

Co-occurrence of domestic and family violence and child sexual abuse: Fact sheet

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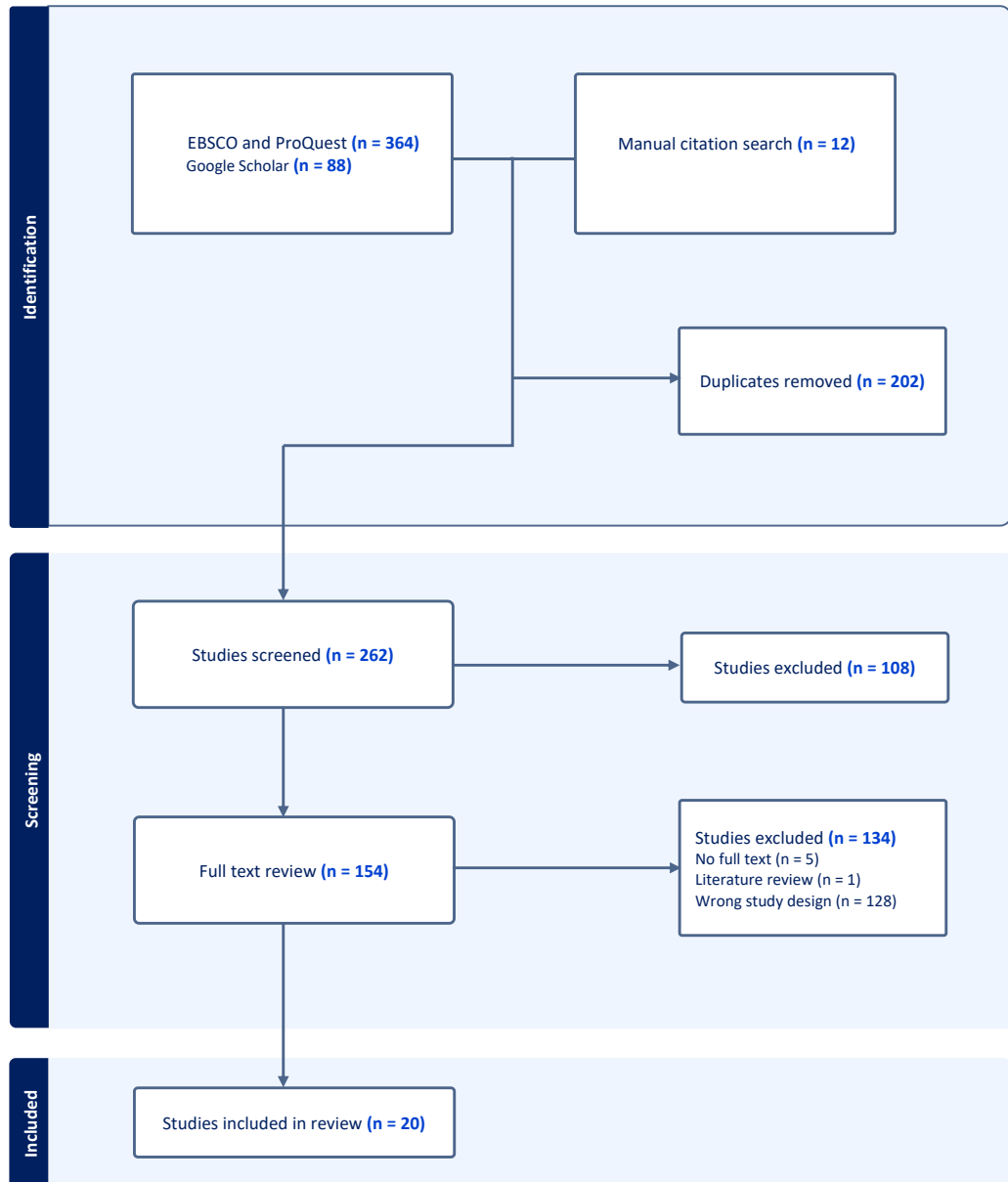
There is a limited body of research on the overlap between domestic and family violence (DFV) and child sexual abuse (CSA) since these two types of violence are typically studied and addressed separately in policy and service delivery. Amongst the few studies that have examined the co-occurrence of DFV and CSA, rates varied between 12% - 70% depending on study methodology and sampling, and studies of CSA victims found higher rates of co-occurrence than studies of DFV victims (Bidarra et al. 2016). The aim of this review is to systematically examine existing research on the co-occurrence of DFV and CSA and offer more insight into the wide variation in prevalence rates.

