Children and Violence

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Children as Witnesses to Marital Violence: A Risk Factor for Lifelong Problems Among a Nationally Representative Sample of American Men and Women

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The National Family Violence Surveys conducted in 1975 and 1985 indicate that:

- Each year more than 10 million American children witness a physical assault between their parents. In two thirds of the cases, this is repeated violence between the parents. The childhood prevalence of witnessing violence is at least triple these annual rates.
- Witnessing violence between parents is highly stressful and is a risk factor for a variety of psychosocial problems, including physical and mental health problems, drinking and drug use, marital conflict and violence, physical abuse of children, and assaults and other crimes outside the family.

Space limitations permit only results from the 1985 National Family Violence Survey (N = 6,002) to be presented, but the findings of the two surveys are parallel. Moreover, the reported findings are also consistent with clinical studies, experimental analog studies, and smaller-scale epidemiologic studies.

Incidence and Prevalence Rates

Witnessing violence was measured by asking respondents whether, during their teenaged years, their father had hit their mother and how often, and whether their mother had hit their father and how often. The entire original questionnaire is reprinted in Intimate Violence.

About one in eight (12.6%) of the men and women in this survey recalled at least one instance in which one or both of their parents engaged in physical violence (Fig 1). Of those who did recall such instances, the mean number of times was 8.9 and the median 4.

These are minimum estimates because most parents try to avoid physical fights when the children are present and because some incidents undoubtedly occurred earlier in life and were forgotten. Interviews with the parents themselves revealed an annual incidence of 16% and a duration-of-marriage prevalence rate of 30%. These are also minimum estimates. Thus, the data on prevalence of spouse violence indicate that at least a third of American children have witnessed violence between their parents, and most have endured repeated instances of these painful and distressing events.
Violence Between Parents and Psychosocial Problems of Children

Although being a witness to violence may be distressing to children, that does not necessarily mean there are lasting harmful effects. Moreover, investigating the effects of witnessing parental violence is complicated by the fact that parental violence is confounded with other variables that are known to have adverse effects, such as poverty and child abuse. Fig 2, for example, shows that parents who physically attack each other are also much more likely than other parents to go beyond ordinary physical punishment to physically abuse a child.

Fig 2. Physical abuse of children by violence between parents (per 1,000 children during 12 months before interview as measured by the Severe Parent-to-Child Violence Index of the Conflict Tactics Scales).
In view of the confounding of witnessing violence with physical abuse and other variables, the hypothesized adverse effect of witnessing parental violence was tested by analysis of covariance. The covariate used to control for attacks on the respondent child was measured by asking, “Thinking about when you yourself were a teenager, about how often would you say your mother or stepmother used physical punishment, like slapping or hitting you? Think about the year this happened the most.” The response categories ranged from Never (0) through More Than 20 Times (7). This question was repeated for the father/stepfather.

It is astonishing that 58% of the men and 44% of the women in this national survey could remember having been hit by a parent when they were teenagers. Since, as shown in Fig 2, children who observed their parents hitting each other are more likely to also have been victims of violence by a parent, controlling for having been a victim is essential. Nonetheless, the specific measure used for that purpose does not entirely eliminate the confounding of being a witness to and being a victim of violence by parents. This is because the questions refer to being hit during the teenaged years, whereas the peak years for hitting children are when the children are ages 3 and 4 years, when more than 90% of all American children are victims of violence at the hands of parents.

Three other variables were controlled in the analysis of covariance: gender of the respondent, age of the respondent, and score of the family on a socioeconomic-status index. In addition, the analysis also specified whether the child witnessed violence by the father, the mother, or both. The Table shows the net effect of witnessing violence between parents after adjustments are made for these four covariates.

Health Problems

Part A of the Table shows that respondents who witnessed violence between their parents during their adolescence rated their own health as slightly worse than did those who did not recall witnessing it, on a scale ranging from 0 (poor) to 4 (excellent). They also tended to spend slightly more time in bed due to illness and had a slightly higher score on a somatic symptoms index, but the differences between those who witnessed violence and those who did not were not statistically significant for those two measures.

