

Family Violence Prevention Fund

The Facts on Preventing Violence Against Women and Children

Violence Against Women and Children is Pervasive

- From 25 to 31 percent of American women report being physically or sexually abused by a husband or boyfriend at some point in their lives,^{i, ii} and from 3 million to 10 million children witness that abuse each year.ⁱⁱⁱ
- Drawing on recent survey data, the National Research Council reports that one in every six U.S. women has at some time experienced an attempted or completed rape. Annually, more than 300,000 women are forcibly raped and more than 4 million are assaulted.^{iv}
- 16-24 year old women are consistently reported as the group most at risk of abuse.^v
- A study of 8th and 9th grade male and female students found that 25 percent had been victims of nonsexual dating violence and 8 percent had been victims of sexual dating violence.^{vi}
- In a nationally representative sample of Head Start programs serving low-income children ages 3-5, researchers found that 17 percent of the children studied had been exposed to domestic violence.^{vii}

Harms from Victimization or Exposure Can be Severe, Chronic and Costly

- Women victimized by abuse are more likely to be diagnosed with serious health problems including depression, panic attacks, high risk behaviors such as tobacco and substance abuse and sexual risk taking, as well as migraines, chronic pain, arthritis, high blood pressure, gastrointestinal problems, inconsistent use of birth control, and delayed entry into prenatal care.^{viii}
- Pregnant women are frequent targets of abuse and, as a result, are placed at risk for low birth weight babies, pre-term labor -- pregnant and parenting teens are especially vulnerable.^{ix}
- Abused children and those exposed to adult violence in their homes may have short and long term physical, emotional and learning problems, including: increased aggression, decreased responsiveness to adults, failure to thrive, posttraumatic stress disorder, depression, anxiety, hyper vigilance and hyperactivity, eating and sleeping problems, and developmental delays.^x
- A recent study of low-income pre-school children in Michigan found that nearly half (46.7 percent) of the children in the study had been exposed to at least one incident of mild or severe violence in the family. Children who had been exposed to violence suffered symptoms of post-traumatic stress disorder, such as bed-wetting or nightmares, and were at greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches and flu.^{xi}

Crime and Incarceration of Youth are Often Associated with a History of Child Abuse and Exposure to Domestic Violence

- A study of young adolescents in the Cleveland area found that “recent exposure to violence at home...was one of the most significant predictors of a teen’s use of subsequent violence at school or in the community.”^{xii}
- Approximately 457,000 14-24 year olds leave the juvenile justice system, federal and state prisons or local jails annually, and a high percentage of them have experienced or witnessed violence at home.^{xiii}

ⁱ Tjaden, Patricia and Nancy Thoennes. 2000. *Extent, Nature and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. The National Institute of Justice and the Centers for Disease Control and Prevention. Retrieved January 9, 2004.

ⁱⁱ The Commonwealth Fund, *Health Concerns Across a Woman’s Lifespan: 1998 Survey of Women’s Health*, May 1999.

ⁱⁱⁱ Carlson, Bonnie E. (1984). Children's observations of interpersonal violence. Pp. 147-167 in A.R. Roberts (Ed.) *Battered women and their families* (pp. 147-167). NY: Springer. Straus, M.A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. *Report of the Twenty-Third Ross Roundtable*. Columbus, OH: Ross Laboratories.

^{iv} <http://www.nap.edu/openbook/0309091098/html/7.html>, copyright 2004, 2001 The National Academy of Sciences, Advancing the Federal Research Agenda on Violence Against Women (2004)

^v Callie Rennison, Ph.D. et al., “Intimate Partner Violence,” Bureau of Justice Statistics Special Report, NCJ 178247, US Department of Justice, Office of Justice Programs (2000); Tjaden, P. and Thoennes, N., “National Violence Against Women Survey,” National Institute of Justice and Centers for Disease Control and Prevention (1998).

^{vi} Foshee, V.A., Lindner, G.F., Bauman, K.E., Langwick, S.A., Arriga, X. B., Health, J.L., McMahon, P.M., Bangdiwala, S. The Safe Dates Project: Theoretical Basis, Evaluation Design, and Selected Baseline Findings. Youth Violence Prevention: Description and baseline data from 13 evaluation projects (K. Powell, D. Hawkins, Eds.). American Journal of Preventive Medicine, Supplement, 1996, 12(5), 39-47. Retrieved from the CDC National Center for Injury Prevention and Control website: <http://www.cdc.gov/ncipc/factsheets/datviol.htm>

^{vii} Cohen, E. and J. Knitzer. “Children Living with Domestic Violence: The Role of Early Childhood Programs.” Prepared for the meeting, “Early Childhood, Domestic Violence, and Poverty: Taking the Next Steps to Help Young Children and Their Families.” May 2002.

^{viii} Graffunder, C.M., Noonan, R., Cox, P., and Wheaton, J., “Through a Public Health Lens. Preventing Violence against women: An Update from the U.S. Centers for Disease Control and Prevention,” *Journal of Women’s Health*, vol. 13, 5-16 (2004); See also, Family Violence Prevention Fund, “Screening for Lifetime Exposure to Abuse: Primary and Secondary Prevention of Domestic Violence and Child Abuse,” (2004).

^{ix} Parker, B., McFarlane, J., & Soeken, K. (1994). Abuse During Pregnancy: Effects on Maternal Complications and Infant Birthweight in Adult and Teen Women. *Obstetrics & Gynecology*, 841, 323-328.

^x Edleson, J.L., “Children’s witnessing of domestic violence,” *Journal of Interpersonal Violence*, 14:839-70 (1999). See also, Harris, W. W., Putnam, F. W. and Fairbank, J. A., “Mobilizing Trauma Resources for Children,” Paper presented at Johnson and Johnson Pediatric Institute: Shaping the Future of Children’s Health (2004), 4-6.

^{xi} Graham-Bermann, Sandra A and Julie Seng. 2005. “Violence Exposure and Traumatic Stress Symptoms as Additional Predictors of Health Problems in High-Risk Children.” *Journal of Pediatrics*. 146(3):309-10.

^{xii} Singer, M.I., Miller, D.B., Guo, S. et. al., “The mental health consequences of children’s exposure to violence,” Cleveland, Ohio: Cuyahoga County Community Mental Health Research Institute, Mandel School of Applied Social Sciences, Case Western Reserve University (1998) as quoted in Rosewater, A., “Promoting Prevention, Targeting Teens: An Emerging Agenda to Prevent Domestic Violence,” Family Violence Prevention Fund (2003), 6.

Edleson, J. as quoted in Rosewater, A. (2003)

^{xiii} Rosewater, A., “Promoting Prevention, Targeting Teens: An Emerging Agenda to Prevent Domestic Violence,” Family Violence Prevention Fund (2003), 11.

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