Methodology

A scoping review was carried out between August 2023 and July 2024 using two scientific databases, EBSCO and ProQuest, which include peer-reviewed publications across many relevant disciplines (e.g., public health, sociology, criminology, social work). Google Scholar was also searched, and relevant literature was identified using the snowballing method. The search had no date limit but focused only on literature written in English. The search parameters were defined by three key concepts – domestic and family violence, child sexual abuse, and co-occurrence – and all three types of keywords had to be present in the searched studies.¹ This search generated 262 studies that were further screened. We excluded all literature with research design that did not produce any prevalence rates of the overlap of DFV and CSA victimisation, even if it researched the topic of co-occurrence. For a study to be included, the prevalence rates must indicate at least a broad overlap defined as a lifetime childhood experience of both sexual abuse and domestic and family violence. We also excluded a literature review paper, and studies from its bibliography were added to our study. The review process yielded a total of 20 studies (see Figure 1). These 20 studies were analysed, and the following information was extracted: the prevalence rates of people who experienced both CSA and DFV in their childhood, definitions of CSA and DFV, and study design, including sampling strategy and research methods.

¹ The concept of DV was defined as "intimate partner violence" OR "intimate partner abuse" OR "domestic violence" OR "domestic abuse" OR "intimate violence" OR "battering" OR "family violence" OR "spous* abuse" OR "gender-based violence" OR "dating abuse" OR batter* OR "marital violence" OR "coercive control". The concept of CSA was described as "child sexual abuse" OR "sexual abuse" OR "incest" OR "child rape" OR "child pornography" OR "child sexual exploitation" OR "child exploitation" OR "child prostitution" OR "juvenile prostitution" OR "child trafficking" OR "child sex trafficking" OR "indecent images". And lastly, the concept of co-occurrence was characterised as "co-occurrence" OR "cooccurrence" OR "overlap" OR "crossover" AND "poly-victimisation" AND "poly-victimization". The three types of keywords were connected by a Boolean operator AND.

Figure 1: Flowchart of the scoping review process



Key Findings

The analysis of the 20 studies revealed that the prevalence rates in CSA and DFV victimisation significantly vary depending on the target population on which the prevalence rates were determined.

The first group comprises studies that estimated prevalence rates in a general population at the country, state, region or school level. This group of studies reports the lowest prevalence rates that are between 0.9% (Herbert et al., 2023) and 12% (Ahmadabadi et al., 2018) (see Figure 2 and Table 1).²

The second group of studies assessed the prevalence rates of DFV in samples of CSA victims/survivors. This group of studies have the highest prevalence rates of CSA and DFV co-occurrence, with rates ranging from 22.6% (Dong, 2004) to 91% (Bell, 2002) (see Figure 2 and Table 2).

The third group contains studies that examined CSA victimisation in samples with confirmed or reported DFV. The prevalence rates in this group are slightly higher than the first group and vary from 1% (Chen et al., 2023) to 36.4% (Dong, 2004) (see Figure 2 and Table 3).

Three summary tables were generated based on the different populations (see Table 1, Table 2, and Table 3).³ Figure 3 further shows that girls experience, on average, higher victimisation of both CSA and DVF in childhood.⁴ These results indicate that the risk of victimisation by both CSA and DFV in the childhood varies across different groups.

Limitations

Both CSA and DFV are complex issues that are challenging to research. The majority of reviewed studies relied on nonrepresentative samples, which precludes the generalisation of their results. Representative samples can be found to the largest extent in studies examining the general population prevalence (see Table 1). The studies in groups two and three focusing on at-risk populations (survivors of DFV or CSA) mainly used convenience samples (see Tables 2 and 3).

