



# FACING THE FACTS:

## IMPACT OF EXPOSURE TO INTIMATE PARTNER VIOLENCE ON CHILDREN IN THE HOME



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When intimate partner violence (IPV) is perpetrated in a child's home, that child will be affected. The type or degree of influence depends upon a variety of contextual and protective factors. In some cases, the long-term impact can be minimal. However, for far too many children, exposure to IPV can have varied and far-reaching consequences.

No single child will have the same experience, not even those children in the same home witnessing the same event. The impact can depend upon the child's age, gender, community involvement, relationship with the perpetrator and victim, and internal characteristics.

This Issue Brief provides an overview of research findings about the impact of intimate partner violence on children in the home. Information is presented to help advocates, professionals, researchers and community members identify and address the needs of these children. However, understanding the impact of intimate partner violence is just the first step. Once a child has been asked to share his or her experience, it becomes a matter of necessity to have a strategy in place to help that child.

### What is Intimate Partner Violence?

Intimate partner violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Both males and females can be victims and perpetrators, as well as same-sex partners.<sup>1</sup> Research on the topic of IPV is often complicated by assumptions made in defining the terms, such as abuse being limited to physical assaults. While IPV exists in many types of relationships, 4 in 5 victims are female, with the highest rates experienced by females ages 18-34.<sup>2</sup> Additionally, research on the topic of children exposed to IPV focuses most frequently on violence between the mother and her male

partner. Therefore that family structure will provide the focus for this brief.

Intimate partner violence occurs in many forms. Examples include:

- ➔ Emotional and psychological abuse: threatening family members and pets, humiliation and ridicule
- ➔ Sexual abuse/coercion: birth control sabotage, reproductive coercion, forcing sexual acts
- ➔ Financial abuse: denying a partner the right to work outside of the home, controlling finances

## Intimate Partner Violence & Domestic Violence: Defining Terms

The terms *intimate partner violence* and *domestic violence* are often used interchangeably as they both describe acts of physical, sexual, or psychological harm used by one adult to coerce and control another adult. For the purpose of this Issue Brief, the term *intimate partner violence* will be used as it more accurately defines the relationship being presented through the research and interventions highlighted. *Domestic violence* is a broader term that would include violence perpetrated by others in the home such as roommates or family members not living in the home, whereas intimate partner violence is limited to acts committed by a spouse, ex-spouse, boyfriend/girlfriend, ex-boyfriend/girlfriend, or date.

Additional information about types of abuse and identifying an abusive relationship can be found at [CloserThanYouThink.org](http://CloserThanYouThink.org).

A child can be impacted when living in a home where any of these types of abuse are being perpetrated. Also, these forms of violence rarely occur in isolation and may escalate in frequency and intensity over time.

## What is the Prevalence of Intimate Partner Violence in Virginia?

The National Intimate Partner and Sexual Violence Survey, administered by the Centers for Disease Control and Prevention, captures self-report data about experiences of violence in an intimate relationship. Data reported for 2010 indicate that 35.6% of women and

28.8% of men have experienced rape, physical violence and/or stalking by an intimate partner at some point in their lifetime.<sup>3</sup> In Virginia, those numbers are slightly lower with 31.3% of women and 22.1% of men reporting intimate partner violence.<sup>4</sup> These percentages represent an estimated 971,000 females and 647,000 males experiencing IPV during their lifetime.<sup>5</sup>

Of those who are experiencing IPV, not all will present themselves to agencies providing interventions and services. The Virginia Sexual and Domestic Violence Data Collection System collects statewide data regarding all victims who use the services of the more than 50 local domestic violence programs and sexual assault centers. In CY12, advocacy services were provided to 16,238 adults and 4,725 children. Additionally, 40,693 hotline calls were received with domestic violence as the presenting reason, and 53,608 incidents of domestic violence were reported to law enforcement as recorded in the FBI's National Incident-Based Reporting System (NIBRS). Of those incidents, 33,844 were committed by intimate partners (spouse, ex-spouse, boyfriend/girlfriend or same-sex partners).