Mental Health Problems

Part B of the Table shows that respondents who recalled witnessing violence during their teens tended to score higher on a depressive symptoms index and higher on a measure of feeling stressed than did the other respondents in this survey.

Drinking and Drugs

The first row of section C in the Table shows that men who witnessed violence between their parents had a much higher incidence of drunkenness than did other men. The second row shows that women who
<table>
<thead>
<tr>
<th>Problem</th>
<th>Measure</th>
<th>Neither</th>
<th>Father</th>
<th>Mother</th>
<th>Both</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases</td>
<td></td>
<td>4262</td>
<td>296</td>
<td>48</td>
<td>187</td>
<td></td>
</tr>
<tr>
<td>A. Health Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health self-rating (0 to 4 scale)</td>
<td>X</td>
<td>2.9</td>
<td>2.9</td>
<td>2.8</td>
<td>2.7</td>
<td>3.07*</td>
</tr>
<tr>
<td>Days in bed due to illness (per month)</td>
<td>X</td>
<td>0.4</td>
<td>0.6</td>
<td>0.5</td>
<td>0.7</td>
<td>1.28</td>
</tr>
<tr>
<td>Somatic symptoms index (range = 0 to 8)</td>
<td>X</td>
<td>1.8</td>
<td>1.8</td>
<td>2.0</td>
<td>2.2</td>
<td>2.48</td>
</tr>
<tr>
<td>B. Mental Health Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression index (≥ 80th percentile)</td>
<td>%</td>
<td>20.0</td>
<td>31.0</td>
<td>33.6</td>
<td>32.9</td>
<td>15.28***</td>
</tr>
<tr>
<td>Perceived stress index (range = 0 to 12)</td>
<td>x</td>
<td>3.1</td>
<td>3.7</td>
<td>3.9</td>
<td>3.8</td>
<td>15.82***</td>
</tr>
<tr>
<td>C. Drinking and Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Times drunk past year: men</td>
<td>x</td>
<td>2.82</td>
<td>7.52</td>
<td>3.37</td>
<td>3.66</td>
<td>5.09**</td>
</tr>
<tr>
<td>Times drunk past year: women</td>
<td>x</td>
<td>1.02</td>
<td>2.24</td>
<td>1.61</td>
<td>1.62</td>
<td>2.48</td>
</tr>
<tr>
<td>Times high on drugs past year: men</td>
<td>x</td>
<td>3.18</td>
<td>9.0</td>
<td>15.45</td>
<td>4.48</td>
<td>5.86***</td>
</tr>
<tr>
<td>Times high on drugs past year: women</td>
<td>x</td>
<td>1.76</td>
<td>5.0</td>
<td>9.87</td>
<td>1.96</td>
<td>4.29**</td>
</tr>
<tr>
<td>D. Marital Conflict and Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couple conflict index (range = 0 to 4)</td>
<td>x</td>
<td>2.9</td>
<td>2.8</td>
<td>2.8</td>
<td>2.8</td>
<td>3.27*</td>
</tr>
<tr>
<td>Verbal aggression: husband to wife</td>
<td>x</td>
<td>9.6</td>
<td>13.2</td>
<td>16.3</td>
<td>15.3</td>
<td>15.94***</td>
</tr>
<tr>
<td>Verbal aggression: wife to husband</td>
<td>x</td>
<td>9.9</td>
<td>14.6</td>
<td>16.4</td>
<td>15.4</td>
<td>18.82***</td>
</tr>
<tr>
<td>Any violence: husband to wife</td>
<td>%b</td>
<td>10.5</td>
<td>18.3</td>
<td>23.0</td>
<td>22.2</td>
<td>16.32***</td>
</tr>
<tr>
<td>Any violence: wife to husband</td>
<td>%b</td>
<td>11.4</td>
<td>21.7</td>
<td>21.4</td>
<td>22.7</td>
<td>16.49***</td>
</tr>
<tr>
<td>Severe violence: husband to wife</td>
<td>%b</td>
<td>3.1</td>
<td>4.0</td>
<td>8.4</td>
<td>7.4</td>
<td>6.19***</td>
</tr>
<tr>
<td>E. Child Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal aggression toward child</td>
<td>x</td>
<td>7.2</td>
<td>8.6</td>
<td>13.4</td>
<td>11.9</td>
<td>10.61**</td>
</tr>
<tr>
<td>Severe assault against child</td>
<td>Rateb</td>
<td>60</td>
<td>80</td>
<td>120</td>
<td>120</td>
<td>3.17*</td>
</tr>
<tr>
<td>F. Violence and Other Crime Outside Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assault by men per 1000</td>
<td></td>
<td>35</td>
<td>70</td>
<td>66</td>
<td>121</td>
<td>8.23***</td>
</tr>
<tr>
<td>Assault by women per 1000</td>
<td></td>
<td>16</td>
<td>37</td>
<td>3</td>
<td>3</td>
<td>3.73*</td>
</tr>
<tr>
<td>Arrests per 1000</td>
<td></td>
<td>9</td>
<td>9</td>
<td>25</td>
<td>38</td>
<td>5.71**</td>
</tr>
</tbody>
</table>

