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**EXPOSURE TO
IPV
IN CHILDHOOD**



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BACKGROUND

Interest in adverse childhood experience (ACE) is growing (e.g., WHO, Bellis et al., 2012). ACEs include physical abuse, sexual abuse and neglect which have a direct adverse impact upon children and are also associated longer term outcomes such as poorer health and behavioural outcomes across the lifespan. Exposure to IPV (EIPV) between parents/caregivers is also an ACE. EIPV includes witnessing IPV, awareness of IPV and also living in a home where IPV occurs (Kimber et al., 2018). From a trauma perspective, witnessing or hearing about a parent's suffering is sufficiently distressing to precipitate post trauma stress disorder (PTSD) or due to the potential chronic nature of such exposure Complex PTSD (NHS, 2018). Complex PTSD is more severe when: the traumatic events happen early in life; the trauma is caused by a parent or carer; the person experienced the trauma for a long time, which are all features of EIPV. Unlike PTSD, Complex trauma may take years for the symptoms to be recognised and may instead be labelled externalising (e.g., aggression to others) or internalising (e.g., depression) behaviour. EIPV is likely to be particularly problematic as it not only impacts directly on the child witness but also affects the environment around child and for this reason is one of the 10 ACEs routinely included in research (e.g., ACE study). The research on EIPV finds that it is associated with the development of serious and persistent problems across the social, emotional, and behavioural areas. It negatively impacts on an individual's ability to establish and maintain healthy relationships and is associated with

elevated risk of adult use of IPV (Levendosky, Bogat, & Martinez-Torteya, 2013; Osofsky, 2003; Renner & Slack, 2004).

PURPOSE AND METHODOLOGY

The purpose of this section is to explore the prevalence of EIPV across nations and to explore factors relating to this exposure. There is a tendency in the literature to only discuss violence from Fathers to Mothers (e.g., Mabanglo, 2010), for example in the WHO report by Bellis et al., (2012) only one nation, Turkey, actually asked respondents about their exposure to both Fathers and Mothers. Indeed in the other reports listed in Table 1 only enquired about EIPV to mothers. This is in spite of the findings that rates of father to mother and mother to father appear similar (Jirapramukpitak, Harpham & Prince, 2011).

This section will explore research on both men's and women's parental use of IPV. It will also explore the impact on both boys/men and girls/women. Where the data is available it will also explore whether there is evidence for differences in outcomes where there is same-sex or opposite-sex perpetrator/child dyads. The sheer volume of research on this topic led to the decision to take a two pronged approach. The first approach was to explore the prevalence of male and female EIPV from a variety of nations. The second approach was to summarise the findings of review articles on EIPV over the past decade.

EXPLORING RATES OF EIPV FROM DIFFERENT NATIONS

Prior to exploring review articles on EIPV exposure a randomly selected range of data from different nations where information was available by sex of the child EIPV was available were collated (see Table 1).

TABLE 1: PREVALENCE BY NATION AND EXPOSED VICTIM

Table X: Example prevalence rates of exposure to IPV by country and gender

Nation	Boys %	Girls %	Study
South Africa	47%	45.4%	Swart et al., 2002
Taiwan	22% DV	24% DV	Feng et al., 2015
Hong Kong	By father 22.4% By mother 18.5% By either 25.9%	By father 21.4% By mother 20.1% By either 26.0%	Chan 2011
Austria	30.9%	41.2%	Vökl-Kernstock et al., 2016
Russia	8.4%	12.9%	WHO, 2014
Serbia	19.8%	18.1%	WHO, 2012
Romania	15.0%	18.7%	WHO, 2013
USA	Before 15 years 1.2 Father - Mother Before 15 years 897,000 Father – Mother Mother – Father 380,000	Before 15 years 1.2 Father - Mother Before 15 years 1.2 million Mother – Father 0.5 million	AIHW, 2018
Canada	20%	25%	Charier et al., 2010
Brazil	7.8%	12.7%	Soares et al., 2016

The prevalence rates for exposure to parental IPV are measured by different variables, for example WHO reports ask only of fathers' violence to mothers, whereas AIHW include

violence by both parents. Where data is presented separately (e.g., Chan, 2011) there appears to be a small increase in prevalence compared to mother victimised only data. This suggests that exposure to parental IPV is most frequently bidirectional between parents, which is consistent with a 2102 systematic review (Langhinrichsen-Rohling, Selwyn, & Rohling, 2012). Research across countries shows variability which is likely to represent population and measurement differences rather than actual prevalence rate disparity. There is also some variability across genders, although this is not particularly striking in magnitude. What is apparent is that EIPV is a common ACE and that both boys and girls are victims of this, from both female and male caregivers.