Another limitation is the use of different definitions of both CSA and DFV across the studies, affecting the comparability of their results. Finally, most studies estimate lifetime experience of CSA and exposure to DVF in childhood, i.e. poly-victimisation. Co-occurrence, defined as CSA and DFV victimisation in the same family unit by the same person, is only indicated in five of the 20 reviewed studies (Bell, 2000; Hooper, 1992; Kellog & Menard, 2003; Martin et al., 2007; McCloskey et al., 1995).

Future research should focus on including the identification of the perpetrators of both CSA and DFV to gain more insight into the prevalence of co-occurrence of these two types of violence that people experience in their childhood. This will facilitate more targeted policy development and service delivery.

² The estimate of 27% by Kennedy et al. (2012) is not reported since it is estimated to be an outlier (see Figure 2).

³ If a study contained prevalence rates based on more than one type of sample, they were added to more than one group.

⁴ The disaggregation by sex was only possible with studies using general populations due to a lack of data in the other two groups.

Figure 2: Prevalence rates of DFV and CSA victimisation across different populations

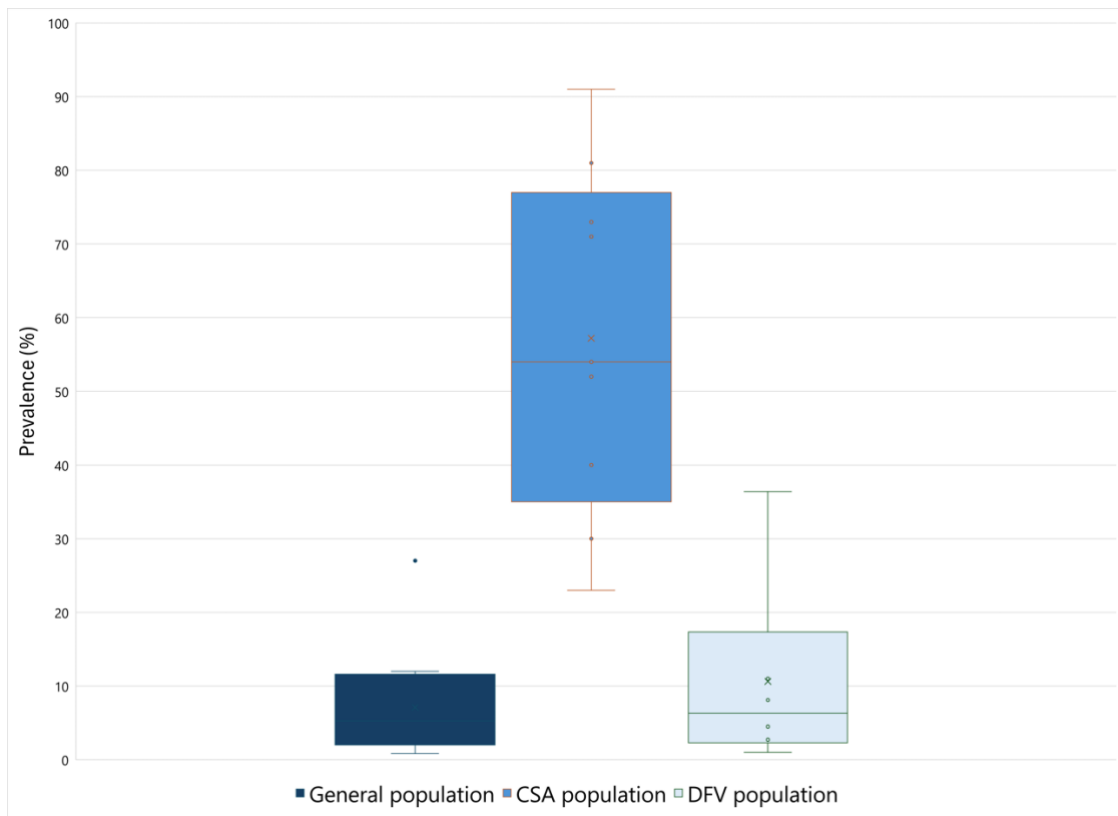


Figure 3: Prevalence of DFV and CSA victimisation in general populations disaggregated by sex