*P < 0.05, **P < 0.01, ***P < 0.001
*No. of incidents in previous 12 months as measured by Conflict Tactics Scales (CTS). **in previous 12 months as measured by CTS. ***per 1000 children
witnessed such violence also had a higher rate of problem drinking, but the difference was not quite statistically significant.

As for using drugs, the last two rows of section C show much higher frequency of drug use by respondents who witnessed violence. The drug-use rate is especially high among those whose mothers assaulted their fathers.

Marital Conflict and Abuse

Section D of the Table shows statistically significant effects of witnessing violence for all five measures of marital conflict and abuse. However, the differences with respect to the amount of conflict are minimal and show slightly more marital conflict among those who did not witness violence between their parents. This is not altogether surprising, because conflict is inevitable in marriage, as in all human association. The crucial issue is not so much whether there is conflict but whether coercion and violence are used to prevail in a conflict. The other rows of section D show that coercion and violence are used much more often by those who have witnessed violence between their parents.

Rows 2 through 5 of section D show a much higher rate of both verbal and physical violence against spouses by those who have witnessed physical assaults between their parents.

The "severe violence" index in the last row of section D differs from the "any violence" measure in the preceding two rows because it measures attacks that carry a greater risk of injury, such as punching, kicking, and assaults with objects, whereas most of the violence in the "any violence" measure falls into the slapping and plate-throwing level of severity. If the severe violence index is taken as approximating what the public calls "wife-beating," it can be seen that the rate of wife-beating is substantially greater for men who observed violence by their parents, especially if their mothers were violent.

Child Abuse

Section E of the Table shows that parents who witnessed violence between their own parents tend to be much more likely to abuse their own children verbally and physically (as measured by the verbal aggression and severe violence indexes of the Conflict Tactics Scales®). The increase in child abuse associated with witnessing parental violence is particularly great if both parents were violent to each other. The second row of section E shows that, if both parents were violent, the child abuse rate doubles.

Violence and Other Crime Outside the Family

Section F of the Table indicates that witnessing violence between one's parents is associated with violence outside the family as well as with spouse abuse and child abuse. For men, assaultive behavior is from two to three times greater among those who witnessed violence between their parents. For women, the rate is greater than among those who did
not witness violence only for women who witnessed attacks on their mothers by their fathers.

As for the arrest rate, the Table does not adequately present the findings because they are different for men and women. Fig 3 was therefore computed to show these differences, and specifically the facts that the arrest rate is three times higher for men than for women and that the link between growing up in a violent household and criminal behavior as an adult is more direct for men than for women.