The National Incident-Based Reporting System (NIBRS) provides state-level data about incidents of domestic abuse for analysis. The tool, provided at <http://www.ojjdp.gov/ojstatbb/ezanibrsv/>, gives the user the ability to analyze data by offense type, perpetrator relationship, and additional demographic fields. This tool can provide useful information, but incident data does have limitations such as an unknown number of agencies not reporting their data to NIBRS. Therefore, data cannot necessarily be generalized as representative of the entire state. Finally, these are a count of reports made and not of individuals. More information about data limitations can be found in the methods section of this tool.

In many of these incidents of IPV, children are present in the home. In fact, according to the results of the National Survey of Children's Exposure to Violence (NatSCEV), approximately 1 in 15 children were exposed to IPV in the year 2010, with 1 in 4 children exposed to at least one form of family violence in their lifetime.<sup>6</sup> Of those who reported exposure to family violence in 2010, 5.7% were exposed to psychological or emotional abuse between adults and 6.6% were exposed to physical IPV, which could include pushing, hitting, slapping, kicking, strangulating or beating.<sup>7</sup> In this same survey, 12% of youth report being an eyewitness to the assault of a parent during their lifetime.<sup>8</sup>

## Intimate Partner Violence and Child Abuse: Overlap and System Tensions

One of the most evident impacts of intimate partner violence on children is the increased likelihood of being a victim of child abuse themselves. Information from the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) indicates that 31% of children who witnessed IPV were themselves the victims of abuse, as compared to 5% of children who did not witness IPV.<sup>9</sup> Also, compared with nonabusive mothers, mothers who physically abuse their children report higher rates of victimization by an intimate partner.<sup>10</sup>

This overlap is important when examining possible linkages between child welfare and domestic violence services. However, it also has contributed to historic tensions between the two systems. Much of this tension arose from differences in attitudes as shaped by the guiding philosophy of each, respective system. The primary focus of the child welfare system is the protection of children and the

preservation of families, while the primary focus of domestic violence services is the safety and empowerment of women.<sup>11</sup> This results in higher rates of children being removed from homes where IPV is identified.<sup>12</sup> In addition, some domestic violence workers may underreport actual incidents of child abuse in order to protect women from being re-victimized by having their children taken away.<sup>13</sup>

In response to these system tensions, the National Council of Juvenile and Family Court Judges published "Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice" (the Greenbook). The Greenbook articulated a series of recommendations focused on increasing collaboration, opportunities for cross-training and capacity to serve the needs of this population.

Since the publication of this report in 1999, efforts have been undertaken in Virginia and throughout the country to address the disconnect occurring between the systems that serve the needs of the children and families impacted by IPV. Domestic violence programs utilize safety plans and advocacy services for children in their programs. Efforts are also underway to incorporate domestic violence into child welfare trainings and policies.

Additional information about collaborative efforts taking place at the local and national level can be found at the end of this publication.



## What is the Impact of Exposure to Intimate Partner Violence on Children in the Home?

In addition to the increased likelihood of themselves being the victim of child abuse, children can be impacted by intimate partner violence in a variety of behavioral, emotional, social or cognitive ways. For some children, this may include symptoms of trauma such as flashbacks, hyperarousal or emotional withdrawal.<sup>14</sup>

### Ways for a Child in the Home to Encounter Intimate Partner Violence

- ➔ Seeing the actual incidents of violence
- ➔ Hearing threats or fighting noises
- ➔ “Feeling” the violence through vibrations in walls or floors
- ➔ Being a part of the violence: Participating by coercion or force, intervening, being assaulted
- ➔ Observing the aftermath: Blood, bruises, tears, torn clothing, broken items
- ➔ Being aware of tension in the home or of victim’s fears

