The Incidence, Correlates, and Effects of Abuse

A WORKING PAPER

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I. Introduction

Family brokenness is pervasive in the United States. The Second Annual Index of Family Belonging and Rejection, an analysis of the U.S. Census Bureau’s American Community Survey, showed that only 45.8 percent of American children reach the age of 17 with both their biological parents married.\(^1\) Intact families are indicative and generative of family belonging and cohesion; broken families are indicative and generative of rejection, which is often cyclical and intergenerational.\(^2\)

It is important to note, in light of the fact that family brokenness is widespread, that the incidence of child abuse is not randomly distributed; rather, it strongly correlates with “disrupted and disturbed families.”\(^3\) Conversely, being in a marriage relationship is protective against both child abuse and intimate partner violence, as we demonstrate below.


II. Incidence of intimate partner violence (IPV) and spousal abuse

Marriage is protective against both physical and emotional abuse for men and women, as is increasing age. Analysis of the Fragile Families and Child Well Being study found that married mothers are less likely to be abused by her child’s father than are cohabiting mothers, dating mothers, or mothers who are not in any sort of relationship with their child’s father. Their relationships with the fathers of their children are also marked by the lowest level of relational conflict.

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A. Incidence of intimate partner violence by type

Nearly 6 percent of women and 5 percent of men had experienced intimate partner violence (in the form of stalking, physical battery, or rape) in the year prior to the 2010 National Intimate Partner and Sexual Violence Survey. This survey also found that, over the course of their lifetime, 35.6 percent of women and 28.5 percent of men have suffered intimate partner violence. Whereas over one third of female victims experienced multiple forms of victimization, 92.1 percent of male victims experienced solely physical victimization, and 6.3 percent were both stalked and physically victimized. Most men and women (53 percent and 69 percent, respectively) who suffer intimate partner violence experience it for the first time before reaching the age of 25. The incidence of intimate partner violence varies by ethnicity. Nearly 54 percent of multiracial non-Hispanic women, 46 percent of American Indian and Alaska Native women, and 43.7 percent of non-Hispanic Black women have suffered intimate partner violence in

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the form of stalking, physical battering, or rape. Over 45 percent of American Indian or Alaska Native men, 39.3 percent of multiracial non-Hispanic men, and 38.6 percent of Black non-Hispanic men have been so victimized over their lifetime.\(^9\) One study of British women found that 23.5 percent of its sample (women receiving postnatal or antenatal care) had suffered domestic violence.\(^10\)

\[\text{Figure 4.5}
\text{Age at Time of First IPV}\(^1\) Experience Among Women Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010
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\(^1\)IPV includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health.


Psychological aggression and stalking. Intimate partner violence in the form of psychological aggression is common among both men and women: 48.8 percent of men and 48.4 percent of women, over the course of their lifetime, experience psychological aggression by an intimate partner. A Brazilian study of pregnant women found psychological abuse to be the most common form of intimate partner abuse during pregnancy, whether it occurs alone or in addition to physical or sexual abuse. Stalking is a similarly pernicious problem: an estimated 10.7 percent of females and 2.1 percent of males have experienced intimate partner violence in the form of stalking over the course of their lives.

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Among stalking victims, 66.2 percent of females and 41.4 percent of men were stalked by a current or previous intimate partner.\textsuperscript{15}

**Physical abuse.** Nearly one quarter of women and 13.8 percent of men have experienced intimate partner violence in the form of severe physical assault, such as being beaten or hit with a fist, over the course of their lifetime.\textsuperscript{16}

**Rape and sexual violence.** Over 9 percent of American women have been raped by an intimate partner over their lifetime, and 51.1 percent of female rape victims were raped by an intimate partner. Nearly 5 percent of American men have been forced, over the course of their lifetime, to penetrate another individual; 44.8 percent reported that this forced penetration took place at the hands of an intimate partner. In their lifetime, an estimated 16.9 percent of females and 8 percent of males have suffered intimate partner violence in the form of sexual violence other than rape.\textsuperscript{17}

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\caption{Overlap of Lifetime Intimate Partner Rape, Stalking, and Physical Violence Among Female Victims — NISVS 2010}
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B. Intimate partner violence and spousal violence by gender

Women are more likely than men to perpetrate abuse while not experiencing abuse; men are more likely than women to report only being victimized, not victimizing.\(^{20}\) One study’s findings indicated the existence of equal rates of perpetrated partner aggression among men and women; however, male-perpetrated abuse is more physically damaging than female-perpetrated abuse.\(^{21}\) Female abusers are more likely to kick, push, shove, or throw something at their partner, whereas male abusers are more likely to choke their partner.\(^{22}\) More


women (46.7 percent) than men (30.2 percent) report emotional abuse from a partner.  

A British study of women receiving antenatal or postnatal care found that women who reported having suffered domestic abuse were more likely than women who had never suffered domestic abuse to report having experienced at least one other traumatic event (e.g., childhood sexual abuse, “rape or attempted rape,” a “[s]erious incident, fire, or explosion,” military combat, imprisonment).  

Over half of men included in one survey reported believing that there are circumstances in which it is permissible to hit or slap a wife, including “she comes at him with a knife,” “she physically abuses their child,” and “in an argument, she hits [her husband] first.” Fifteen percent of the men surveyed reported that

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hitting and slapping were unjustifiable under all circumstances; 10 percent reported that 13 or more circumstances justified hitting or slapping.\textsuperscript{26}

\section*{C. Other correlates of intimate partner violence and spousal abuse}

\textbf{Alcohol and drug abuse.} Analysis of the National Educational Longitudinal Survey found that adolescents from recently divorced single-parent families are more likely to drink heavily (to consume five or more alcoholic beverages frequently) and to consume alcohol while at school.\textsuperscript{27} This increased likelihood of persons from broken families to consume alcohol heavily is significant because one study found that problems with alcohol directly (and indirectly, through psychological aggression) contribute to intimate partner physical abuse.\textsuperscript{28} Jealous individuals who do not have anger control problems are likelier to exhibit severe physical abuse against their partners when they exhibit problematic levels of drinking. (This increase is nonexistent for those with jealousy and anger control problems because they exhibit aggression toward their partners even while sober.)\textsuperscript{29} One study found male and female abusers report similar levels of alcohol abuse, but female abusers reported more drunkenness and alcohol abuse in their partners than male abusers did.\textsuperscript{30}