![Graph showing arrest rate by violence witnessed between parents of respondent.](image)

**Fig 3.** Arrest rate by violence witnessed between parents of respondent.

**Conclusions**

A number of studies have found evidence suggesting that being a witness to violence puts a child at risk for developing social and psychologic problems. However, most of these studies used populations of severely battered women and did not control for confounding with other family characteristics. The findings reported in this paper add to existing knowledge because they show such effects for a large and nationally representative sample of American men and women, and because the statistical analysis controlled for a number of variables that are confounded with violence between parents, such as physical attacks on the child and poverty. Nevertheless, the results could be due to confounding with variables that were not controlled, such as the high level of stress that often precipitates marital violence or a low level of marital cohesion and love. Moreover, since the data were generated by recall of long-past events, there may have been selective memory of violence on the part of those with strained relationships with their parents. On the other hand, the findings may understate the link between
witnessing violence between parents because the analysis did not take into account the severity or the chronicity of the violence witnessed.

Although this paper has demonstrated a link between witnessing marital violence and various psychosocial problems, I have not dealt with the important issue of what processes produce the link. That issue is discussed in detail by Jaffe et al. and Kenning et al., but at least some of the possibilities can be mentioned, including the following:

- Modeling of coercion and violence that is later acted out when the child is an adult;
- Reduced chance to observe and learn negotiation and social competence in general;
- Anxiety, terror, and helplessness from observing parents attack each other that may have an effect analogous to posttraumatic stress syndrome;
- Dulled affect and empathy from repeated exposure to cruelty and violence against loved ones;
- Impaired ability to nurture and care for a child by parents who are physically attacked by their partner.

Whatever the intervening processes, the findings reported here indicate that witnessing parental violence has a wider variety of adverse outcomes than has been found heretofore. It seems reasonable to conclude that being a witness to violence between parents puts a child at risk for a number of serious mental health and other problems, and that this applies to children of all socioeconomic levels and regardless of whether a child has also been attacked by the parents.

References

Dr. Straus: I want to spend some time discussing what is now my number-one priority in research, and also in my moral agenda, because I think it is such an important step for primary prevention of both physical and psychologic injury. That is the total elimination of physical punishment from our society, which I believe can happen eventually. Why do I think physical punishment is so important? First because it is universal and second because it is a risk factor for physical abuse and for psychologic problems.

In two National Family Violence Surveys [Straus and Gelles, Physical Violence in American Families, Transaction Publishers, 1990; Straus et al., Behind Closed Doors, Sage, 1980], one with a sample of 3,232, the other with a sample of 1,139, conducted a decade apart, the results were practically identical.

In both surveys, 90% or more of parents of 3- and 4-year-olds self-reported having hit their child that year. Since not everyone tells all in surveys like this, we can be certain that very close to 100% of the parents hit their child. This includes many who don’t “believe” in hitting but do it anyhow. There are many ways in which we give permission for and encourage this. The laws of every state give parents the right to hit their children. Just as important are the cultural norms that expect and almost require parents to hit a persistently misbehaving child.

Although the rate decreases fairly steadily year by year of the child’s life, about one of four parents are still hitting 16- and 17-year-old youngsters. This is what the parents report. When teenagers are interviewed, half of them report being hit until the time they physically leave home—which is the only way they can truly terminate it. In these surveys, 22% of the parents reported physical punishment of infants, but other studies show that up to 50% of parents hit their infants [Newson and Newson, Patterns of Infant Care in an Urban Community, Penguin Books, 1963; Korsch et al., Am J Public Health 1965;55:1880].

In my opinion, physical punishment is the largest single risk factor for physical abuse. Of the cases I know about in detail on an act-by-act sequence of what led up to the acts of physical abuse, almost all are cases in which physical punishment got out of hand and became less and less effective over time. Then an incident occurred in which the parent was hitting the child, who, instead of taking it passively, hit back or called the parent a name. The parent became angry and severely attacked, i.e. punched, kicked, hit with an object, and so forth. And parents themselves realize this.

