

Co-Occurrence of Domestic Violence and Child Sexual Abuse: Fact Sheet

Lenka Olejnikova, Molly Dragiewicz, Delanie Woodlock, Michael Salter

2025

Research on the overlap between domestic violence (DV) and child sexual abuse (CSA) is limited. These types of violence have usually been addressed separately in research, policy, and service delivery. The studies that have examined the co-occurrence of DV and CSA report prevalence rates ranging from .9% - 91%. This fact sheet provides an overview of the research on the co-occurrence of DV and CSA including key patterns in reported prevalence rates.

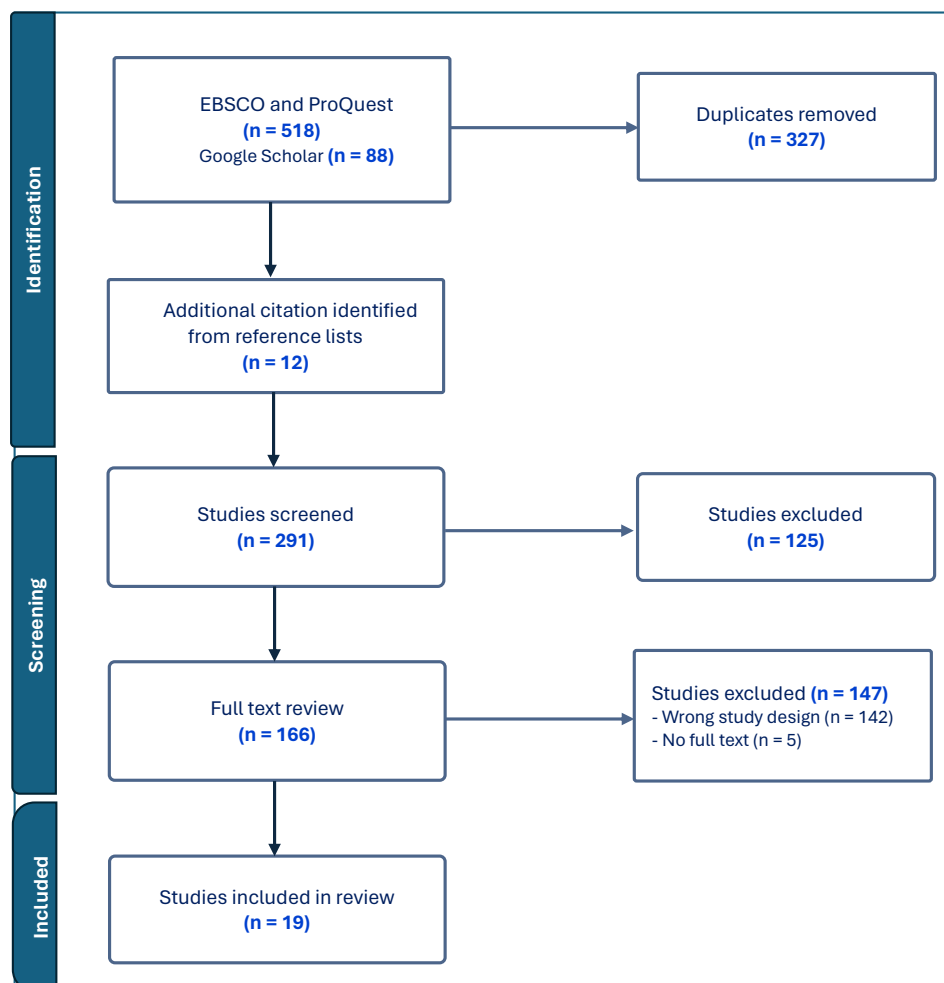
Methodology

A scoping review was carried out between August 2023 and December 2025 using two scientific databases, EBSCO and ProQuest. These databases include peer-reviewed publications from multiple disciplines where research on CSA and DV is published (e.g., public health, sociology, criminology, social work). Google Scholar was also manually searched for relevant grey literature. The search was limited to English-language publications. No restrictions were placed on the publication date. The search parameters were defined by three concepts – domestic violence, child sexual abuse, and co-occurrence. All three concepts had to be present for inclusion.¹ This search identified 291 studies that were further screened for eligibility. For a study to be included in the review, it had to include lifetime prevalence rates for childhood experience of sexual abuse and adult domestic and family violence. Finally, the