REVIEW ARTICLES EXPLORING EIPV BETWEEN 2009 TO 2018

Review articles were identified using PsychInfo. The search terms were “Children OR adolescents OR youth or child OR teenager” AND “domestic violence OR domestic abuse OR intimate partner violence” AND “review of literature OR literature review OR meta-analysis”

And the data parameters were the following:

published between from 2009 to 2018

peer-reviewed journal article

present data disaggregated by EIPV child gender

From this search 14 review articles that included data disaggregated by gender of the child exposed were identified and included(see tables below). These review papers collectively searched numerous databases (e.g. PsychInfo, Medline, PubMed, ERIC, Social Work abstracts). There is overlap amongst the reviews, with the most recent (presented order of publication date with the most recent appearing first in the table)

being most likely to contain the most available data from the previous years but unlikely to contain papers published within the two years prior to publication due to the time between data capture and paper publishing. Where nationality of participants were identified (four review articles), there is evidence of data from across the globe. Although later reviews are likely to contain the best estimates, the focus of the 14 reviews differed and so additional information regarding impact of EIPV is also available and are therefore included.

The overview of papers (Table 3) presents a pattern of methodology where EIPV is measured using only father to mother data (9 articles) or an aggregated variable where participants were asked for EIPV from fathers and mothers individually and these were then combined into one variable or participants were asked about 'violence between parents/caregivers'. Therefore the predominance of information is for either/both parents using IPV. Where data for the sex of parent using IPV was available there was no significant differences between exposure to men's or women's IPV. This suggests that there is no justification for limiting research to fathers' use of IPV, nor is there any justification in failing to target women's use of IPV in order to reduce ACEs exposure.

TABLE 2: OVERVIEW OF PEER-REVIEWED REVIEW PAPERS FROM THE LAST 10 YEARS

Study	Number papers DV exposure	Countries	Interest variable	Males	Females	Father IPV only	Mother IPV only	Parental IPV	Both
Kimber al. al	19	Canada India New Zealand Sri Lanka South Africa USA	Adult use of IPV	√	√	9		6	6
Briana et al., 2018	5		Sexual minority youth (SMY)	√	√			1	
	2		Ethnicity	√	√			2	
Nocentini et al., inpress	46		Cyberbullying	√	√			46	
Debowska et al., 2017	3		Non-suicidal injury group & clinical disorders	√	√			3	
van Rosemalen-Nooijens et al., 2017	45	Africa Asia Europe North-America South-America Oceania	Sexual risk taking behaviour	√	√				
Vu et al., 2016	74		Child externalising and externalising problems	√	√				
Benavides et a., 2015	9		Protective factors	√	√				
Costa et al., 2015	8	UK New Zealand USA	Longitudinal predictors of DV	√	√			8	

Mandelli et al., 2015	2	USA	ACEs as predictors of adult depression	√	√	1	1
Miller et al., 2015	4		Threat sensitivity of children exposed to DV	√	√		4
Smith et al., 2015	86		Exposure to DV & child abuse and adult DV	√	√	64	17
Smith-Marek et al., 2015	84		Exposure to DV & child abuse and adult DV	√	√	64	17
Taylor & Letourneau, 2012	4		Infants exposed to DV	√	√		
Wood & Summers, 2011	24		Consequences of witnessing DV on children	√	√		
Chan et al., 2009	37		Children living with violence in the family	√	√		

When looking at the impact of EIPV across the reviews it is clear that EIPV is problematic across all age groups. It impact infants' threat sensitivity, increases the prevalence of childhood externalising (e.g., aggression) and internalising (e.g., depression and anxiety) behaviours, and disorders. EIPV increases the probability that a child will be a perpetrator and victim of of cyber bullying, and will engage in risky sexual behaviour, including perpetrating sexual violence, in childhood. It also is a significant risk factor for perpetrating, and being a victim of, IPV in their own subsequent adult relationships.

Where there were sex-differences these were inconsistent. For example Debowska et al. (2017) found females were more likely to experience sexual abuse if EIPV was present, however van Rosemalen-Nooijen et al., (2017) found inconclusive results. van Rosemalen-Nooijen et al., (2017) however reviewed 45 studies on EIPV whereas Debowska et al., (2017) contained only three papers on EIPV. The sex-difference with the most support was the differences in externalising and internalising behaviour in children, with the former being more common in boys and the latter being more common in girls.