Analysis of one large sample (over fifty thousand homes) found that perpetration of or subjection to intimate partner violence and the occurrence of serious emotional abuse, yelling, and insults in a household are strongly linked to more than one drug or alcohol dependence or abuse problem and with dependence upon or abuse of marijuana.\textsuperscript{31} The relationship between intimate partner violence and alcohol is constant across socioeconomic groups, while the relationship

between intimate partner violence and marijuana use is much stronger in the lower socioeconomic group than in the higher group.\textsuperscript{32}

Those who have mental health problems, receive welfare, have lower educational attainment, or live in a “drug supportive environment” are more likely to yell and insult each other.\textsuperscript{33} (A drug supportive environment was one in which “most or all of their friends smoke marijuana or were drunk once a week. . . they reported selling illegal drugs. . . they reported that illicit drugs were fairly or very easy to obtain and they had fewer than three friends who cared about them or would support them in financially hard times.”\textsuperscript{34}) The relationship between marijuana use and intimate partner violence is mediated by low-income marijuana users’ increased tendency to yell and insult one another.\textsuperscript{35} Persistent mental abuse is more commonly inflicted on those who live in a “drug supportive culture.”\textsuperscript{36} The relationship between drug use and intimate partner violence is not moderated by an individual’s residing in a drug supportive community.\textsuperscript{37} The relationship between drug use and intimate partner violence is stronger among those who did not complete high school and are unemployed than among those who did not complete high school and are employed.\textsuperscript{38}

Among female prostitutes, those who use heroin or who engage in sexual activity in “crack houses” are more likely to be abused than those who do neither.\textsuperscript{39} A

\begin{itemize}
\item \textsuperscript{39} Nabila El-Bassel, Susan S.Witte, Takeshi Wada, Louisa Gilbert, and Joyce Wallace, “Correlates of Partner Violence Among Female Street-Based Sex Workers: Substance Abuse, History of Childhood Abuse, and HIV Risks,” \textit{AIDS Patient Care and STDs} 15, no. 1 (2001): 48.
\end{itemize}
woman’s frequent exchange of sex for money or drugs increased her chances of being physically abused by one of her paying partners.\textsuperscript{40}

**Community factors.** Interviews of fifty women eligible for TANF (Temporary Assistance to Needy Families) found that more women had witnessed community violence in communities characterized by high levels of social disorder and substance use. Women living in communities marked by substance abuse and social disorder were at greater risk of intimate partner violence because the incidence of substance abuse and disorder contributed to a greater general level of violence in the community to which these women were exposed.\textsuperscript{41}

**Personal characteristics.** Levels of socialization affect observed levels of abuse: male abusers, more than female abusers, report having antisocial traits,\textsuperscript{42} and acts of intimate partner violence are less common among individuals with a large number of friends.\textsuperscript{43}

One study found that men specifically designated as “batterers” (men brought to a “a cognitive behavioral, psycho-educational group batterers treatment program at the UMass/Memorial Medical Center”) had more problems in school as adolescents; they got into more fights, beat up other children more often, skipped school more often, and got into trouble with the law more often than men in the “general public” group (whose violence level was not measured).\textsuperscript{44} These characteristics are affected by home life in childhood: A different study found that children whose mothers smoke while pregnant, whose mothers began having children early, whose mothers have “a history of anti-social behavior during their school years,” and whose parents have serious difficulty living together or have low income have the largest risk “of not learning to regulate physical aggression

\textsuperscript{40} Nabila El-Bassel, Susan S. Witte, Takeshi Wada, Louisa Gilbert, and Joyce Wallace, “Correlates of Partner Violence Among Female Street-Based Sex Workers: Substance Abuse, History of Childhood Abuse, and HIV Risks,” *AIDS Patient Care and STDs* 15, no. 1 (2001): 47.


in early childhood.” One study found educational attainment to be unrelated to incidence of physical and emotional intimate partner violence.46

Pregnant women and women who are not pregnant are at a similar risk of domestic abuse, according to a survey conducted among women seeking gynecological care in northern Israel. This study found physical attacks on pregnant women’s abdomens to be the least common form of abuse, occurring among 5.4 percent of the women surveyed. Sexual coercion was slightly more common (5.6 percent), followed by severe physical abuse (8.1 percent), minor physical abuse (17 percent), and psychological abuse (24 percent).47

III. Effects of intimate partner violence and spousal abuse

A. Family

Men and women who have perpetrated or suffered physical violence differ widely from those who have not experienced violence in their “communication problems, dominance, hostility to men, hostility to women, partner blame, and explicit gender role beliefs.”48 Although abused women report enjoying significantly less marital satisfaction than their abusive husbands,49 husbands who have suffered extreme victimization report less marital satisfaction than extremely victimized wives or couples in which neither spouse has been highly victimized.50

One study found that almost thirty percent of those with “excellent” relationships experienced some “mutual mild violence” in their relationship and 16.2 percent reported “severe mutual violence.” Furthermore, 27 percent of those in violent

relationships described their relationship as excellent; “[t]hus, it is unclear whether marital discord or marital satisfaction is more highly related to IPV.”

B. Health

Poor physical health, persistent pain and headaches, trouble sleeping, limited activity, and poor mental health were commonly reported among men and women who experienced intimate partner (physical) violence (or stalking or rape by any victimizer). Women who experienced physical intimate partner violence (or who experienced stalking or rape by any victimizer) also more often reported suffering irritable bowel syndrome, asthma, and diabetes.

**Psychological problems.** Emotionally abused women in one study reported more physical, psychological, and social support problems than women who had not suffered emotional abuse. Increases in physical and psychological aggression diminished mental health among women who suffered intimate partner violence, whereas males who suffered intimate partner violence experienced worsening mental health issues only as they suffered increases in psychological aggression. Women who are victims of severe assault suffered four times as much depression, six times as many suicide attempts, and twice as many headaches as women who were not so assaulted. One Brazilian study found that women who experienced frequent psychological abuse by their intimate partner during pregnancy were more likely to suffer postnatal depression. Women were at the highest risk of postnatal depression when they had experienced physical or sexual abuse during pregnancy in addition to psychological violence. A longitudinal study in New York...