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" OR "poly-victimisation" OR "poly-victimization". The three groups of keywords were connected by a Boolean operator AND.

reference lists of eligible studies were reviewed and additional publications not captured through the primary search were added where they met the inclusion criteria. The review process yielded 19 studies (see Figure 1). These studies were descriptively analysed, and the following information was extracted: a) publication citation, b) prevalence rates (including by sex if available), c) country of data collection, d) study sample, e) methods, and f) definitions of CSA and DV.

Figure 1: Flowchart of the scoping review process



Key Findings

Our analysis shows that prevalence estimates for co-occurring CSA and DV victimisation are characterised by extreme variability, ranging from 0.9% (Herbert et al., 2023) to 91% (Bell, 2002).

Different prevalence rates in different target populations

Aside from general methodological differences, we found a key distinction in the target populations to which the estimates apply.² The studies estimated the prevalence of co-occurring CSA and DV victimisation in three different groups.

The first group comprises studies that estimate prevalence rates in a general population at the country, state, region, or school level. These studies included participants with and without CSA and DV victimisation experience and sought to estimate the prevalence of CSA and DV co-occurrence in the population as a whole. This group of studies reports the lowest prevalence rates on average, from 0.9% (Herbert et al., 2023) to 27% (Kennedy et al., 2012) (see Figure 2 and Table 1).³

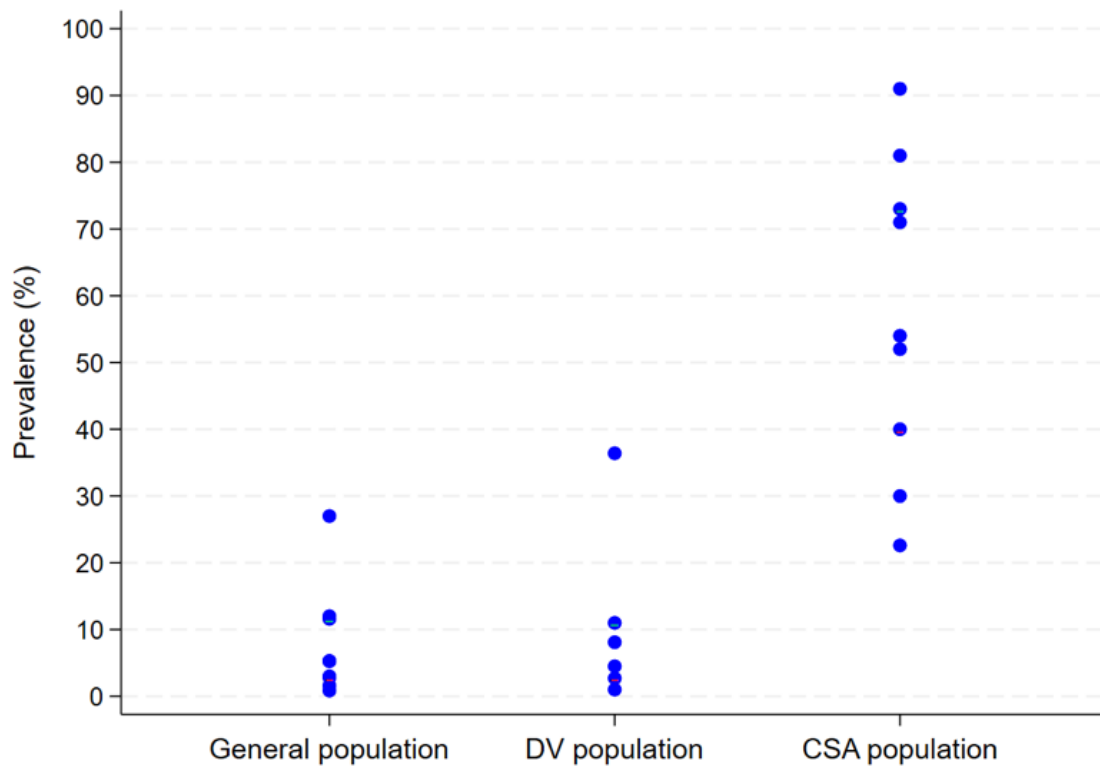
The second group contains studies with DV victims/survivors who were asked about CSA victimization. These studies examine what percentage of identified DV cases included co-occurring CSA. The prevalence rates reported in research with this group are slightly higher on average, ranging from 1% (Chen et al., 2023) to 36.4% (Dong, 2004) (see Figure 2 and Table 3).