TABLE X FINDINGS

Study	Study focus	Males	Females	Combined	Father IPV only	Mother IPV only	Parental IPV	Both
Kimber al. 2018	Parental exposure and adult use of DV			Parental exposure – adult use of those with adult exposure 84% used DV; odds 4.35	9		6	6
Briana et al., 2018	Sexual minority exposure to DV Ethnicity			Compared heterosexual youth Sexual minority youth had significantly higher exposure Higher in non-white & Hispanic youth				
Nocentini et al., inpress	DV exposure & cyberbullying perpetration & victimisation			DV exposure significantly related to cyberbullying perpetration in 95% of studies, and cyberbullying victimisation in 77%				
Debowska et al., 2017	DV exposure & clinical diagnosis		Of these, females with this exposure experienced high levels of sexual abuse	Those with the constellation of high abuse/neglect and DV had the highest rates of disorders.			3	
van Rosemalen-Nooijens et al., 2017	Witnessing DV increases some sexually risky behaviour in boys & girls.	No consistent differences		Witnessing DV increases sexual risk-taking and sexual violence perpetration, but results on sexual victimisation and adolescent pregnancy were inconclusive. Pubertal timing appears not to be influenced by witnessing DV.			45	

Vu et al., 2016	DV exposure & child externalising/externalising behaviour	Gender not associated with externalising/externalising	Results indicated that children's exposure to IPV is linked prospectively with child externalizing, internalizing, and total adjustment problems. Child sex, sample type, and whether only the male partner's violence or both partners' violence was measured did not predict the association between children's exposure to IPV and later adjustment problems.	No difference whether it was exposure to fathers' or mothers' DV
Benavides et a., 2015	Protective factors for children exposed to DV Ethnicity	Review stated 4/7 studies which analysed sex-differences found significant effects. It only details one study's finding (O'Keefe, 1998) which found for Males self-esteem was protective and for females educational attainment protective Family support/cohesion is protective for African Americans No clear sex-differences	Protective factors included: Proactive orientation (e.g. sense of control, hope, self esteem), self-regulation, intelligence, positive interpersonal relationships	
Costa et al., 2015	Parental exposure and adult use of DV		Data from cohorts from New Zealand and the USA found that exposure to DV predicted DV perpetration and victimisation	
Mandelli et al., 2015	ACEs as predictors of adult depression		Comparing Exposure to DV, those participants had childhood exposure had prevalence of adult depression	

Miller et al., 2014 Children's threat appraisal

Infants are sensitive to threatening stimuli.
3-7 year olds exposed to DV show heightened threat detection & threat responses.
8-12 year olds threat sensitivity may be mediated by cognitive appraisal.

Smith et al., 2015 Exposure to DV & child abuse and adult DV

No significant sex-difference for the relationship between exposure to DV and perpetrating or being a victim of DV in adulthood.

No significant sex-differences for the relationship between exposure to mother's or father's DV and perpetrating DV in adulthood.
No significant sex-difference for the relationship between exposure to father's or

					relations hip between exposure DV and being the victim of DV in adulthoo d.	mother's DV and being a victim of DV in adulthood
Smith- Marek et a., 2015	Exposure to DV & child abuse and adult DV	As above (Smith et al., 2015)				
Taylor & Letourneau, 2012	Infants exposed to DV	<p>One (7mths to 16 years) study found no sex-differences.</p> <p>One study (2years to 12 years) found males significantly higher in aggression.</p> <p>Two studies (birth to 24 years) found boys showed significantly more externalising behaviour and girls more internalising behaviour</p>				
Wood & Summer, 2011		Boys show more externalising behaviour than girls, but aggression is directed	Girls demonstrated more internalising behaviour such as depression but also had	Differences were found in the behaviours of children who witness and do not witness IPV that have short- and long-term consequences and affect relationships		

		primarily at boys.	higher rates of dating aggression than boys.	with same-sex peers, dating partners, and future partners with a clear pattern of dose-response
Chan et al., 2009	Children living with family violence	Child sex did not moderate effect sizes, suggesting that the relationship between exposure to DV & child adjustment outcomes may be less affected by these factors than by other more consequential factors, such as children's individual resilience and their support network.		

The reviews above suggest that boys and girls are similarly harmed by EIPV, whether it is from a violent mother or a violent father. The peer-reviewed literature provides no support for a gendered perspective when targeting IPV as children are adversely affected regardless of whether the violence is by fathers, mothers, or both parents. The failure to target women's use of IPV in the same way as men's has no obvious empirical support and so should be urgently re-evaluated in order to fully understand and intervene effectively.

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