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Zealand found that women in a “clinically abusive relationship” at age 18 were at a greater risk at age 26 of generalized anxiety disorder, major depressive episodes, posttraumatic stress disorder, and marijuana dependence (even after controlling for baseline functioning at age 18 and for conduct disorder). No such relationship was found among men after controls.57

According to the National Intimate Partner and Sexual Violence Survey, almost three in 10 women and one in 10 men have experienced some intimate partner violence in the form of stalking, physical battery, or rape, and reported experiencing posttraumatic stress disorder symptoms; fear or concern for their safety; contacting a crisis hotline; needing legal, victim’s advocate, or housing services; needing healthcare; injury; or missing one or more days of work or school.58

C. The effects of intimate partner violence and spousal abuse on children

It is clear that children are affected when their parents exhibit aggression toward one another. Children exposed to intimate partner violence and spousal abuse exhibit more behavioral problems and are more likely themselves to commit intimate partner violence and spousal abuse. Some begin themselves to abuse a parent, and alternately, others feel compelled to intervene to prevent the abuse of a parent. Furthermore, children in homes marked by domestic violence are often the victims of compromised parenting or of direct abuse. Intimate partner violence and spousal abuse, simply put, misshape family dynamics

Behavioral problems. Severe intimate partner violence is associated with internalizing (depression, anxiety) and externalizing (aggression, hostility) behaviors among children.59 Another study found that boys’ exposure to intimate partner violence in middle childhood and preschool is linked with externalizing behavior in adolescence and middle childhood, respectively. Girls’ exposure to intimate partner violence in preschool is associated with internalizing behavior in adolescence.60 This study also found that early childhood exposure to intimate

partner violence (as well as life stress) was found to be the most influential variable determining behavior problems at age 16.61

**Intimate partner abuse and spousal abuse.** Children who witness violence between their parents exhibit significantly worse outcomes than children who witness other forms of conflict between their parents.62 Young adults whose parents engaged in severe intimate partner violence are themselves more likely to engage in intimate partner violence and severe intimate partner violence.63 Witnessing violence between one’s parents has a small but significant effect on one’s likelihood to commit spousal abuse or to abuse a cohabiting partner.64 One study found that “children who witness domestic violence may show inappropriate attitudes about violence as a means of resolving conflict, a greater willingness to use violence themselves, and stronger beliefs about being responsible for their parent’s violence.”65 Analysis of a group of abusive men at the University of Massachusetts Memorial Medical Center found that abusers are more likely than the general population to report having seen their fathers drunk or having seen their fathers hit their mothers.66 Nearly one fourth of the men sampled in one survey conducted in Cape Town, South Africa, had seen their mother abused, which was associated with harmful or destructive behaviors, such as involvement in violence and gang activity; arrest; arrest as a result of violence, theft, or illegally possessing a firearm; and incarceration. Having witnessed the abuse of one’s mother was associated with commission of intimate partner

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violence, particularly the use of physical violence. Its authors wrote, “Our findings suggest that the violent behavior engaged in by male respondents in adulthood might have been prevented or diminished had they not witnessed the abuse of their mothers as children. These childhood experiences appeared to be strongly predictive of both physical violence against partners and possible violent crime.”

**Parent abuse.** Many children or adolescents who abuse a parent have witnessed domestic violence or have themselves been victims of physical or sexual abuse. Often after an abusive parent has left the home, the child or adolescent begins to abuse the previously-victimized parent.

**Intervention during parent abuse.** Some children, instead of repeating the abuse themselves, may intervene to prevent intimate partner abuse or spousal violence. Abused mothers surveyed in one study reported that this occurred in various ways. Fifty-two percent reported that their children shouted from another room, 53 percent reported that their child shouted from within the same room, and 21 percent reported that their children called for help. Twenty-three percent reported that their child had actually become physically involved in the abuse on occasion. Children who were biologically related to their mother’s abuser were less likely to intervene during her abuse than children who are not.

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biologically related to their mother’s abuser.72 Children of married mothers intervened less than children of unmarried mothers.73

**Misshapen family dynamics.** The effects of familial abuse ripple out into further and more deeply misshapen family dynamics. Children who witness abuse are also likely to have experienced “harsh discipline, lack of emotional support and affection, and poor parental supervision,” all of which are detrimental to children’s social and emotional well-being and which are related to later violence.74 One qualitative study of the effects of domestic violence on family dynamics found that a child, for example, may blame his mother for his father leaving, or the child may take on an adult role and intervene during abuse. Many children’s relationships with their father were negatively affected because the child came to distrust or fear him. When angry with their partners, some fathers compromised their parenting by exhibiting aggression toward their children. Similarly, some mothers’ parenting “was compromised as a result of domestic violence; for example, during stressful times with their parents they yelled at or hit their children.” Others reported that their children fought as they had seen their parents do, or that one child “assumed a parental role to protect younger siblings.” Some mothers said that though they eventually became aware of the negative effects of the violence on their children’s welfare and development, while they were still living with the abusive partner, they either “were not aware of, or minimized, the effects of the domestic violence on their children.”75

**Compromised parenting.** Intimate partner violence or spousal abuse may be accompanied by “compromised parenting”: One author posits that domestic violence produces parental inability to protect their children and help them

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understand and deal with experiences like abuse.\textsuperscript{76} Domestic violence affects family functioning and the welfare and health of a caregiver, as well as his or her relationship with a child (all of which affect a child’s behavior and health).\textsuperscript{77} Mothers, “as a result of living in constant fear...may deny their children normal developmental transitions and the sense of basic trust and security that is the foundation of healthy emotional development.”\textsuperscript{78}

**Child abuse.** Finally, abused mothers may be more likely to hurt their children as a result of being hurt themselves,\textsuperscript{79} though some data contradicts this.\textsuperscript{80} Children in homes characterized by intimate partner violence may be more likely to be neglected and abused.\textsuperscript{81} As one author writes, “It is evident from this study that both mothers and fathers can aggress against their partner, child or both. Therefore, this lends support for the need to explore violent families from a more holistic perspective in both research and practice, considering the overlap of child and partner maltreatment and the effects of intimate partner violence upon all members of the family rather than exclusively considering the violent man.”\textsuperscript{82} We address the incidence and effects of child abuse in the sections that follow.