The third group of studies assessed the prevalence rates for CSA victims/survivors who were asked about childhood DV exposure or victimization. These studies examine what percentage of identified CSA cases included co-occurring adult DV. These report prevalence rates for CSA and DV co-occurrence that are significantly higher than the other groups, from 22.6% (Dong, 2004) to 91% (Bell, 2002) (see Figure 2 and Table 2).

² A target population is defined as the group that has the characteristics which an analysis aims to investigate. The target population may be broad, like the general population of a state or all students at a university, or it may be more specific, like identified DV victim/survivors or identified CSA victim/survivors (see e.g., Stuart et al. 2018; Willie, 2023). In this study, we discuss the prevalence rates for the target populations to which each reported estimate speaks (general populations that include victims and non-victims, identified CSA victims, and identified DV victims), whether that is the focus of the full study from which they are taken or not.

³ Kennedy et al. (2012), with a 27% prevalence estimate, stands out. However, it is important to note that Kennedy et al. is the only study in this group that included only female adolescent African American participants from a low-income area. Each of these demographic categories are correlated with increased risk for CSA and DV victimisation.

Figure 2: Prevalence rates for CSA and DV victimisation across different populations



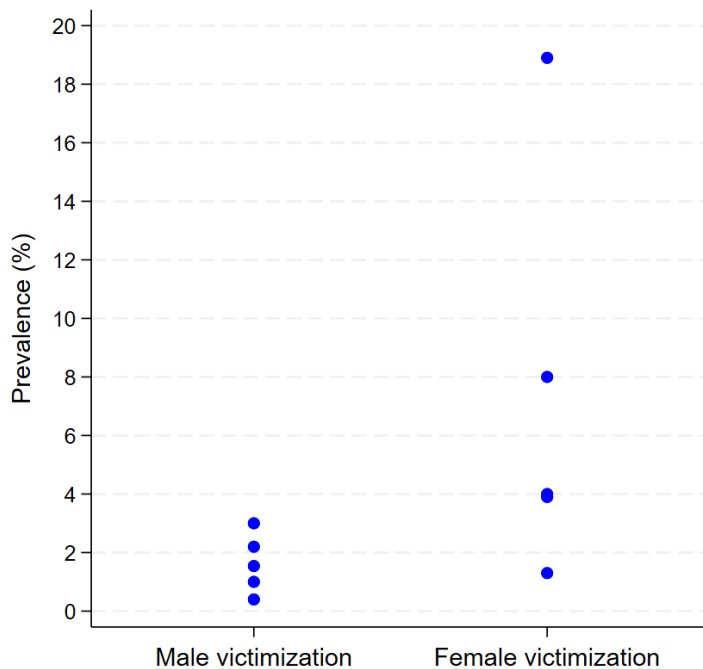
The three tables below summarise the research for the different target populations (see Table 1, Table 2, and Table 3).⁴

⁴ If a study contained prevalence rates based on more than one type of sample, they were added to more than one group.

