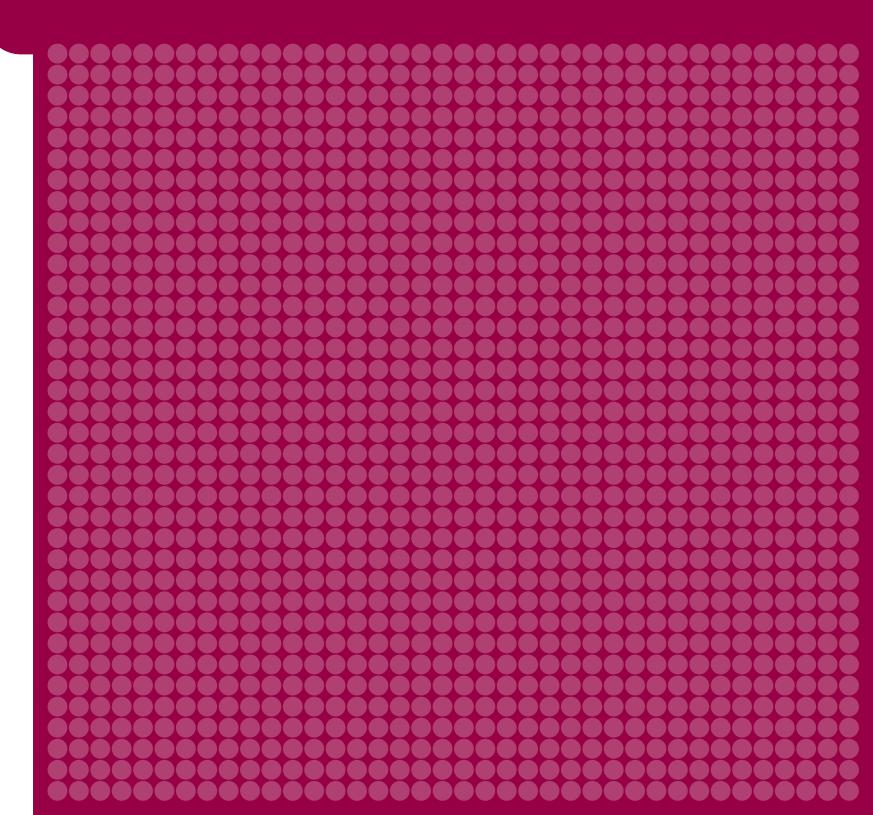
special interest section Intimate Partner Violence



Witnessing violence in the home can harm children's brain development.

Living in a home where violence frequently erupts is a serious threat to a child's healthy development. Seeing or hearing a family member being threatened or assaulted is a traumatic experience that can destroy the feelings of safety and security that help children grow and learn.



Moreover, early traumatic experiences can interfere with healthy brain development. Because the brain is still organizing itself in response to a child's experiences, traumatic experiences during these early years can have long-term effects on the brain's structure and functioning. Children who witness violence between parents or caregivers are at risk for cognitive, emotional, and behavioral difficulties throughout their lives.¹

Intimate partner violence is commonly defined as physical, sexual, or psychological harm by a current or former partner or spouse. (Experts tend to use this term instead of "domestic violence" since domestic violence can actually mean any violence occurring in a domestic setting, including child abuse and elder abuse.²) Although children are not the direct victims of intimate partner violence, they are often present when it occurs. While many parents try to shelter their children from it, children are often exposed to intimate partner violence by

- Seeing or hearing the violent incident
- Witnessing the effects of the violence on the victim (bruises or injuries, for example)
- Seeing other results of the incidence (such as damage to the home)
- Living in an environment of stress and fear created by the violence.³

Exposure to Intimate Partner Violence in the U.S.