IV. Incidence of child neglect and abuse

The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) reports that an estimated 1,256,600 children (one in 58 American children) were maltreated between the years 2005-2006, according to the Harm Standard. Sixty-one percent were neglected and 44 percent were abused. Educational neglect was the most common form of neglect (47 percent), followed by physical neglect (38 percent), and emotional neglect (25 percent). Among abused children, most suffered physical abuse (58 percent), a smaller number suffered emotional abuse (27 percent), and the fewest were subjected to sexual abuse (24 percent).83

As noted in the introduction, the incidence of child abuse is not randomly distributed. Neither is it linked to race or economic status. It is most prevalent among single-parent and reconstructed families;84 and, as one author wrote, “mounting divorce rates, soaring nonmarital births, and the ubiquity of cohabitation combine to create a profoundly negative consequence for young girls: the prospect of sexual exploitation.”85 One meta-analysis that reviewed 65 articles addressing sexual abuse in 22 countries found that, before age 18, 7.9 percent of men and 19.7 percent of women suffered some type of sexual abuse.86


Type of abuse. Approximately one fifth of female stalking victims were stalked between the ages of 11 and 17. Among female rape victims, 42.2 percent were first raped before reaching 18 years of age; among male rape victims, 27.8 percent were raped before reaching age 10. The average age at initial abuse among one sample of female sexual abuse victims was 8.5 years old. Abuse lasted, on average, 1.3 years and reached its most severe state for approximately 40 percent of respondents in sexual intercourse or penetration. (Most reported being coerced; over half of those surveyed reported that their abuser used or threatened to use violence or force.)

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One study of low-income women found child physical abuse to be far more common than child sexual abuse. Whereas 63 percent reported at least rarely suffering physical abuse as girls, 25 percent reported at least rarely suffering sexual abuse, and 20 percent reported having at least rarely suffered both forms of abuse. Women who reported experiencing sexual abuse as children frequently also reported having suffered physical abuse; however, women who report having been subjected to childhood physical abuse infrequently report also being subjected to sexual abuse as children. Childhood psychological abuse is commonly accompanied by parental antipathy, neglect, and sexual abuse, as well as physical abuse. A study of over fifty thousand Norwegian women found that, among those women who reported experiencing abuse as a child (whether physical, emotional, or sexual), 31 percent reported being subjected to two or more forms of abuse.

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A. Abuser identity

One study of undergraduate girls found that 44 percent had suffered abuse by a relative; 9 percent were abused by a parental figure. Most (89 percent) were abused by a male, and most (80 percent) were victimized by only one abuser, though some (20 percent) were victimized by multiple abusers.96 Child abuse by fathers and stepfathers is far more common than abuse at the hands of other male relatives and nonrelatives: one study of British incest survivors found that “54.2 [percent] of fathers and stepfathers abused their daughters more than fifty times, while only one-third of other family members abused their children at this rate.”97

B. Abuse by adult males

The least safe environment for young girls is in a household with adult males after her biological parents have separated. “This increased risk held true whether that male was the natural father or someone brought into the family by the child’s mother.” Girls living in a household with adult males are over seven times more likely to suffer abuse than girls who lived only with women. More than half of girls who live in a household with adult males suffer sexual abuse at the hands of either their biological father or another man in the home.98 Abuse by fathers or stepfathers is significantly more likely to involve penetration or physical contact than abuse committed by others.99 (If a father figure is the perpetrator of abuse, penetration is the most significant predictor of outcomes and the greatest sign indicating the severity of symptoms. However, if the perpetrator is not a father figure, the most substantial predictor of outcomes is the use of force on the victims.)100 Fathers and stepfathers are more likely to use (or threaten to use)


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\caption{Incidence of Harm Standard Maltreatment by Family Structure and Living Arrangement.}
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\includegraphics[width=\textwidth]{figure5_2.png}
\caption{Incidence of Harm Standard Abuse by Family Structure and Living Arrangement.}
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Figure 5–3. Incidence of Harm Standard Neglect by Family Structure and Living Arrangement.

Figure 5–4. Incidence of Outcomes from Harm Standard Maltreatment by Family Structure and Living Arrangement.


C. Intact families
A large Icelandic study found that adolescents (particularly girls) living with two biological parents are less likely to experience sexual abuse than those living in any other family structure (with a single mother, a mother and stepfather, a single father, a father and stepmother, or “other” [with grandparents, relatives, siblings, alone, etc.]).

D. Stepfamilies
Children in stepfamilies are more likely to experience sexual victimization, physical assault, child maltreatment, and peer/sibling victimization than children in single-parent homes or biological two-parent families. One author wrote that “[i]t is likely that a parent beginning a new relationship, however well intentioned, will see his or her new partner through rose-colored glasses: ‘even when signs of abuse are more obvious, many [parents] find it more difficult to think that their [spouse, lover], or other trusted person could actually be a sexual offender, or even that sexual abuse could occur in their family.” Girls who live with a single mother are at a significantly greater risk of sexual exploitation than girls who live in an intact family, but transition from a single-mother family to a stepfamily further increases a girl’s risk.