One study, for example, asked parents whether they ever worried they might go too far in disciplining a child and injure the child, and found that the more parents used physical punishment, the greater the
percentage who worried about going too far, and their worries are realistic [Frude and Goss, *Child Abuse Negl* 1979;3:331].

Another major problem with use of physical punishment is that it increases the probability of many psychologic problems. The more parents use physical punishment, the more violent a child is likely to be toward a sibling [Straus and Gelles, op cit]. Later in life this manifests itself as assaults on spouses, even by people whose parents restricted their attacks to the culturally permissible, indeed, culturally expected, hitting of children. The more the parents did that, the greater the proportion of children who later in life hit their spouses [Straus, *Soc Probl* 1991;38:101]. This applies approximately equally to men and women. Women in general have about one tenth the violence rate of men, except for intrafamily violence. Ironically, this is one of the few areas where there is near equality between men and women. Therefore, it is important that we focus on violence by women as well as by men, even though women are in the greatest need of assistance because they are the primary victims of this system.

Physical punishment of children is virtually ignored in child-development textbooks. The 10 books I looked at devote an average of half a page to something that is almost a universal experience, that legitimizes violence, and that is associated with depression and suicide. Despite this, I think the chances of ending physical punishment are pretty good. A key step is to follow the prescription of Dr Mitchell’s experiment, namely, to inform people about the dangers to their children, to inform them that they will have a better outcome, less hassle with their children, and better-behaved children if they do not use physical punishment. We must also convince parents that it is within their capacity to think of the alternatives to physical punishment, and that if they do they are more likely to end up with well-behaved children.

**Dr Korsch:** Some years ago, I conducted a small study in which we asked mothers two simple questions: How often do you have to spank? Does it work? It was hard for me to ask the mother of a 6-month-old if she spanked her child, and we were amazed when the majority of them said they did. In answer to our second question, most of them would say, “No, so I have to spank more and more.”

I agree with you that we need to know whether the mother herself is a victim. People are very ready to discuss their spanking of their children, but I had a much harder time getting information about family battering. I found that people are quite defensive; it has to be pretty bad before a mother will discuss battering.

This indicates to me that pediatricians probably are not trained in how to work within those family systems. One recommendation I would like to see come out of this roundtable is that learning how to approach family systems and family problems be made a much more explicit part of both pediatric training and pediatric practice.

You have given a very compelling presentation of the bad effects of witnessing violence in the family. Have you any equivalent data on the effect on children of suffering corporal punishment in schools?
Dr Straus: I have done a study comparing children in each of the 50 states, in which I classified the states according to the degree to which they permitted corporal punishment in schools. The year of the study, only four states had an outright prohibition, several permitted it under certain limited conditions (for example, by the principal only), a third group permitted it by teachers only, and a fourth group permitted any school employee—janitor included—to hit children. Some states said that no local school district could pass a regulation prohibiting corporal punishment.

I correlated my information with the National Safe School Study data on school vandalism and school violence, and found that the more corporal punishment was used in the schools, the higher the rate of vandalism and the higher the rate of student violence in schools [Straus, Soc Probl, op cit]. The correlation is quite substantial, and that is after controlling for the percentage of the state population living below poverty, for region (because the South is big on corporal punishment), for the percentage of blacks, and for the percentage of urban residents; in other words, I controlled for almost anything that people offer as an alternative plausible explanation.

Dr Scheidt: Your data present a very compelling set of associations, but they are just associations, as best I can tell. Are you aware of any experimental evidence, natural or otherwise, to support the hypotheses your data suggest?

Dr Straus: There is experimental evidence, but it applies to clinical samples, not to parents and children in general. For example, Patterson et al [Behav Analyst 1987;10:75] provide very convincing experimental evidence that ending parents’ use of physical punishment and other coercion can reduce the child's aggressiveness, even if the child is extremely aggressive.