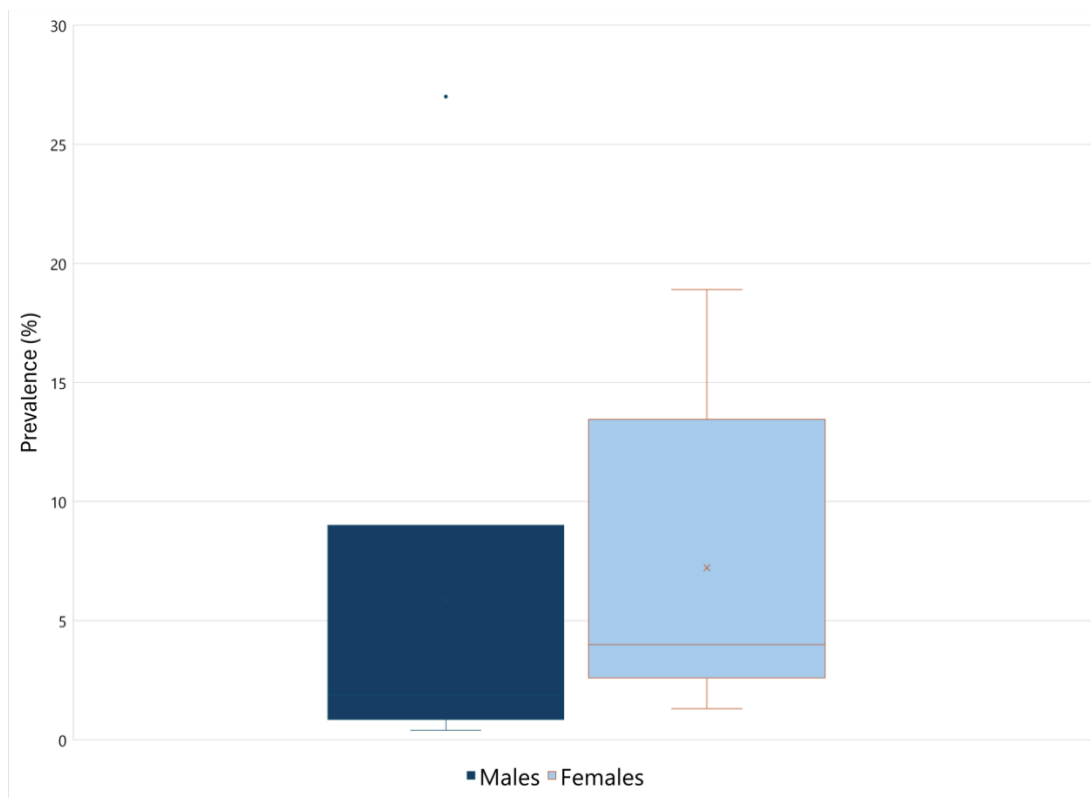


Table 1: Studies with prevalence rates of CSA and DFV in population samples (n=10)

