Policy Brief CENTER FOR POVERTY RESEARCH

Volume 3, Number 7

Key Facts

Official U.S. family violence

annual incidence rates have stagnated¹ at

about 4%² for Intimate

Partner Violence (IPV)

and 0.4%³ for Physical

families reporting both

socioeconomic status

three times as likely to

experience PCA and

five times more likely to

experience more severe

physical harm than their

non-poor counterparts.6

significantly associated

with both IPV perpetration

Consistently, low SES and

unemployment are

(SES)⁵ families are

concurrently.

Children from low

Child Abuse (PCA), with

25%4 or more of affected

Income Support May Reduce Violence for Poor Families

By Katherine Maurer, New York University

After decades of reductions in official measures of family violence, annual incidence rates have plateaued over the past ten years. Poverty and the increased stress it causes can increase the risk for family violence, which suggests that economic downturns like the Great Recession may contribute to this stagnation.⁸ Income support in new and existing interventions may help reduce family violence, especially among high-risk, poor families.

The Centers for Disease Control and Prevention define Intimate Partner Violence (IPV) as "physical, sexual, or psychological harm by a current or former partner or spouse," and Physical Child Abuse (PCA) as "the intentional use of physical force against a child that results in, or has the potential to result in, physical injury."

Policy and interventions have, until recently, reduced official rates of family violence. Since 1990, official reports show a 67 percent reduction in IPV,⁹ and a 56 percent reduction in PCA reported by child welfare agencies.¹⁰ However, given stringent criteria for official reports, family violence rates in community-level research are often much higher.

Recent community-based studies find that up to 35 percent of children¹¹ and 20 percent of all couples¹² still experience physical family violence. Acts of violence range from the less severe (i.e., slapping) to those resulting in serious injury. While less severe family violence occurs most frequently, infrequent severe acts may have greater social, physical and psychological consequences.

Young families are at greater risk for greater amounts of family violence, and the youngest children are most often victims. Nearly half of first-time IPV victims are young adults 18-24; an additional 25 percent are victims by age 34.¹³ Young adults are also more likely to be poor, at a rate of 28 percent for 18-34 year olds.¹⁴ Furthermore, parents of young children are more likely to perpetrate PCA. Over 40 percent of PCA victims are age five and younger in verified child protective services reports.¹⁵

Family Violence Involves Men and Women

Interventions have historically targeted groups considered most at-risk for severe violence victimization: women and very young children. The focus on family violence in which males are the primary perpetrators may overlook the elevated frequency and severity of both parents perpetrating IPV and PCA.

Recent research has exposed a great diversity within at-risk groups that includes male IPV victims and families in which multiple types of violence occur.¹⁶ Bi-directional violence, in which each partner perpetrates IPV against the other, is the most commonly occurring IPV profile. Across all age groups, men and women perpetrate PCA at nearly equivalent rates. Nonetheless, risk of severe injury may still be greater for females.¹⁷ IPV and

¹⁶ ibid.



and victimization.⁷ are most often victims. Nearly half of first-time IPV

¹ Truman, J.L., et al. 2014. "Special Report: Non-fatal

Domestic Violence, 2003-2012." U.S. Department of Justice.

Breiding et al., 2014. "The National Intimate Partner and Sexual Violence Survey." Centers for Disease Control and Prevention.

³ Sedlak, A.J. et al. 2010. "Fourth National Incidence Study of Child Abuse and Neglect." U.S. Department of Health and Human Services.

 $^{^{\}rm 4}\,$ HHS ACF Children's Bureau. 2013. "Child maltreatment 2012."

⁵ SES: combined education, income, and employment.

⁶ Sedlak et al., 2010, ibid.

⁷ Capaldi, D. M., et al. 2012. "A Systematic Review of Risk Factors for Intimate Partner Violence." *Partner Abuse*.

⁸ Brooks-Gunn, J., et al. 2013. "The Great Recession and the risk of child maltreatment." *Child Abuse & Neglect*.

⁹ Truman et al, 2014, ibid.

¹⁰ Sedlak et al, 2010, ibid.

¹¹ Molnar, B. E., et al. 2003. "A multilevel study of neighborhoods and parent-to-child physical aggression." *Child Maltreatment*.

¹² Kessler, R. C., et al. 2001. Patterns and mental health predictors of domestic violence in the United States. *International Journal of Law and Psychiatry.*

 ¹³ Black et al. 2011. "The National Intimate Partner and Sexual Violence Survey." Centers for Disease Control and Prevention.
 ¹⁴ United States Census Bureau. 2013. "Social, economic,

and housing statistics division: Poverty." ¹⁵ HHS ACF, 2013. ibid.