I am applying for funds to do an experiment that starts from the data I presented, that more than 90% of parents of toddlers hit them. With virtually a 100% base rate, I can conduct a random-assignment-to-treatment experiment in which the treatment condition is a program similar to the one Dr Mitchell described. The control will be some program that we believe is helpful to parents but that does not include the “no spanking” component.

Dr Zuckerman: Much of my research had to do with children prenatally exposed to cocaine and their subsequent development and behavior. The behaviors that people ascribe to prenatal cocaine exposure are similar to those described for children who witnessed violence in their homes. Even more interesting, the physiologic concomitants of posttraumatic stress disorder are similar and involve the same neurotransmitter systems as does prenatal cocaine exposure. Whether behavioral outcomes in children are due to prenatal cocaine exposure, exposure to violence, or both is an interesting question.

In the inner-city high-risk population I deal with, I have observed that many of the women have been abused by men, starting in childhood. These women respond differently to their sons than to their daughters.
during the toddler years, especially if there is a physical similarity between the abusing father and the child. As we talk about males and their vulnerability, I can't help but wonder whether this starts early because of women's projection of their experience as victims of men onto interactions with their children. Mothers may ignore, humiliate, or hit their sons, starting a cycle that makes them vulnerable to later violence.

Dr Skochelak: It is disappointing when the correlates Dr Straus talked about become politicized in terms of which type of violence is more harmful or whether it is perpetrated by men or women. Does it excuse people because they have been victims first and then perpetrate violence on their children?

I appreciate Dr Korsch's systemic view that there is really not one particular person who receives the blame. The family unit should be examined, and then the larger system in which we all work. I think the advantage of this systemic point is it allows us to understand that we can't just focus on one member of the family without looking at his or her parental role and intergenerational experiences with violence.

Doherty and Baird [Family Therapy and Family Medicine, Guilford Press, 1983] and McDaniel et al [Family Oriented Primary Care: A Manual for Medical Providers, Springer-Verlag, 1990] have written basic primers specifically for physicians on family systems and their application to the medical field.

I think the way to measure the outcomes of violence depends on both the chronicity and the context of that violence. If a child has an intact family to go home to after witnessing a slaying in a schoolyard, that incident may have a very different effect on the child's future mental and physical health than if violence is pervasive or chronic or occurs in the context of severe family disarray.

Dr Straus: I agree. One limitation of the analysis I presented on witnessing is that it does not distinguish single-incident cases from repeated witnessing of violence between parents. If my statistical analysis had taken chronicity and severity into account, the findings might have been much stronger.

Dr Mitchell: Whenever I speak to any minority group, I cannot mention the possibility of not using corporal punishment. That would be the fastest way to turn off my audience. It would make them think that I don't understand what they are going through. Again, I see providing some alternatives to corporal punishment as the first step. People are interested in their children, and approaching violence through the effects on the children tends to be a reasonable method for doing that.

In regard to poor children and violence and male versus female violence, in a small survey we conducted among the poorest women who gave birth in Kansas City, the African-American women much preferred to have a baby girl than a baby boy, because they didn't see any useful role for males in society.

There are some things pediatricians can do that would be very helpful to a number of people. The first is to let them know what expectations are reasonable for a child at a given age and whether it is reasonable,
for example, to punish a 6-month-old. Another is to give them other methods for disciplining children.

What is the best way to respond to a mother in the waiting room who knocks her child down for no apparent reason?

Dr Straus: I think Dr Korsch's suggestion is probably the best one, to ask the mother if she thinks that is effective. I have interviewed many fathers and mothers who told me about instances in which it wasn't effective. They knew they shouldn't have done it, but they did it anyway. If we can get people to bring this up to the level of consciousness, that will be one step.

It will take many steps to achieve this. Pediatricians can do a part, but not the whole job. This will be a societal change that involves adaptation to local community standards and to ethnic and racial-group standards. But each of us can start somewhere.