Some studies estimate that almost 30 percent of children in the U.S. are exposed to intimate partner violence each year.^{4,5} National data show that in about half of reported incidents of partner violence, children are present. In about 80 percent of these cases, children see or hear the violence.⁶

Research shows that witnessing violence affects even very young children. Some effects can be seen as early as infancy: at age one, infants who have been exposed to intimate partner violence show more distress than other babies when they hear adults yelling or arguing.⁷ Frequent violence can lead to posttraumatic stress symptoms even at this young age.⁸

These early effects can be long-lasting. Children under three who witness violence toward a family member are at increased risk for psychological problems such as depression and anxiety disorders.⁹ Cognitive development can also be affected: some children exposed to high levels of violence during their first years have IQs at age 5 that are up to 8 points lower than those of other children.¹⁰

Children who witness intimate partner violence are often exposed to other risks as well.

Data from across the U.S. show that intimate partner violence is more prevalent in homes where other risk factors are also present.^{6,11} These include

- single-parent families
- families living in or near poverty
- families where parents have less education
- families where a parent is unemployed

Children from these families are already at risk for impaired brain development due to their greater chances of experiencing poor nutrition, harsh parenting, and other developmental threats.¹² Exposure to intimate partner violence adds yet another restraint on their chances for well-being and success.

Both Memphis and Shelby County as a whole have consistently high rates of intimate partner violence.

- In 2009, there were more than 20,000 incidents of intimate partner violence reported to Memphis police, representing half of all crimes against persons.
- The same year, there were almost 1,500 cases reported to Shelby County law enforcement, representing almost half of all crimes against persons in that jurisdiction.¹³

Many of our community's children are exposed to violence in their homes.

In 2008, more than 2,500 Shelby County women participated in a survey examining the prevalence of intimate partner violence.¹⁴ A small percentage (2.8%) reported that they had been a victim and that they had children under the age of 18 living with them at the time of the violent incident.

- About half (48%) of women who had been victims of domestic violence had children under 18 living with them.
- More than half (64.4%) of surveyed victims with children said that their children had witnessed the domestic violence.
- Almost half (46.8%) of those children who witnessed violence tried to stop the violence.
- Over one-third (34.8%) of those children that witnessed violence were threatened by the woman's violent partner.
- 7.3 percent of all survey participants reported having been physically assaulted as a child, and 11.6 percent reported having been sexually assaulted in childhood.

Intimate partner violence in Memphis and Shelby County is strongly associated with other risks.

Memphis and Shelby County not only display lower average household incomes compared to state and national averages, but also show disproportionately low numbers for those possessing a Bachelor's degree or higher. These disparities combine to create an atmosphere of increased risk for high rates of intimate partner violence.¹⁵⁻¹⁷

Figure 1 illustrates the distribution of intimate partner violence in Shelby County by zip code (based on the results of the 2008 survey).

- Frayser and North Memphis have the highest rates of intimate partner violence. The lowest rates are found in East Memphis, Bartlett, and other areas to the east.
- Whitehaven, Downtown, and Midtown have higher rates than Raleigh and Southeast Shelby County.

Figure 2 shows how key demographic characteristics of each zip code are correlated with the prevalence of intimate partner violence. Consistent with national trends, communities with higher levels of intimate partner violence also tend to be communities with

- More unemployment
- Higher rates of school dropout
- Higher rates of poverty
- Higher proportions of single-parent families¹⁴