Study	Intersection of CSA and DV	Country	Sample	Methodology
Afifi et al. (2015)	2.8% overall prevalence in both categories - 2.4% (1.5% men, 3.2% women) experienced sexual abuse, exposure to IPV and physical abuse - 0.4% (0.04% men, 0.8% women) experienced sexual abuse and exposure to IPV	Canada (10 provinces)	Representative general population sample (n = 23,395; 50% men, 50% women)	Secondary data analysis from the Canadian Community Health Survey-Mental Health (CCHS-2012)
Ahmadabadi et al. (2018)	12% (1% men, 18.9% women) experienced CSA with maternal IPV victimisation	Australia (Queensland)	Clinical convenience sample (n = 2,064; 43% men; 59% women)	Secondary data analysis of the Mater Hospital and University of Queensland Study of Pregnancy (Najman et al., 2005). Longitudinal study using survey - mothers asked about IPV at 14-year follow-up and adult children asked about CSA at 30-year follow-up.
Fuller-Thomson and Agbeyak (2020)	5.3% (2010) 6.6% (2012) weighted averages* - 1.6% men and 7.7% women experienced CSA and exposure to parental IPV in 2010 - 4.3% men and 8.1% women in 2012	United States (7 states)	Regionally representative sample (2010: n = 22,868; 40% men, 60% women) (2012: n = 29,801; 39% men, 61% women)	Secondary data analysis of the Brief Risk Factor Surveillance Survey (BRFSS) of the Centers for Disease Control and Prevention. Phone interviews from a population-based sample of adults with landlines. 2010: DC, Hawaii, Nevada, Vermont, and Wisconsin 2012: Iowa, Tennessee and Wisconsin
Hamby (2010)	5.3% experienced sexual abuse by a known adult and witnessing partner violence	United States	Nationally representative sample (n = 4,549; 50% males, 50% females)	Secondary data analysis of National Survey of Children's Exposure to Violence (NatSCEV). Telephone interviews of children aged 0-17 using random digit dialling. Interviews with caregivers and with youth in the case of those aged 10 to 17 years.
Herbert et al. (2023)	0.9% weighted average* - 0.4% men and 1.3% women experienced sexual abuse and parental DVA	UK (Avon)	Clinical convenience sample (n = 6,252; 48% men, 52% women)	Secondary data analysis using Avon Longitudinal Study of Parents and Children (ALSPAC). Call to register for all pregnant women between 1991 and 1992 in the Bristol area. Study based on the 'G1' cohort of children of the pregnant mothers, when they were 25 years old
Higgins et al. (2023)	3% (2.2% men, 3.9% women) experienced sexual abuse and exposure to DV	Australia	Random population sample (n = 8,503)	Secondary data analysis of the Australian Child Maltreatment Study (ACMS) Telephone interviews of people aged 16 and more using random digit-dial via an advance text message inviting participation, with a follow-up phone call
Kennedy et al. (2012)	27% of female adolescents experienced sexual victimisation and family violence	United States (Chicago)	Convenience sample (n = 180, 100% female)	Self-administered survey at a public charter high school located in a poor community in Chicago of urban African American adolescent women 14-19 years old.
Martin et al. (2007)	2% of soldiers who committed spousal abuse also committed sexual abuse of a child within family	United States	Convenience sample (n = 1,293; 95% men, 5% women)	Secondary data analysis from the U.S. Army's Family Advocacy Program of Army Soldiers on active duty who were substantiated for spouse and child abuse from a 5-year period between January 1, 2000, and December 31, 2004.
Miranda et al. (2021)	11.6% experienced sexual assault by a known adult and lifetime IPVe exposure	Chile	Random sample of schools from urban areas (n = 19,684; 50% male, 50% female)	Survey of students from 7th to 11th grade in 699 schools using stratified sampling in three stages (schools, classrooms and students).
Saed and Talat (2013)	1.6% co-occurrence of CSA and IPV exposure	Iraq (Erbil)	Random sample (n = 300; 34% men, 66% women)	Survey of 300 college students from four colleges (Education, Art, Nursing and Medicine) in Erbil

*Note: If data on overall prevalence were not reported in a study, weighted averages were calculated using reported estimates for male and female victimisation and proportion of men and women in the sample.

Table 2: Studies with prevalence rates of CSA and DFV in CSA samples (n=9)