Possible Impact of Intimate Partner Violence on Children <sup>15, 16</sup>
<b>Behavioral/Social</b>
<ul style="list-style-type: none"> <li>➔ Aggression</li> <li>➔ Antisocial behavior</li> <li>➔ Sleep disturbances – nightmares</li> <li>➔ Flashbacks</li> <li>➔ Poor relationship skills</li> <li>➔ Truancy</li> </ul>
<b>Emotional</b>
<ul style="list-style-type: none"> <li>➔ Developmental regression</li> <li>➔ Separation issues</li> <li>➔ Emotional withdrawal</li> <li>➔ Hyperarousal</li> <li>➔ Fears/anxiety</li> <li>➔ Depression</li> <li>➔ Low self-esteem</li> </ul>
<b>Cognitive/Attitudinal</b>
<ul style="list-style-type: none"> <li>➔ Lower assessment scores – verbal, motor and cognitive skills</li> <li>➔ Pro-violence attitudes</li> <li>➔ Belief in rigid gender stereotypes</li> </ul>
<b>Long-Term</b>
<ul style="list-style-type: none"> <li>➔ Males are more likely to engage in domestic violence as adults</li> <li>➔ Females are more likely to be victims of domestic violence</li> <li>➔ Premature death</li> </ul>

The impact of intimate partner violence on children in the home is dependent upon individual protective factors such as age, developmental stage, gender or caregiver and community support, as well as the number of risk factors to which the child is exposed.

## Risk Factors<sup>17</sup>

Risk factors are variables that are associated with an increased likelihood of poor physical, emotional and behavioral outcomes.

- ➡ Longitudinal research has shown that exposure to multiple risk factors can be harmful to a child's development. Additionally, risks of a chronic nature are most likely to have a damaging long-term effect.
- ➡ Risk factors that sometimes co-occur with intimate partner violence include child abuse or neglect, caregiver alcohol and drug abuse, economic insecurity and community violence.
- ➡ Witnessing intimate partner violence can be related to other risk factors, such as school disruptions, separation from extended family or shelter placement.
- ➡ The risk associated with exposure to intimate partner violence also depends upon the severity of the violence, the duration of the exposure, and the child's proximity to the violent event.

## Protective Factors<sup>18</sup>

Protective factors are conditions or attributes of individuals, families, communities, or society that, when present, promote well-being and reduce the risk for negative outcomes.

Protective factors that may mitigate exposure to intimate partner violence include:<sup>19</sup>

- ➡ Individual Level Factors:
  - Sense of purpose
  - Sense of optimism
  - Self-regulation skills
  - Intellectual capacity
  - Relational skills
  - Problem-solving skills
  - Child's age
  - Developmental stage
  - Gender
- ➡ Relationship Level Factors:
  - Parenting competencies
  - Parent or caregiver well-being
  - Positive peers
  - Intrapersonal strengths
  - Secure attachments to caregivers
- ➡ Community Level Factors:
  - Positive school environment
  - Types of interventions and supports provided to the child
  - Caring adults
  - Supportive cultural, ethnic or community environment

One key individual protective factor noted is developmental stage. The following graphic shows possible behavioral manifestations specific to the age at which the child was exposed to intimate partner violence.

## Possible Developmental Impact of Childhood Exposure to Intimate Partner Violence<sup>20,21</sup>

### Infant/Toddler Age 0-5

- Poor sleeping habits
- Eating problems
- Higher risk of physical injury
- Trauma may impact development of neural pathways, which are needed for brain and nervous system to communicate
- Poor attachments to appropriate caregivers
- Baby may be hard to soothe or may become withdrawn
- Heightened startle response
- Separation/stranger anxiety
- Regressive behaviors
- Excessive crying
- Fearfulness
- Repetitive/ritualistic play

### School-Aged 6-12

- Somatic complaints - physical symptoms with no discernable cause
- Regressive behaviors (thumb sucking, bed-wetting)
- Depression
- Nightmares
- Difficulties in school
- Low self-esteem
- Loneliness
- Impulsive behavior
- Hyperactivity
- Anxiety
- Distorted thinking