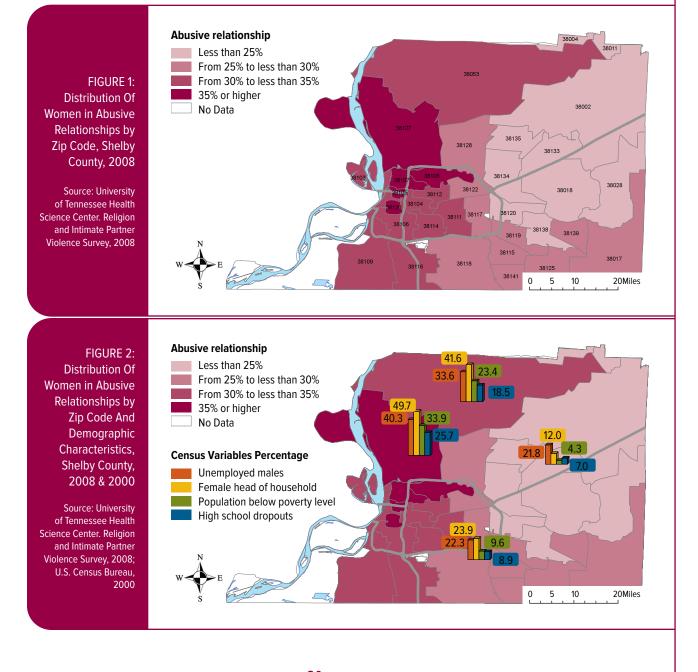
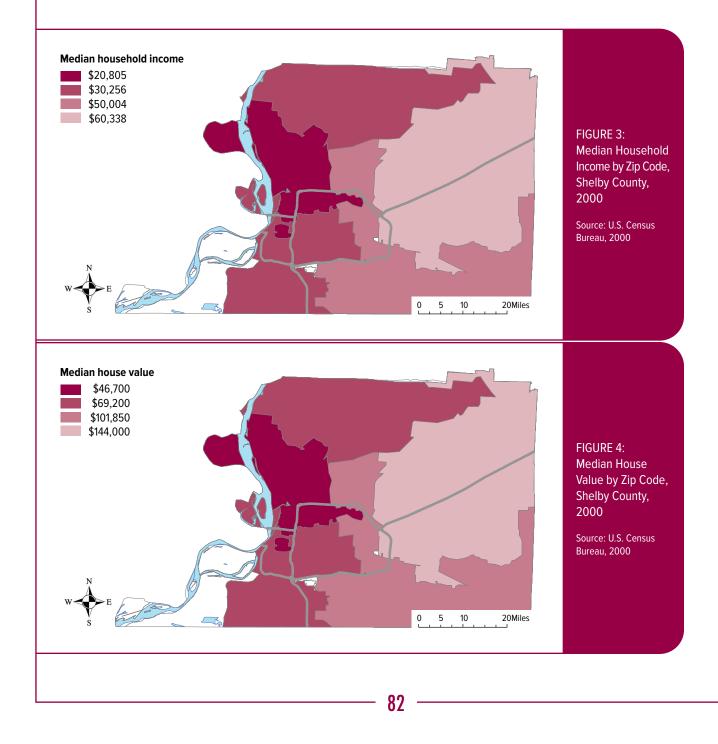


Figure 3 presents median household income in Shelby County by zip code.

Comparing Figure 3 with Figure 1 shows that, consistent with other research, low-income areas prevalence of intimate partner violence. are also high-violence areas.

Figure 4 shows median house values by zip code.

As with median income, the median house value of a zip code is a strong predictor of the



Victims of intimate partner violence face numerous barriers to getting the help they need.

Intimate partner violence extends beyond the adult relationship and damages the lives of children who are exposed to it. Research consistently shows that exposure to intimate partner violence can detrimentally impact child development across many domains. Unfortunately, however, adult and child victims who seek help do not always get the assistance they so desperately need.

Victims in Memphis and Shelby County face numerous challenges in obtaining assistance. For instance, lack of awareness of available programs can create more confusion and uncertainty for families already struggling to identify and secure assistance. Challenges may continue to surface for those who succeed in connecting with services. Eligibility requirements, exclusion criteria, and child regulations make it difficult (and sometimes impossible) for women and their children to gain admittance to shelters.¹⁸ Barriers like these leave them with fewer options for escaping the violence.

Moreover, service providers often face a combination of increased demands and decreased funding that in turn affect the quality and availability of services.¹⁹ Past research²⁰ on programs in Memphis and Shelby County has identified the following key areas for improving the accessibility and effectiveness of existing programs:

- security
- cultural sensitivity
- accessibility and promotion of services
- effective interventions for victims and for abusive partners
- service provision capacity
- connections among service agencies

Additional services would undoubtedly benefit at-risk children. Awareness and prevention efforts, coupled with accessible, well-funded, and evidence-based treatments, can also play a crucial role in breaking the ongoing cycle of violence currently undermining the healthy development of our community's children.