One researcher found that girls living with stepfathers are seven times more likely to be abused than girls living with both their biological parents. Another study found that stepfathers accounted for 41 percent of all sexual abuse, almost four times what would be expected based upon the number of children cared for by

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non-biological fathers.\textsuperscript{111} Biological parents in biologically intact families (7 percent) and single-parent families (8.5 percent) victimize their children at approximately the same rate; however, biological parents in stepfamilies are significantly more likely to victimize their children (18.1 percent).\textsuperscript{112} Children in stepfamilies are substantially more likely (63 percent) to be victimized by a family member than children from single-parent homes (38.7 percent) or biologically intact families (38.6 percent).\textsuperscript{113} Furthermore, children in stepfamilies (79 percent) are at significantly greater risk than children in intact biological families (60 percent) of victimization by a person outside their family.\textsuperscript{114}

**E. Single-parent families**

Half of all girls living in a father-only household reported experiencing sexual abuse.\textsuperscript{115} Households with an absent mother (whether she has passed away or is absent due to hospitalization or mental illness) report increased sexual abuse.\textsuperscript{116}

Children from single-parent homes or stepfamilies experience more sexual assault, maltreatment, violence, and “non-victimization adversity” (e.g., experiencing a major disaster, an accident or illness that required hospitalization, constant teasing) and witness more family violence than children living in biologically intact or two-parent adoptive families.\textsuperscript{117} Boys who live with one parent are more likely to experience sexual abuse than boys who live with two parents, particularly after controlling for childhood socioeconomic status. Those boys from single-parent families who experienced sexual abuse were disproportionately likely

to have a female abuser or an abuser who is not part of their family.\textsuperscript{118} Children in single-parent families (74 percent) are at significantly greater risk than children in intact biological families (60 percent) of victimization by a person outside their family.\textsuperscript{119}

**F. Siblings**

Some children suffer victimization at the hands of their own siblings. Children with siblings as “targets for physical aggression” are four times as likely to be classified as highly aggressive as children without siblings.\textsuperscript{120} One study of undergraduate students found that nearly half of respondents had experienced aggressive behavior by a sibling. Though, in retrospect, 20 percent considered the behavior abusive, only 9 percent had thought the aggression abusive at the time. Forty-one percent had directed physical aggression at a sibling; whereas 23 percent considered the behavior abusive, in retrospect, only 15 percent had considered the behavior abusive at the time. Furthermore, 7 percent of respondents had reported some sort of sexual behavior between themselves and a sibling. Eighty percent reported that the behavior was consensual. One third considered the behavior to be abuse, in retrospect; 7 percent thought it abusive at the time.\textsuperscript{121}

Notably, a study of one thousand children found sibling victimization to be more common in stepfamilies (47.1 percent) than in single-parent (34.2 percent) or biologically intact (33.6 percent) families.\textsuperscript{122} The study of undergraduate students referenced above also found that victims and perpetrators of physical sibling assault and respondents who reported engaging in sexual activity with siblings “reported more stressful changes in the family” (measured by nine factors, including divorce or affairs and physical or sexual abuse in the home).\textsuperscript{123}


G. Other correlates of child abuse

Females aged 10 to 17 reported experiencing more sexual victimization than males.124 Young men (particularly those aged 12 and younger) are significantly more likely to be sexually assaulted than adult men.125 Daughters are more likely than sons to be abused by a parent. Children (aged eight to 11) who are sexually abused are more likely than adolescents (aged 12 to 15) to be threatened, but adolescents are more likely to suffer forced sexual abuse, to be abused frequently, and to be abused by a parental figure.126

Lower parental educational attainment and family income is correlated with increased exposure to family violence and child maltreatment, compared to families whose parents are more educated or earn higher incomes.127 A larger number of children are sexually abused in urban areas; however, the rate of child sexual abuse is higher in rural areas.128

V. Effects of child abuse

Victims of childhood abuse are deeply shaped by their suffering. Though the emotional and behavioral symptoms of child sexual abuse may manifest themselves many years after the abuse has occurred (symptoms may even lie latent until adulthood),129 as we will demonstrate below, the abuse will affect the child concerned profoundly and in a variety of ways.

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A. Perpetration of abuse

Studies of the intergenerational effects of abuse make it very clear that children often model the behaviors that their parents exhibit. For example, individuals who were alienated from their parents often become alienated from their own children as well; being alienated by one’s parents also contributed to diminished self-esteem, depression, alcohol and drug use, difficulty with trust, and divorce in their children.130 Sadly, an abused child may repeat the same behavior to which he or she was subjected. A study of inmates in state and federal correction facilities showed that “offenders model specific behaviors to which they have been exposed.” The authors of this study found that male inmates who had suffered physical abuse as children were more likely to commit physical violence; likewise, those who had suffered childhood sexual abuse were more likely to commit sexual offenses (particularly against children).131 The relationship between experiencing child abuse and committing spousal abuse in adulthood is small but significant.132

One large study found that adults who suffered adverse childhood experiences (including emotional, physical, or sexual abuse; exposure to violence against mother or stepmother; exposure to substance or alcohol abuse; parental separation or divorce; criminal activity at home; or exposure to mental illness) were more likely to have difficulty controlling their temper and to commit intimate partner violence.133

Physical abuse. Analysis of the National Youth Survey shows that those who suffer physical abuse in adolescence are twice as likely to commit minor intimate partner violence and over five times as likely to commit serious intimate partner violence.134 One small study found that almost half of the men sampled who had experienced severe violence growing up had physically abused a partner and that 90 percent of those men had emotionally abused a partner. Among men who had not witnessed such victimization in their family of origin, 12 percent physically abused a partner and 50 percent emotionally abused a partner.135 This study also

found that among men who believe physical aggression against their partner is justifiable, suffering abuse while growing up and exhibiting physical and emotional aggression against a partner are strongly associated. No such association was found among men who do not condone physical aggression.\textsuperscript{136}

Compared to a sample representing the general population, a group of abusive men at the University of Massachusetts Memorial Medical Center were more likely to report having been beaten by their mothers and to report bad relationships with their parents.\textsuperscript{137}

**Sexual abuse.** A large New Zealand study found child sexual abuse to be correlated with increased commission of intimate partner violence, earlier and more frequent cohabitation, earlier parenthood, and lower satisfaction and investment in relationships.\textsuperscript{138} Child sexual abuse is not directly associated with later perpetration of intimate partner violence among in females, but it is the largest direct predictor of intimate partner violence commission among males.\textsuperscript{139}

**B. Increased victimization**

Those abused as children are more likely to be victimized in other relationships. The authors of one small quantitative study of a group of women who, as girls, had been witness to parental intimate partner violence or had been physically or sexually abused wrote that “[t]he women also all spontaneously told the interviewer that they realized that there were similarities in how they raised their children and how they were raised. The women said things like ‘history repeats’ and ‘what goes around comes around.’”\textsuperscript{140}

**Physical abuse.** Battered women in one sample were more likely to remain in abusive relationships if they had experienced physical abuse as girls.\textsuperscript{141} Physically abused girls were more likely to be in multiple abusive relationships when they grew up (83 percent) than were women who had not been physically abused as


girls (55 percent). Furthermore, battered women who were physically abused as girls sought help much later than battered women who were not physically abused as girls.