### Adolescent 13-18

- School truancy
- Delinquency
- Substance abuse
- Early sexual activity
- Nightmares
- Anxiety
- Depression
- Identify with aggressor (dating violence) or with victim (risk of dating violence)
- Pregnancy
- Poor self-esteem
- Poor concentration
- Chaotic thoughts
- Lack of empathy or remorse
- Difficulties in school
- Runaway

Using a framework focused on understanding risk and protective factors can help to inform programs and interventions aimed at helping children exposed to intimate partner violence. These programs may focus on alleviating parental stress or providing education about healthy parenting and the impact of IPV on children. There are a wide variety of tools and interventions that have been developed, and the following section highlights ways to identify and evaluate applicable tools. Finally, several state and national programs are highlighted that have utilized different paths for collaboration in order to provide comprehensive services to these affected children and their families.

## Finding Evidence-Based and Promising Practices

The terms *promising practice* or *evidence-based practice* are often used interchangeably without a clear understanding of what is being communicated. Both terms refer to a program that has been evaluated with a particular emphasis on how effective that intervention's outcomes are for a targeted population. Evidence-based programs have demonstrated a more rigorous level of conclusive evidence regarding effectiveness. Promising practices have demonstrated effectiveness, but may be too new to have the level of evidence required to be termed *evidence-based*. If your program is looking to introduce a new intervention with a particular population, it is often useful to start by searching one of the many federal and state evaluation networks and registries. Each registry has a set of standards used to evaluate submitted programs. The evaluation protocols are detailed on each website.

*Futures Without Violence: Promising Futures* has created a comprehensive search tool of interventions specific for use with children exposed to violence. This tool allows the user to

specify criteria such as the language of program participants, age or type of intervention. Each program summary has information about the level of evidence and links to the state or federal registries that have provided an evaluation of the evidence. A full list of programs they include that are specific to child witnesses to IPV can be found on the FACT website at: [www.fact.virginia.gov/ibtoolkit/](http://www.fact.virginia.gov/ibtoolkit/).

### Selected Evidence-Based Program Evaluation Registries

Futures Without Violence: Promising Futures: <http://promising.futureswithoutviolence.org/programs?s=>

Blueprints for Healthy Youth Development: <http://www.blueprintsprograms.com/>

California Evidence-Based Clearinghouse for Child Welfare: <http://www.cebc4cw.org/>

Campbell Collaboration Library of Systematic Reviews: <http://www.campbellcollaboration.org/>

Guide to Community Prevention Services: <http://www.thecommunityguide.org/>

National Child Traumatic Stress Network Empirically Supportive Treatments and Promising Practices: <http://www.nctsnet.org/resources/topics/treatments-that-work/promising-practices>

National Registry of Evidence-Based Programs and Practices: <http://www.nrepp.samhsa.gov/>