Study	Overlap of CSA and DV	Country	Sample	Methodology
Bell (2002)	91% of mothers of incestuously abused children reported violence from their partners	UK (Scotland)	Convenience sample (n = 11)	In-depth interviews
Bowen (2000)	54% of mothers reported domestic violence at home 59% of CSA perpetrated by an adult living at home	United States (Arizona)	Clinical convenience sample (n = 402; 18% male; 82% female)	Secondary data analysis from the Child sexual abuse evaluation clinic at the University of Arizona and reports from referring agencies. Children aged from 7 months to 18 years Follow up survey
Goddard and Hiller (1993)	40% of CSA cases reported domestic violence in family	Australia (Melbourne)	Clinical convenience sample (n = 63, 18% male; 82% female)	Secondary analysis based on the data from the Child Protection Unit, Royal Children's Hospital in Melbourne, as each case was assessed. Six cases of sexual assault by strangers were excluded
Dong (2004)	22.6% experienced sexual abuse and witnessed DV	United States (San Diego)	Population-based convenience sample (n = 8,629; 46% men, 54% women)	Secondary data analysis of ACE Study (Felitti et al., 1998) Survey of adult members of the Kaiser Health Plan who had received an examination at the Health Appraisal Center
Hamby (2010)	70.9% of children who were sexually abused by a known adult also witnessed partner violence	United States	Nationally representative sample (n = 4,549; 50% male, 50% female)	Secondary data analysis of National Survey of Children's Exposure to Violence (NatSCEV) Telephone interviews of children aged 0-17 using random digit dialling. Interviews with caregivers and with youth in the case of those aged 10 to 17 years.
Herbert et al. (2023)	30% of sexually abused children (33.3% male, 26.5% female) were exposed to parental domestic violence abuse	UK (Avon)	Clinical convenience sample (n = 6,252; 48% men, 52% women)	Secondary data analysis using Avon Longitudinal Study of Parents and Children (ALSPAC). Call to register for all pregnant women between 1991 and 1992 in the Bristol area. Study based on the 'G1' cohort of children of the pregnant mothers, when they were 25 years old
Hooper (1992)	81% mothers whose children had been sexually abused by their fathers/father substitutes were also abused by the same perpetrator	UK	Convenience sample (n = 15)	Interviews with fifteen women whose children had been sexually abused.
Kellogg and Menard (2003)	52% of children indicated IPV at home	United States (Texas)	Clinical convenience sample (n = 164; 10% male, 90% female)	Interviews of 164 children from sexual abuse clinic (ages 7-19)
Truesdell et al. (1986)	73% of mothers in incestuous families reported physical violence from their spouse	United States (Texas)	Clinical convenience sample (n = 30)	Survey of the incest group treatment program offered by Texas Department of Human Resources

Table 3: Studies with prevalence rates of CSA and DFV in DFV samples (n=6)

Study	Overlap of CSA and DV	Country	Sample	Methodology
Avery et al. (2002)	11% of children experienced CSA	United States	Clinical convenience sample (n = 570; 50% male, 50% female)	Secondary data analysis of case records of children's charts from the domestic violence shelter for women.
Chan et al. (2023)	1% of children whose mothers sought refuge in a shelter had experienced child abuse and neglect according to their mothers	Hong Kong	Clinical convenience sample (n = 260)	Survey of 260 women living in three major domestic violence shelters about their experience of DV and the experience of child abuse of their children
Dong (2004)	36.4% of those who witnessed DV also experienced CSA	United States (San Diego)	Population-based convenience sample (n = 8,629; 46% men, 54% women)	Secondary data analysis of ACE Study (Felitti et al., 1998) Survey of adult members of the Kaiser Health Plan who had received an examination at the Health Appraisal Center
Herbert et al. (2023)	4.5% weighted average* - 2.1% of men and 6.8% of women exposed to parental domestic abuse also experienced CSA	UK (Avon)	Clinical convenience sample (n = 6,252; 48% men, 52% women)	Secondary data analysis using Avon Longitudinal Study of Parents and Children (ALSPAC). Call to register for all pregnant women between 1991 and 1992 in the Bristol area. Study based on the 'G1' cohort of children of the pregnant mothers, when they were 25 years old
McCloskey et al. (1995)	1.8% reported paternal sexual abuse in the families with DV (according to children) 3.6% reported paternal sexual abuse in the families with DV (according to mothers)	United States	Convenience sample (n = 730; 365 mothers and 365 children - 50% male, 50% female)	In-depth interviews of battered and nonbattered women and their children at the same time
Saed and Talat (2013)	8.1% of those who were exposed to IPV experienced CSA	Iraq (Erbil)	Random sample (n = 62; 34% men, 66% women)	Survey of 300 college students from four colleges (Education, Art, Nursing and Medicine) in Erbil

*Note: If data on overall prevalence were not reported in a study, weighted averages were calculated using reported estimates for male and female victimisation and proportion of men and women in the sample.

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