Sexual abuse. Individuals with a history of childhood sexual abuse involving attempted or completed intercourse are more likely to be sexually victimized after age 16, are more likely to engage in a variety of unhealthy and risky sexual behavior, such as early sexual debut, and are more likely to contract sexually transmitted diseases. One Norwegian study found that one third of women who were abused in girlhood were also abused as adult women. Twenty-seven percent of women who reported suffering emotional abuse in childhood also suffered emotional abuse as adult women; 12.6 percent of those who were subjected to physical abuse as girls were also subjected to physical abuse as adult women; and 10.4 percent of women who were sexually abused as girls were also sexually abused as adults.

C. Family

Sexual behavior. Those who were sexually abused as children report more sexual partners than those who were not sexually abused. A survey of mainly white girls in eighth, tenth, and twelfth grade found (after controlling for age) that those girls who had been sexually abused had a tripled likelihood of having had sexual intercourse and a doubled likelihood of making their sexual debut by age 15.

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**Divorce.** Children who experience physical abuse, rape, or serious physical assault are more likely to also experience marital disruption (i.e. divorce or separation) as adults than children who do not.\(^{148}\)

**Conflicted mother-child relationship.** Females (but not males) also experienced “problematic avoidant attachment” to their mothers (a relationship to mother characterized by indifference) in relation to childhood physical maltreatment.\(^ {149}\) Expectant teenage mothers who have experienced greater degrees of physical abuse from family members tended to report later that they experienced less joy in their relationships with their babies, that they did not feel equal to the task of parenting, and that they experienced “greater disappointment with infant responsiveness.” The relationship between abuse and these results was mediated by the perceptions of caregiver-child relationships that these women had previously developed. However, this relationship was only true among adolescents who did not have a strong romantic partnership.\(^ {150}\)

**Aggression.** Maltreatment tends to produce physical aggressiveness (“starts fights, says mean things, pushes or hits others”) in boys and relational aggressiveness (“when s/he is mad at someone, refuses to play or talk to the person, will try to get others not to like the person, will spread rumors or talk behind the person’s back”) in girls. In general, physical abuse generated physical aggression. Sexual abuse tended to generate relational aggression in girls.\(^ {151}\)

**D. Income**

Women who were physically abused as children had an income that was an average of $97 per month lower than that of women who were not physically abused as children.\(^ {152}\)

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E. Crime

Delinquency. Anger resulting from sexual abuse is a strong predictor of delinquent behavior. This relationship is twice as strong among boys.\textsuperscript{153} Abused girls are more likely to participate in delinquent and criminal activity, and are thus more likely to use drugs as women.\textsuperscript{154} Girls that experience victimization in their communities (being threatened, beaten up, attacked sexually, etc.) who have strong support from a guardian are less likely than girls with low guardian support to exhibit delinquent behavior.\textsuperscript{155}

Alcohol problems. Among both men and women, rejection by a father can contribute to a tendency to drink to cope, and therefore increase drinking problems.\textsuperscript{156} A history of suffering child abuse or neglect predicts excessive drinking in women as adults, but not in men. Women who were abused or neglected as girls report having consumed more alcohol in the past year and more days in the past month in which they consumed eight or more alcoholic beverages than women who were not abused or neglected as girls.\textsuperscript{157} The relationship among women between child maltreatment and excessive drinking in middle adulthood was mediated by their relationship to alcohol in young adulthood (whether or not they were diagnosed as alcohol dependent or abusive). No relationship was found among men between neglect or abuse in childhood and their young adulthood alcohol diagnosis or drinking to excess in middle adulthood.\textsuperscript{158}

Substance abuse. Among men, having experienced severe emotional abuse as a child is associated with severe lifetime substance abuse. Among women, having experienced severe maltreatment, emotional abuse, and emotional neglect is also associated with severe lifetime substance abuse.\textsuperscript{159} The relationship among women

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\textsuperscript{159} Scott M. Hyman, Miguel Garcia, and Rajita Sinha, “Gender Specific Associations Between Types of Childhood Maltreatment and the Onset, Escalation and Severity of Substance Use in Cocaine Dependent Adults,” \textit{The American Journal of Drug and Alcohol Abuse} 32 (2006): 661.
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between abuse and neglect in childhood and substance abuses in adulthood is partially mediated by the number of stressful life events they experience and the number of delinquent and criminal behaviors and PTSD symptoms they exhibit.\footnote{Helene R. White and Cathy S. Widom, “Three Potential Mediators of the Effects of Child Abuse and Neglect on Adulthood Substance Use Among Women,” \textit{Journal of Studies on Alcohol and Drugs} 69 (2008): 341.}


**F. Health**

Child abuse has significant implications for the health of those it affects. An analysis of the National Violence against Women Survey found that respondents who were abused as children were more likely to acquire a mental health condition or sustain a serious injury in adulthood, to abuse a variety of substances (pain killers, tranquilizers, antidepressants, and illegal drugs), or to consume alcohol on a daily basis.\footnote{Martie P. Thompson, J.B. Kingree, and Sujata Desai, “Gender Differences in Long-Term Health Consequences of Physical Abuse of Children: Data From a Nationally Representative Survey,” \textit{American Journal of Public Health} 94, no.4 (2004): 600-601.}