Promising Practices Network: <http://www.promisingpractices.net/>

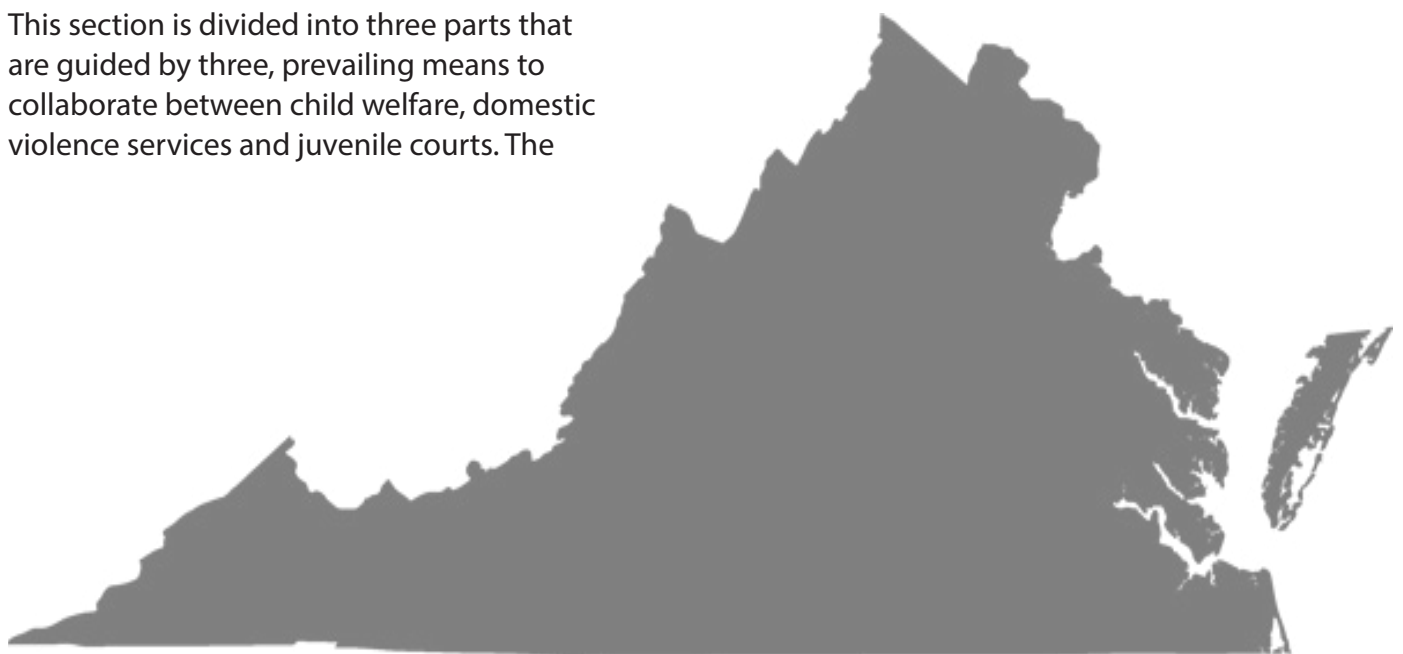
## Why Collaborate?

Collaboration between child welfare, domestic violence service providers and juvenile courts has been found to improve service provision such as child welfare screening and assessment and multidisciplinary approaches to case planning.<sup>22</sup> The importance of collaboration has also been demonstrated through the Greenbook project evaluation efforts.

In the following section, several programs are highlighted that address the needs of children exposed to IPV in Virginia. The common theme is the role of collaboration. There is no single child and family-serving agency that will have contact with these children over their lifetime. Children impacted by violence may have struggles in school, or contact with the juvenile justice system, child protective services or a domestic violence shelter. Each agency may have a specific role in that child's life, and each agency will approach that role using its own framework and philosophy. This only serves to reinforce the importance of cross-training, identifying common assessment approaches and sharing resources.

This section is divided into three parts that are guided by three, prevailing means to collaborate between child welfare, domestic violence services and juvenile courts. The

national promising practice examples, detailed on pages 9-11, were highlighted in a professional bulletin provided by the Child Welfare Information Gateway.<sup>23</sup> The examples of partnerships, initiatives and cross-training opportunities in Virginia demonstrate a similar approach to collaboration that is occurring across of a variety of counties, agencies and with varying degrees of progress. Some efforts, such as Bedford Domestic Violence Services, have been ongoing for close to two decades while others, such as Fairfax County's Domestic Violence Network's coordinated response plan, represents an organization's more recent attempts to share resources by defining shared goals across agencies. Local communities seeking to address the needs of children exposed to IPV may have varying levels of resources or support. Therefore, it is the hope that information shared in this brief can help inform and further the work occurring throughout the Commonwealth of Virginia.