Sex Differences

In addition to differences between study target populations, the review showed that girls are more likely than boys to experience co-occurring DV and CSA (see Figure 3).⁵

Figure 3: Prevalence of DV and CSA victimisation in general populations disaggregated by sex ($n = 5$)



These results indicate that the risk of DV and CSA co-occurrence in childhood varies across different groups.

Limitations

There are several limitations to this review. First, it is limited by the inclusion of only English-language publications. Second, most publications are from relatively wealthy Western countries in the Global North, so cannot be assumed to reflect the situation in other locations. Third, most reviewed studies focus on estimating lifetime experience of CSA and exposure to DV in childhood and do not report information about the identities of the perpetrators. Only four studies include enough information to definitively conclude co-occurrence, defined as CSA and DV victimisation in the same family unit by the same perpetrator (Bell, 2000; Hooper, 1992; Kellog & Menard, 2003; McCloskey et al., 1995). The lack of reporting on whether children were

⁵Disaggregation by sex was only possible for studies using general populations due to a lack of data from the other target populations.

victimized by the same perpetrator makes it difficult to interpret the prevalence of co-occurrence in a meaningful way.

Furthermore, there are limitations to the reviewed studies. CSA and DV are complex issues that are challenging to study. The majority of reviewed publications relied on nonrepresentative samples, which precludes generalisation of the results. Another limitation is the use of different definitions for CSA and DV across the studies, affecting comparability of the results.

Future research should focus on including the identification of the perpetrators of both CSA and DV 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.

Table 1: Studies reporting prevalence rates for co-occurring child sexual abuse and domestic violence in general populations (n=9)

| Study | Prevalence of CSA and DV | Country | Sample | Methodology |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Afifi et al. (2015) | 2.8% overall prevalence in both categories - 2.4% (3.2% female, 1.5% male) experienced sexual abuse, exposure to IPV and physical abuse - 0.4% (0.8% female, 0.04% male,) experienced sexual abuse and exposure to IPV | Canada (10 provinces) | n = 23,395 50% female, 50% male | Secondary data analysis from the Canadian Community Health Survey-Mental Health (CCHS-2012) Representative general population sample |
| Ahmadabadi et al. (2018) | 12% (18.9% female, 1% male) experienced CSA with maternal IPV victimization | Australia (Queensland) | n = 2,064 59% female, 43% male | Secondary data analysis of the Mater Hospital and University of Queensland Study of Pregnancy (Najman et al., 2005) – a longitudinal study using surveys - mothers asked about IPV at 14-year follow-up and adult children asked about CSA at 30-year follow-up. Convenience sample |
| Fuller-Thomson and Agbeyak (2020) | 5.3% (2010) 6.6% (2012) weighted averages* - 7.7% of women and 1.6% of men experienced CSA and exposure to parental IPV in 2010 - 8.1% of women and 4.3% of men in 2012 | United States (7 states) | 2010: n = 22,868 60% female, 40% male 2012: n = 29,801 61% female, 39% male | Secondary data analysis of the Brief Risk Factor Surveillance Survey (BRFSS) of the Centers for Disease Control and Prevention that used phone interviews from a population-based sample of adults with landlines. 2010: DC, Hawaii, Nevada, Vermont, and Wisconsin 2012: Iowa, Tennessee, and Wisconsin Regionally representative sample |
| Hamby (2010) | 5.3% of children experienced sexual abuse by a known adult and witnessed intimate partner violence | United States | n = 4,549 50% female, 50% male | Secondary data analysis of the National Survey of Children's Exposure to Violence (NatSCEV) that used telephone interviews with caregivers of children aged 0-10 and youth 10-17 using random digit dialling. Nationally representative sample |
| Herbert et al. (2023) | 0.9% weighted average* - 0.4% men and 1.3% women experienced CSA and parental DV | UK (Avon) | n = 6,252 52% female, 48% male | Secondary data analysis using Avon Longitudinal Study of Parents and Children (ALSPAC), which invited all pregnant women to participate between 1991 and 1992 in the Bristol area. The data was drawn on reporting from the pregnant mother and their children at 25 years of age. Volunteer sample |
| Higgins et al. (2023) | 3% (2.2% male, 3.9% female) experienced sexual abuse and exposure to DV | Australia | n = 8,503 50% female, 50% male | 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. Random population sample |
| Kennedy et al. (2012) | 27% of female adolescents experienced sexual victimization and family violence | United States (Chicago) | n = 180 100% female | Survey of urban African American female adolescents 14-19 years old at a public charter high school located in a disadvantaged community in Chicago. Convenience sample |
| Miranda et al. (2021) | 11.6% of adolescents experienced sexual assault by a known adult and IPV exposure in their lifetime | Chile | n = 19,684 50% female, 50% male | Survey of students from 7th to 11th grade in 699 schools using stratified sampling in three stages (schools, classrooms, and students). Random sample |
| Saed and Talat (2013) | 1.6% co-occurrence of CSA and IPV exposure | Iraq (Erbil) | n = 300 66% female, 34% male | Survey of college students from four colleges (Education, Art, Nursing, and Medicine) in Erbil. Random sample |