**Physical complaints.** A child who has suffered five or more adverse experiences (including psychological maltreatment, physical abuse, sexual abuse, neglect, substance use or alcohol abuse on the part of the caregiver, caregiver exhibiting symptoms of depression, violence against caregiver, or criminal activity in the home), particularly between ages six and 12, is at an increased risk for health problems, for acquiring illnesses that require a doctor, and for somatic complaints (reported by caregiver).\footnote{Emalee G. Flaherty, Richard Thompson, Alan J. Litrownik, Adam J. Zolotor, Howard Dubowitz, Desmond K. Runyan, Diana J. English, and Mark D. Everson, “Adverse Childhood Exposures and Reported Child Health at Age 12,” \textit{Academic Pediatrics} 9, no. 3 (2009): 150.}

A large Norwegian study found that women who reported suffering abuse as children were more likely to report seven or more common complaints (including “nausea and vomiting, pruritus gravidarum, pelvic girdle relaxation, Braxton Hicks contractions, edema, leg cramps, constipation, heartburn, urine incontinence, candidiasis, leukorrhea, urinary tract infections, tiredness, headache, backache, and fear of labor”) while pregnant. Those women who had experienced physical, emotional, and sexual abuse as children experienced, on average, 5.4 common complaints during pregnancy; those who reported experiencing no abuse
reported 3.7 common complaints. All 16 complaints examined were “associated with reported childhood abuse.”

**Various psychological problems.** Sexually abused boys and girls exhibit more loneliness, anxiety, depression, and low self-esteem than children who have not been sexually abused. Victims of severe childhood sexual abuse may be predisposed to avoid coping with trauma. This “avoidant coping” predicts increased evidence of trauma. Avoidant coping and trauma symptoms are associated with increased likelihood of being sexually victimized again. Childhood trauma (defined in this study as emotional neglect and abuse, physical neglect and abuse, and sexual abuse) is associated with increased psychological distress and substance abuse. Those who experience sexual abuse by an acquaintance or a stranger tend to have fewer internalized problems than those who suffer at the hands of a family member.

According to one author “For the incest survivor, adulthood often carries with it fear of men, phobic anxiety, and problems with anger.” Women who have been so exploited are also more likely to “experience thoughts of self-harm and lower

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self-esteem.” Females (but not males) experienced anxiety and sleep disturbances in relation to childhood physical maltreatment.

**Depression.** Almost 22 percent of female incest survivors will experience major depression (compared to 5.5 percent of women who have not so suffered). However, women who were emotionally abused or neglected as girls may benefit from the social support of friends and be thereby protected against depression in adulthood.

Those aged 10 to 17 who had experienced victimization (witnessing family violence, experiencing physical abuse or neglect by a caregiver, experiencing sexual abuse, or being exposed to violence) received far higher scores on measures of depression (6.3) and anger and aggression (7.9) than those who had not been so victimized (scores of 1.9 and 2.4, respectively). Another study found that childhood neglect and emotional abuse are more often associated with depression than childhood physical or sexual abuse.

Furthermore, when parents’ parental rights are denied and their children are taken from them (in the case of this study, often as the result of neglect or physical or sexual abuse), children “[deny] experiencing depressive symptoms,” but those caring for them report on their behalf that they are suffering major psychological problems.

**Suicide.** A study of low-income African-American women receiving care at a public, urban hospital found that 54 percent had suffered abuse as a child and that, of those who suffered abuse, nearly half had suffered more than one type

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(emotional, physical, or sexual). Those who had been abused were more likely to attempt suicide, and those who suffered three types of abuse were more likely to attempt suicide than those who suffered one type of abuse. Among those who did not attempt suicide, 66 percent reported no abuse in childhood, 48 percent reported one type of abuse, 43 percent reported two types of abuse, and 18 percent reported three types of abuse. Among those who did attempt suicide, a mere 34 percent reported no abuse, 52 percent reported suffering one type of abuse, 57 percent reported two types of abuse, and 82 percent reported three types of abuse.

Suicidal thoughts and attempts at suicide are more common among those who are sexually abused as children than those who were not sexually abused as children. One study of Australian men found those who suffered childhood sexual abuse to be up to ten times more likely to report suicidal ideation than men who suffered no childhood sexual abuse. The study found "self-blame, isolation and physical injuries sustained from the abuse" to be the most important factors in the model they constructed to explain the relationship. A large Icelandic study found that sexual abuse generates depression in girls more than in boys; therefore, though the link between depression caused by sexual abuse and suicidal behavior is equally strong among boys and girls, the unstandardized effects of molestation on suicidal behavior are larger among girls than boys.

Posttraumatic stress disorder. Sexually abused children tend to demonstrate more posttraumatic stress disorder, as well as sexually inappropriate and/or antisocial behavior, and substance abuse disorders. Many sexually abused

children have been found to exhibit symptoms typically associated with posttraumatic stress disorder (though a child’s symptom representation may fall somewhat short or differ from the textbook definition of posttraumatic stress disorder). A study found sexual abuse in childhood predicted posttraumatic stress disorder and depressive mood. The relationship between abuse and these two outcomes was mediated by resource loss of various kinds (e.g., social loss, such as loss of companionship, personal loss, such as loss of self-esteem).

G. Contrary findings
Regarding child maltreatment’s effects on delinquency, one study’s findings suggest that “claims that child maltreatment is the leading cause of delinquency cannot be sustained by available evidence. The vast majority of studies on this topic are too seriously flawed to be of significant policy value. The few rigorous studies that have been completed are either inconclusive or suggest a weak connection at best.” Another study found that being victimized as a child did not have a direct, strong impact on mental health over the course of one’s lifetime, after controlling for stressful life events.

IV. Incidence of any abuse
Perpetrator identity. Most victims of violence suffer at the hands of one perpetrator, according to the 2010 National Intimate Partner and Sexual Violence Survey. Most females who suffer victimization are abused by male perpetrators. Among male stalking victims, approximately half suffer at the hands of male perpetrators, and the majority of male rape and “non-contact unwanted sexual experiences” report victimization by male perpetrators. Males who suffer other forms of victimization report female perpetrators.