# SPOTLIGHT: State and National Examples

1

## Collocating Domestic Violence and Child Welfare Services

### National

#### Safe Start (Portland, OR)

Domestic violence advocates within the Oregon Department of Human Services assist with safety planning; provide referrals to and advocacy for other needed services; and accompany victims to court, team decision meetings, and other child welfare meetings. They also provide consultation and technical assistance to child welfare workers and others involved in the child protective service system for domestic violence issues and system responses. Domestic violence and child welfare staff work together to develop collaborative case plans that jointly address domestic violence and child abuse and neglect issues. For more information visit: <http://www.safestartcenter.org/about/communities/multnomah-county-and-greshman-child-welfare>.

#### Massachusetts Department of Social Services Domestic Violence Unit (Boston, MA)

The Massachusetts Domestic Violence Unit demonstrated the nation's first systemwide effort within a child protection agency to bring domestic violence expertise to child protection decision-making. The process began in 1987 with joint planning between DSS and advocates for battered women. The first domestic violence advocate was hired at DSS three years later; in 1993, a separate domestic violence unit was created within DSS. The resulting agency-wide protocol increased recognition of domestic violence by DSS staff, reduced unnecessary out-of-home placements of children, and increased cooperation among child protection workers and advocates for battered women. For more information visit: <http://aspe.hhs.gov/HSP/cyp/dv/pt4.htm>.

### Virginia

#### Bedford Domestic Violence Services (Bedford, VA)

Bedford Domestic Violence Services (BDVS) operates within Bedford Department of Social Services. Services include 24-hour crisis intervention through hotline, emergency housing, and emergency companion services for victims, court advocacy, and counseling. All services are free of charge for victims. BDVS was created in 1997, so there has been a seventeen year history of domestic violence and child welfare professionals working closely together. This has resulted in staff working together on home visits and CPS case staffings. This collaboration has resulted in evolving responses to meet the needs of children exposed to domestic violence. One such example is the trauma assessment tool developed and utilized by BDVS. The trauma assessment is comprised of three components: the child/adolescent assessment instrument, which is completed with the guardian or foster parent; trauma assessment questions asked of the child; and the Youth Risk and Resilience Inventory completed by the child (between the age of 10-19). Using the information collected, BDVS composes a letter to the referral source and possibly the court, summarizing the findings and making specific recommendations based upon the information gathered. Additional information is available online at: <http://www.co.bedford.va.us/Res/Social/Domestic/index.asp>.

## 2

## Developing Cross-System Partnerships

## National

**Rural Project for Women and Child Safety (St. Paul, MN)**

A grant-funded project of the Minnesota Coalition for Battered Women and Minnesota Crime Victim Services, a division of the Minnesota Department of Public Safety, is a project that began in March 2000 to develop statewide protocols and collaborative training for cases in which domestic violence and child abuse overlap. The involvement of trainers from both disciplines in the protocol development helped enhance understanding and relationships between child protection and domestic violence programs. This collaboration among state agencies prompted the Department of Human Services to convene a diverse group of agencies and individuals to develop best practice guidelines for child protection workers when domestic violence and child maltreatment co-occur. For more information visit: [www.mincava.umn.edu/rural](http://www.mincava.umn.edu/rural).

**The San Diego Family Justice Center (San Diego, CA)**

The Family Justice Center was launched by the City of San Diego to assist victims of family violence. It was the first comprehensive “one-stop shop” in the nation for victims of family violence and their children. More than 25 agencies are collocated to provide coordinated legal, social, and health services to women, men, children, and families in need. There, victims of family violence can talk to an advocate, get a restraining order, plan for their safety, talk to a police officer, meet with a prosecutor, receive medical assistance, receive information on shelter, and get help with transportation. For more information visit: [www.sandiegofjc.org](http://www.sandiegofjc.org).