Understanding poverty, shaping the future of poverty research

PCA co-occur in 25-60 percent of families.¹⁸

Co-occurrence of concurrent IPV and PCA and bi-directional IPV are also common. In a new study¹⁹ in which I examined the intergenerational transmission of family violence, 65 percent of parents who reported IPV also reported perpetrating PCA with their adolescent children. As the adolescents aged into young adulthood, 37 percent reported IPV perpetration and victimization, 79 percent of whom were exposed to IPV or PCA as adolescents. In both the parent and adolescent generations, 65 percent reported bidirectional IPV. Co-occurrence of multiple types of family violence, including bidirectional violence, also falls outside of current interventions.

Poverty and Family Violence

Poverty increases the risk for family violence. A high proportion of IPV and PCA are directly related

well as triple the severity of injury. While the vast majority of low-income parents are employed at least part-time, over 70 percent have not attained a high school degree, which limits their employment opportunities.²¹ Relying on low-paying part-time employment—often multiple jobs—can lead to income instability and high stress.

Preventing Family Violence

Many family violence interventions function via the judicial system, providing much-needed assistance to adult and child victims. However, this approach is less successful at changing perpetration rates, particularly chronic and severe family violence.²² Traditional interventions rarely include structural factors that may affect low-education, low-income individuals and families more substantially, such as shifts in the economy.

Two specific intervention strategies could

and promoting integrated services that include both parents could reduce risk of current and future family violence.

About the Center

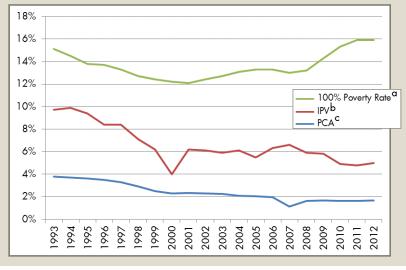
The Center for Poverty Research at UC Davis is one of three federally designated National Poverty Centers whose mission is to facilitate non-partisan academic research on poverty in the U.S., to disseminate this research and to train the next generation of poverty scholars. Our research agenda spans four themed areas of focus:

- Labor Markets and Poverty
- Children and the Intergenerational Transmission of Poverty
- The Non-traditional Safety Net, focusing on health and education
- The Relationship Between Poverty and Immigration

For more information, visit us online at: poverty.ucdavis.edu

Center for Poverty Research University of California, Davis 1 Shields Ave | Davis, CA 95616 (530) 752-0401

Figure 1: Measures of Poverty, Intimate Partner Violence and Physical Child Abuse, 1993-2012



This graph shows the national poverty rate and the national rates per thousand of the total population of intimate partner violence and reports of physical child abuse.

Sources:

- U.S. Census Bureau American Community Survey Reports;
 Truman & Morgan, 2014, ibid.:
- ^c Sedlak et al., 2010, ibid.

to specific stressors, including the loss of income or employment.²⁰ For this reason, shifts in structural factors, i.e., national economic recessions, may indirectly influence increases in family violence. Indeed, the five-percent rise in the number of poor families following the onset of the Great Recession may have contributed to the stalled reduction in family violence.

A lack of steady work can cause problems in the home. Unemployment is a high risk factor for IPV and is associated with double the risk of PCA, as

- ¹⁷ Langhinrichsen-Rohling et al., 2012, ibid.
- ¹⁸ Jouriles, E. 2008. "Child abuse in the context of domestic violence." *Violence & Victims*.
- ¹⁹ Maurer, K. 2015. "An examination of the intergenerational transmission of family violence." Unpublished paper.
- ²⁰ Okuda, M., et al. 2015. "Correlates of intimate partner violence perpetration: Results from a national epidemiologic survey." *Journal of Traumatic Stress*.

²¹ Sedlak et al, 2010, ibid.

address family violence holistically. Poverty increases the risk for family violence; income support for all poor families, especially for young parents, would help provide important economic stability.²³ Funding and promoting integrated services that include both parents could also reduce risk of current and future family violence.²⁴

Katherine Maurer recently completed her Ph.D. at New York University's Silver School of Social Work. She was a 2013 Center for Poverty Research Visiting Graduate Scholar.

- ²² Mills, L., Barocas, et al. 2013. "The next generation of court-mandated domestic violence treatment: A comparison study of batterer intervention and restorative justice programs." *Journal of Experimental Criminology*.
- ²³ Cancian, Slack, et al. 2010. "The effect of family income on risk of child maltreatment." Institute for Research on Poverty.
 ²⁴ Estefan, L. F., et al. 2012. "Receiving mandated therapeutic services: Experiences of parents involved in the child welfare system." *Children and Youth Services Review.*

Funding for this project was made possible by a grant from the U .S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Analysis (ASPE). The views expressed are those of the authors and do not necessarily reflect the official policies of the Department of Health and Human Services.