Stalking. The 2010 National Intimate Partner and Sexual Violence Survey found that, in the previous year, approximately 4 percent of women and 1.3 percent of men had been stalked. Over the course of their lifetime, 16.2 percent of women and 5.2 percent of men “have experienced stalking victimization at some point during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.” The most common method of stalking, repeatedly receiving unwanted calls, voicemails, and text messages, was experienced by 78.8 percent of women and 75.9 percent of men who experienced any form of stalking. Lifetime incidence of stalking was highest among multiracial non-Hispanic women, at 30.6 percent; 22.7 percent of American Indian or Alaska native women, 19.6 percent of Black non-Hispanic, 16 percent of White non-Hispanic women, and 15.2 percent of Hispanic women were stalked at some point in their lives. Six percent of Black non-Hispanic men, and 5.1 percent of White non-Hispanic and Hispanic men were stalked over the course of their lifetime.

Rape and sexual contact. According to the 2010 National Intimate Partner and Sexual Violence Survey, in the previous year, 1 percent of women had been raped and 5.6 percent of women and 5.3 percent of men had experienced unwanted sexual contact. Over the course of their lifetime, 18.2 percent of women and 1.4 percent of men have suffered rape (whether “completed forced penetration, attempted forced penetration, or alcohol/drug facilitated completed penetration”); an estimated 13 percent of women and 6 percent of men have been coerced into having intercourse (unwanted penetration following non-forcible pressure); and 27.2 percent of women and 11.7 percent of men have “experienced unwanted sexual contact.” Lifetime incidence of rape among women was found highest among multiracial non-Hispanic women, at 33.5 percent; 26.9 percent of American Indian or Alaska Native women, 22 percent of Black non-Hispanic women, 18.8 percent of White non-Hispanic women, and 14.6 percent of Hispanic women reported experiencing rape in their lifetime. Lifetime incidence of rape among men was highest among multiracial non-Hispanic men, 31.6 percent; 26.2

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percent of Hispanic men and 1.7 percent of White non-Hispanic men also reported suffering rape over the course of their lives.\textsuperscript{191}

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Physical abuse. Single, divorced, and widowed men with disabilities are four times more likely than married or cohabiting men to report physical abuse by their care provider (whether a family member, friend, or paid caregiver) and ten times more likely to report that their caregiver demanded substances (alcohol, drugs) or money in exchange for providing care.194

VII. Effects of any abuse

Even after controlling for treatment received, psychiatric diagnosis, various demographic characteristics, and baseline functioning, one’s reported lifetime history of sexual or physical abuse predicts alcohol, drug, psychiatric, medical, legal, and family and social (but not employment-related) problems. Though men (in the case of this study) reported less abuse than women, abuse produced similarly negative effects among both genders.195


A. Family
Among pregnant teenaged girls, those who were sexually abused had sexual
debuts one year earlier, were less likely to use contraception, and were more
likely to use substances than were their non-abused counterparts.196

B. Social
Young adults from families marked by conflict tend to have fewer available social
supports and more anxiety regarding their personal relationships than young
adults whose families are less marked by conflict.197 Women who reported
physical or sexual abuse were at greater risk of experiencing “marginality,” or
“social isolation within [their] broader culture.”198

Other research has found that “adolescents who were inclined to approve of
aggressive behavior and state more hostile social goals were more likely to have
been victims of severe violence.”199 Witnessing domestic abuse as a child is
predictive of various physical (“hitting, strangling, threatening to use knife, and
pulling hair”) and psychological (“cursing, cessation of verbal communication,
cessation of marital intercourse, and reprisal”) abusive behaviors in adulthood,
particularly hitting and cursing.200

C. Health
Women aged 50 to 79 who reported having been physically and/or verbally
abused in the past year had a higher mortality risk than women who did not
report abuse.201

Those who have experienced sexual abuse are more likely to suffer gynecological,
gastrointestinal, and panic-related symptoms, as well as headaches. Repeated
sexual abuse and sexual abuse in which penetration takes place seem to produce
the worst effects. Both men and women suffer from poor health in association

196 Debra Boyer and David Fine, “Sexual abuse as a factor in adolescent pregnancy and child
maltreatment,” *Family Planning Perspectives* 24 (1992): 4-11, as cited in Kimberly A. Tyler,
“Social and Emotional Outcomes of Childhood Sexual Abuse: A Review of Recent Research,”
*Agression and Violent Behavior* 7, no. 6 (2002): 571.
197 Heidi R. Riggio, “Parental Marital Conflict and Divorce, Parent-Child Relationships, Social
198 Anne Koci and Ora Strickland, “Marginality and Physical and Sexual Abuse in Women,”
199 Bradley D. Stein, Lisa H. Jaycox, Sheryl Kataoka, Hilary J. Rhodes, Katherine D. Vestal,
“Prevalence of Child and Adolescent Exposure to Community Violence,” *Clinical Child and
200 Said Pournaghash-Tehrani and Zahra Feizabadi, “Predictability of Physical and Psychological
Violence by Early Adverse Childhood Experiences,” *Journal of Family Violence* 24 (2009): 417,
419.
201 Margaret W. Baker, Andrea Z. LaCroix, Chunyuan Wu, Barbara B. Cochrane, Robert
Wallace, and Nancy F. Woods, “Mortality Risk Associated with Physical and Verbal Abuse in
with sexual abuse. Exposure therapy, explained in the study as “confronting feared but not dangerous situations that are associated with a trauma (e.g., sleeping without lights on, going to public places) and imaginal exposure to the trauma (e.g., reliving the memory of the rape as vividly as possible). Exposure therapy facilitates emotional processing by helping patients react with less fear to memories or cues of the event. This therapy is often combined with cognitive behavioral-type treatments (e.g., cognitive-processing therapy, stress-inoculation therapy) is potentially helpful for those who have suffered abuse, because it “facilitates emotional processing by helping patients react with less fear to memories or cues of the event.”

Women with a history of physical or sexual abuse (whether as children or adults) had significantly higher scores on the Posttraumatic Diagnostic Scale.

**VIII. Reporting abuse**

An analysis of a large Canadian sample found that only one third of women who experience intimate partner violence will report it to the police. Cohabiters with children are more likely, in case of abuse, to report violence to the police. Married women are less likely to report abuse to the police, perhaps because of emotional or financial ties to their relationship. Furthermore, violence between people acquainted with one another is more often reported to the police than is violence between strangers.

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