## Virginia

**Fairfax County Domestic Violence Network (Fairfax, VA)**

The Domestic Violence Network (DV Network) is a multi-disciplinary group of service providers and justice professionals coordinating a consistent and comprehensive direct response to domestic violence in Fairfax County. The mission of the DV Network is to support the development of a community-wide system of prevention and intervention that is responsive to the needs of families impacted by domestic violence. Members of the Domestic Violence Prevention, Policy, and Coordinating Council (DVPPCC) and the DV Network have committed to the creation of a coordinated response plan to identify and respond to children who have been exposed to domestic violence and work to prevent future violence within the community’s families.

The coordinated response plan acknowledges the complexity of childhood exposure that requires the commitment and involvement of all sectors of the community—from human service and public safety professionals to faith communities and private corporations. The goals of the plan include: increase community awareness and involvement; integrate child witness education and strategies into the county’s existing domestic violence coordinate community response teams; expand allied professionals’ capacity to ensure that all professionals who come into contact with men, women, and children routinely identify and screen children and provide families access to trauma-informed, culturally-relevant services; provide trauma-informed and culturally-relevant interventions for violence-exposed children and their parents; and work to change social norms around violence and prevent future violence and, therefore, future children from witnessing violence.

## 3 Utilizing Opportunities for Cross Training

### National

#### Families First (Lansing, MI)

Families First is an intensive, short-term crisis intervention and family education services program—a core service of the Michigan Department of Human Services for the State's eighty-three counties. In 1993, Families First asked the governor's Domestic Violence Prevention and Treatment Board (DVPTB) to provide domestic violence in-service training seminars for family preservation workers. Families First and DVPTB worked together to develop extensive cross training, and in 1995, Michigan became the first state to institutionalize mandatory domestic violence training for family preservation workers and supervisors (Greenbook Initiative, 2008).

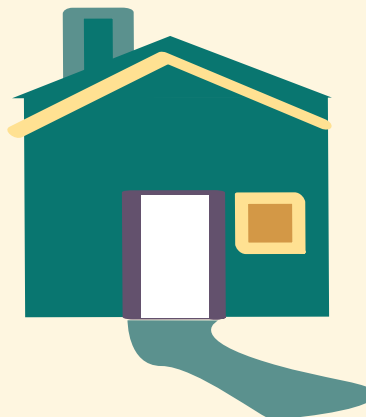
The Families First of Michigan Training Unit offers twenty-one separate trainings and continues to implement training for family preservation staff. Demonstrated results show that 95% of participants in the Families First crisis intervention and family education program did not require an out-of-home placement during participation, 90% avoided placement three months after program termination, 85% avoided placement six months after program termination and 75% avoided placement a year after program termination. For more information visit: [http://www.michigan.gov/dhs/0,1607,7-124-5452\\_7124\\_7210-15373--,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5452_7124_7210-15373--,00.html).

### Virginia

#### Virginia Department of Health: Home Visiting / Project Connect (Richmond, VA)

Virginia's Home Visiting Consortium is a collaboration of statewide early childhood home visiting programs that serve families of children from pregnancy through age five (<http://homevisitingva.com>) who have been identified as being at high risk. One core training module offered through this consortium is Project Connect. This is a national initiative to build collaborations between the public health and domestic violence fields aimed at preventing and responding to violence against women. Home visitors are trained to have conversations about healthy parenting and the impact of childhood exposure to violence.

Home visitors who have completed Project Connect trainings take pre/post training surveys. Results have shown that participants are better equipped to assess for and respond to instances of sexual/domestic violence and/or reproductive coercion after the Project Connect training. Information about Project Connect trainings available in Virginia can be found at: <http://homevisitingva.com/hvtrainings.php>. Additional data about Project Connect can be found at: <http://www.vdh.virginia.gov/ofhs/prevention/dsvp/projectconnectva/research.htm>.