I am optimistic because of the experience in Sweden. In 1978, Sweden adopted a law making any physical punishment by parents illegal. The law was greeted with outrage; a survey taken the same year showed that three quarters of the population opposed it. A decade later, that had completely reversed. The Swedish law didn't provide for any punishment of parents who violated it. It did provide for helping parents who spanked their children, on the assumption that the spankings were not intended to hurt the children but occurred because parents were having trouble managing their children. The people of Sweden have come to appreciate that help and to recognize the beneficial effect.

The change in Sweden in just a decade is a hopeful sign, and so is the fact that the use of physical punishment has been declining in Western society for at least 200 years. Even though more than 90% of parents may still use it, it is declining in frequency, chronicity, and severity.
HEALTH PROBLEMS
BY VIOLENCE BETWEEN PARENTS

- ILLNESS BED DAYS/MO
- SOMATIC SYMPTOMS

VIOLENCE WITNESSED BETWEEN PARENTS

NONE  MOTHER ONLY  FATHER ONLY  BOTH

ILLNESS DAYS IN
BED PER MONTH

SOMATIC SYMPTOMS INDEX

0.3  0.4  0.5  0.6  0.7  0.8  0.9  1.0  1.1  1.2  1.3  1.4  1.5  1.6  1.7  1.8  1.9  2.0  2.1  2.2  2.3  2.4  2.5
MENTAL HEALTH PROBLEMS
BY VIOLENCE BETWEEN PARENTS

% IN HIGH FIFTH ON DEPRESSION

DEPRESSION
STRESS

STRESS INDEX SCORE

VIOLENCE WITNESSED BETWEEN PARENTS
NUMBER OF TIMES DRUNK IN LAST YEAR
BY VIOLENCE BETWEEN PARENTS

VIOLENCE WITNESSED BETWEEN PARENTS

MEN

WOMEN

TIMES DRUNK
TIMES HIGH ON DRUGS IN PAST YEAR
BY VIOLENCE BETWEEN PARENTS

VIOLENCE WITNESSED BETWEEN PARENTS

MEN

WOMEN
COUPLE CONFLICT
BY VIOLENCE BETWEEN PARENTS

COUPLE CONFLICT SCORE

2 2.5 3 3.5 4

NONE MOTHER ONLY FATHER ONLY BOTH

VIOLENCE WITNESSED BETWEEN PARENTS
VERBAL VIOLENCE AGAINST SPOUSE
BY VIOLENCE BETWEEN PARENTS

NUMBER OF TIMES IN PAST YEAR

9
10
11
12
13
14
15
16
17

BY HUSBANDS

BY WIVES

NONE
MOTHER ONLY
FATHER ONLY
BOTH

VIOLENCE WITNESSED BETWEEN PARENTS
PHYSICAL VIOLENCE AGAINST SPOUSE
BY VIOLENCE BETWEEN PARENTS

BY HUSBANDS

BY WIVES

PERCENT
IN PAST YEAR

NONE
MOTHER
FATHER
BOTH

VIOLENCE WITNESSED BETWEEN PARENTS

VB48I
SEVERE VIOLENCE BY HUSBAND
BY VIOLENCE BETWEEN PARENTS

% SEVERELY ASSAULTING WIFE

NONE  MOTHER ONLY  FATHER ONLY  BOTH
VIOLENCE WITNESSED BETWEEN PARENTS

V848J
CHILDAVERSE
BY VIOLENCE BETWEEN PARENTS

VERBAL ABUSE - MEAN

PHYSICAL ABUSE PER K

IN PAST YEAR

NONE MOTHER ONLY FATHER ONLY BOTH

VIOLENCE WITNESSED BETWEEN PARENTS

VB48L
NON-FAMILY CRIME RATES PER 1,000
BY VIOLENCE BETWEEN PARENTS

- ASSAULTS BY MEN
- ARRESTS

IN PAST YEAR

NONE MOTHER ONLY FATHER ONLY BOTH
VIOLENCE WITNESSED BETWEEN PARENTS