotional violence.<sup>xix</sup> In order to prevent violence, it is necessary to change the norms that promote or accept it as normal. Prevention initiatives that emphasize positive bystander behavior<sup>xx</sup> and engage men and boys in building healthy masculinity<sup>xxi</sup> have been shown to impact the social norms that condone violence.
- **Help traumatized children to heal** – There is strong evidence for the value of therapeutic interventions that address the short and long-term impacts of exposure to violence. Children who have been exposed to violence should be identified and referred to appropriate services for support.<sup>xxii</sup>
- **Support opportunities for families to thrive** – Addressing the structural forces, such as income inequality and discrimination, which increase suffering and compound the effects of trauma and risk for violence is key to building safer communities.



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## References

- <sup>i</sup> Attorney General's National Task Force on Children Exposed to Violence (2012). Report of the Attorney General's National Task Force on Children's Exposure to Violence. Washington, DC: U.S. Government Printing Office. Retrieved at <http://www.justice.gov/sites/default/files/defendingchildhood/legacy/2012/12/12/cev-executive-sum.pdf>
- <sup>ii</sup> Summers, A. (2006). Children's Exposure to DV: A Guide to Research and Resources., National Council of Juvenile and Family Court Judges. P. 35. Retrieved from <http://www.safestartcenter.org/pdf/childrensexpostoviolence.pdf>., Gewirtz, G. & Edelson, J. (2004). Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention, retrieved from [http://www.nccev.org/pdfs/series\\_paper6.pdf](http://www.nccev.org/pdfs/series_paper6.pdf); Arrington, E. and Wilson, M. (2000). A Re-examination of Risk and Resilience During Adolescence: Incorporating Culture and Diversity. *Journal of Child and Family Studies* 9(2). 221-230.
- <sup>iii</sup> Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office. Retrieved at: <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf>
- <sup>iv</sup> Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office. Retrieved at: <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf>
- <sup>v</sup> Finkelhor, D., Turner, H.A., Ormrod, R.K., & Hamby, S.L. (2009). Violence, abuse, & crime exposure in a national sample of children & youth. *Pediatrics* 124(5): 1-14. (CV193).
- <sup>vi</sup> Sumner, S., Mercy, J., Dahlberg, L., Hillis, S., Klevens, J., & Houry, D. (2015). Violence in the United States: Status, Challenges, and Opportunities. *JAMA*. 314(5): 478-488.
- <sup>vii</sup> Finkelhor, D., Turner, H.A., Ormrod, R.K., & Hamby, S.L. (2009). Violence, abuse, & crime exposure in a national sample of children & youth. *Pediatrics* 124(5): 1-14. (CV193).
- <sup>viii</sup> Nansel, T, Overpeck, M, Pilla, R, June Ruan, W, Simons-Morton, B, & Scheidt, P. (2001). Bullying Behaviors Among US Youth: Prevalence and Association with Psychosocial Adjustment. *JAMA*. 285(16): 2094-2100.
- <sup>ix</sup> Holt, M, Finkelhor, D, Kaufman Kantor, G. (2007). Multiple victimization experiences of urban elementary school students: Associations with psychosocial functioning and academic performance. *Child Abuse & Neglect*. 31: 503 – 515.
- <sup>x</sup> Finkelhor, D., Turner, H.A., Ormrod, R.K., & Hamby, S.L. (2009). Violence, abuse, & crime exposure in a national sample of children & youth. *Pediatrics* 124(5): 1-14. (CV193).
- <sup>xi</sup> Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office. Retrieved at: <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf>
- <sup>xii</sup> Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's Exposure to Intimate Partner Violence and Other Family Violence, *Juvenile Justice Bulletin – NCJ 232272*. Washington, DC: U.S. Government Printing Office. Retrieved at: <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf>
- <sup>xiii</sup> Cuevas, Carlos, Finkelhor, D, Shattuck, A, Turner, H, & Hamby, S (2013). Children's Exposure to Violence and the Intersection Between Delinquency and Victimization. *Juvenile Justice Bulletin – NCJ 240555*. Washington, DC: US Government Printing Office. Retrieved at: <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children's%20Exposure-Family%20Violence%20final.pdf>
- <sup>xiv</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- <sup>xv</sup> Aviles, A, Andeson, T, & Davila, E. (2006). Child and Adolescent Social-Emotional Development within the Context of School. *Child and Adolescent Mental Health*. 11(1): 32 – 39.
- <sup>xvi</sup> Hurt, H, Malmud, E, Brodsky, N, & Giannetta, J (2001). Exposure to Violence: Psychological and Academic Correlates in Child Witnesses. *JAMA Pediatrics*. 155(12): 1351-1356.
- <sup>xvii</sup> Adam, E, Heissel, J, Zeiders, K, Richeson, J, Ross, E, Ehrlich, K, Levy, D, Kemeny, M, Brodish, A, Malanchuk, O, Peck, S, Fuller-Rowell, T, & Eccles, J. (2013). Developmental histories of perceived racial discrimination and diurnal cortisol profiles in adulthood: A 20-year prospective study. *Psychoneuroendocrinology* 62(1): 279 – 291.
- <sup>xviii</sup> Centers for Disease Control and Prevention. (2013). Youth Risk Behavior Surveillance – United States, 2013. Atlanta, GA. CDC Printing Office. Retrieved online at: <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf/>.
- <sup>xix</sup> Sharp, A. T., DeGue, S., Valle, L. A., Brookmeyer, K. A., Massetti, G. M., & Matjasko, J. L. (2013). A systematic qualitative review of risk and protective factors for sexual violence perpetration. *Trauma Violence Abuse*, 14(2), 133-167. doi: 10.1177/1524838012470031
- <sup>xx</sup> Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology*, 35(4), 463-481.
- <sup>xxi</sup> Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata MC, Anderson HA, . . . JG., S. (2012). "Coaching boys into men": a cluster-randomized controlled trial of a dating violence prevention program. *Journal of Adolescent Health*, 51(5), 431-438. doi: 10.1016/j.jadohealth.2012.01.018.
- <sup>xxii</sup> Fehon, D. C., Grilo, C. M., & Lipschitz, D. S. (2005). A comparison of adolescent inpatients with and without a history of violence perpetration: impulsivity, PTSD, and violence risk. *J Nerv Ment Dis*, 193(6), 405-411.