## What Can I Do?

### As a professional...

- ➔ Explore indicators of family violence and accompanying local data tools found on FACT's website at <http://www.fact.virginia.gov>
- ➔ Learn more about the possible developmental impact of childhood exposure to IPV
- ➔ Become familiar with evidence-based programs and registries
- ➔ Explore local and national programs, such as those featured in this publication and resources available in your own community

### As a family member...

- ➔ Become familiar with the possible developmental and long-term impact of IPV on children in the home
- ➔ Learn more about the importance of protective factors such as competent parenting, caregiver well-being and secure attachments

### As an advocate...

- ➔ Use FACT's online data portal to produce locality specific profiles
- ➔ Share information with local officials and decision makers to help inform policy decisions that impact families effected by IPV

## As a community member...

- ➔ Understand the mitigating effect of community-level factors such as a positive school environment and a supportive community
- ➔ Become familiar with effective interventions and supports available in the community
- ➔ Become familiar with the possible developmental and long-term impact of IPV on children in the home

## Additional Information

Additional information, including training materials and program resources can be found in the accompanying toolkit found on the FACT website at <http://www.fact.virginia.gov/ibtoolkit/>.



The screenshot shows the website header for 'The Family & Children's Trust Fund of Virginia'. The navigation menu includes: Home, About Us, Our Work, Resources, Get Involved, and Contact Us. The main content area is titled 'Toolkit: Impact of Exposure to Intimate Partner Violence on Children in the Home'. Below the title, there is a search bar and a list of resources under the heading 'Information about additional resources related to the 2014 FACT Issue Brief Impact of Exposure to Intimate Partner Violence on Children in the Home can be found below.' The resources listed are: Training Resources (Honor Our Voices, Connect: Supporting Children Exposed to Domestic Violence), and Assessment Tools (Bedford Domestic Violence Services Trauma Assessment Tool).

# ENDNOTES

<sup>1</sup>Centers for Disease Control and Prevention. Intimate Partner Violence: Definitions. Retrieved July 7, 2014, from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>.

<sup>2</sup>Catalano, S. (2012). Intimate Partner Violence, 1993-2010. Bureau of Justice Statistics: Special Report. Retrieved June 4, 2014, from <http://www.bjs.gov/content/pub/pdf/ipv9310.pdf>.

<sup>3</sup>Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved online July 9, 2014, from [http://www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).

<sup>4</sup>Centers for Disease Control and Prevention (2012). The national intimate partner and sexual violence survey (NISVS): Detailed state tables. Retrieved online July 9, 2014, from [http://www.cdc.gov/violenceprevention/nisvs/state\\_tables.html](http://www.cdc.gov/violenceprevention/nisvs/state_tables.html).

<sup>5</sup>Centers for Disease Control and Prevention (2012). The national intimate partner and sexual violence survey (NISVS): Detailed state tables. Retrieved online July 9, 2014, from [http://www.cdc.gov/violenceprevention/nisvs/state\\_tables.html](http://www.cdc.gov/violenceprevention/nisvs/state_tables.html).

<sup>6</sup>Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. *Juvenile Justice Bulletin*. Retrieved May 19, 2014, from <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children%27s%20Exposure-Family%20Violence%20final.pdf>.

<sup>7</sup>Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. *Juvenile Justice Bulletin*. Retrieved May 19, 2014, from <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children%27s%20Exposure-Family%20Violence%20final.pdf>.

<sup>8</sup>Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2011). Children's exposure to intimate partner violence and other family violence. *Juvenile Justice Bulletin*. Retrieved May 19, 2014, from <http://www.unh.edu/ccrc/pdf/jvq/NatSCEV-Children%27s%20Exposure-Family%20Violence%20final.pdf>.

<sup>9</sup>Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved May 19, 2014, from <http://www.acf.hhs.gov/programs/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>.

<sup>10</sup>Institute of Medicine and National Research Council 2014. *New directions in child abuse and neglect research*. Washington, DC: The National Academies Press.

<sup>11</sup>Moles, K. (2008). Bridging the divide between child welfare and domestic violence services: Deconstructing the change process. *Children and Youth Services Review* 30(6), 674-688.

<sup>12</sup>Postmus, J.L. & Merritt, D.H. (2010). When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. *Children and Youth Services Review* 32(3), 309-317.

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