References

1. Carpenter GL, Stacks AM. Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*. 2009;31:831-839.

2. Centers for Disease Control and Prevention. *Intimate partner violence: Definitions*. Available at: http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/definitions.html. Accessed on February 18, 2011.

3. Fantuzzo JW, Mohr WK. Prevalence and effects of child exposure to domestic violence. *The Future of Children*. 1999; 9(3): 21-32.

4. Levendosky AA, Bogat GA, von Eye A. New directions for research on intimate partner violence and children. *European Psychologist.* 2007; 12(1): 1–5.

5. McDonald R, Jouriles EN, Ramisetty-Mikler S, Caetano R, Green CE. Estimating the number of American children living in partner-violent families. *Journal of Family Psychology*. 2006;21(1):137-142.

6. Fantuzzo JW, Fusco RA. Children's direct exposure to types of domestic violence crime: A population-based investigation. *Journal of Family Violence*. 2007; 22: 543-552.

7. DeJonghe E, Bogat GA, Levendosky AA, von Eye A, Davidson WS. Infant exposure to domestic violence predicts heightened sensitivity to adult verbal conflict. *Infant Mental Health Journal*. 2005;26:268-281.

8. Bogat GA, DeJonghe E, Levendosky AA, von Eye A, Davidson WS. Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect.* 2006; 30: 109-125.

9. McDonald R, Jouriles EN, Briggs-Gowan MJ. Violence toward a family member, angry adult conflict, and child adjustment difficulties: relations in families with 1- to 3-year-old children. *Journal of Family Psychology*. 2007; 21(2): 176-184.

10. Koenen KC, Moffitt TE, Caspi A, et al. Domestic violence is associated with environmental suppression of IQ in young children. *Development and Psychopathology*.2003; 15: 297–311.

11. Fantuzzo JW, Boruch R, Beriama A, Atkins M, Marcus S. Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1997;36:116-122.

12. Hackman DA, Farah MJ. Socioeconomic status and the developing brain. *Trends in Cognitive Sciences*. 2009; 13(2): 65-73.

13. Tennessee Bureau of Investigation. *Tennessee Incident Based Reporting System, domestic violence offenses and clearances*. Available at: http://www.tennesseecrimeonline.com/tibrspublic2005/View/ dispview.aspx. Accessed on February 18,2011.

14. Connor PD, Nouer SN. Domestic violence in faith communities telephone survey of Memphis and Shelby County, Tennessee. 2008. LHS, Inc., Memphis, Tennessee. Unpublished data.

15. U.S. Census Bureau. Small Area Income and Poverty Estimates (SAIPE). Estimates for Tennessee Counties. 2009. Available at: http://www.census.gov/cgi-bin/saipe/saipe.cgi. Accessed on February 15, 2010.

16. U.S Census Bureau. State and county quick facts. 2008. Available at: http://quickfacts.census.gov/qfd/states/47000.html. Accessed on February 21, 2011.

17. U.S. Census Bureau. *Selected economic characteristics*: 2005-2009. American Community Survey. 2009. Available at: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-context= adp&-qr_name=ACS_2009_5YR_G00_DP5YR3&-ds_name=ACS_2009_5YR_G00_&-tree_ id=5309&-redoLog=false&-_caller=geoselect&-geo_id=01000US&-format=&-_lang=en. Accessed on February 21, 2011.

18. U.S. Department of Housing and Urban Development. *Homes and communities*. *Shelters and emergency housing: Tennessee*. Available at: http://www.hud.gov/local/tn/homeless/shelters.cfm. Accessed on February 24, 2011.

19. National Network to End Domestic Violence (NNEDV). *Domestic violence counts 2010*. *State summaries*. Available at: http://nnedv.org/docs/Census/DVCounts2010/DVCounts10_StateSummary_AllStates_BW.pdf. Accessed on February 23, 2011.

20. Connor PD, Nouer SS, Mackey SN, Banet MS, Tipton NG. *Family violence agency needs assessment community report.* Memphis: University of Tennessee Health Science Center, Academic Consortium for Applied Research, 2010. Unpublished report.