Table 2: Studies reporting prevalence rates for child sexual abuse in domestic violence populations (n = 6)

| Study | Prevalence of CSA and DV | Country | Sample | Methodology |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avery et al. (2002) | 11% of children experienced CSA | United States | n = 570 50% female, 50% male | Secondary data analysis of case records from a DV shelter for women in which children received services. Convenience sample |
| Chan et al. (2023) | 1% of children experienced CSA as reported by their mothers | China (Hong Kong) | n = 260 | Survey of 260 women living in three major DV shelters about their experience of DV and the experience of child abuse of their children. Convenience sample |
| Dong (2004) | 36.4% of people who witnessed DV also experienced CSA | United States (San Diego) | n = 8,629 54% female, 46% male | Secondary data analysis of the ACEs Study data (Felitti et al., 1998) that used a survey of adult members of the Kaiser Health Plan who had received an examination at the Health Appraisal Center. Convenience sample |
| Herbert et al. (2023) | 4.3% of DV-exposed households reported CSA | UK (Avon) | n = 6,252 52% female, 48% male | Secondary data analysis using Avon Longitudinal Study of Parents and Children (ALSPAC), which invited all pregnant women to participate between 1991 and 1992 in the Bristol area. The data was drawn on reporting from the pregnant mother and their children at 25 years of age. Volunteer sample |
| McCloskey et al. (1995) | 1.8% reported paternal sexual abuse in families with DV (according to children) 3.6% reported paternal sexual abuse in families with DV (according to mothers) | United States | n = 730 (365 mothers and 365 children - 50% female, 50% male) | In-depth interviews of battered and nonbattered women and their children. Convenience sample |
| Saed and Talat (2013) | 8.1% of those who were exposed to IPV also experienced CSA | Iraq (Erbil) | n = 300 66% female, 34% male | Survey of 300 college students from four colleges (Education, Art, Nursing, and Medicine) in Erbil Random sample |

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

Table 3: Studies reporting prevalence rates for domestic violence in child sexual abuse populations (n = 9)

| Study | Prevalence of CSA and DV | Country | Sample | Methodology |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bell (2002) | 91% of mothers of incestuously abused children reported violence from their partners | UK (Scotland) | n = 11 100% female | In-depth interviews Convenience sample |
| Bowen (2000) | 54% of mothers of sexually abused children reported DV at home | United States (Arizona) | n = 402 82% female, 18% male | Survey of families of children seen in a sexual abuse evaluation clinic regarding DV in the child's home. Children aged from 7 months to 18 years. Convenience sample |
| Goddard and Hiller (1993) | 40% of CSA victims/survivors reported DV in the family | Australia (Melbourne) | n = 206 | Secondary analysis based on the data from the Child Protection Unit, Royal Children's Hospital in Melbourne. Convenience sample |
| Dong (2004) | 22.6% of people who experienced CSA also witnessed DV in childhood | United States (San Diego) | n = 8,629 54% female, 46% male | Secondary data analysis of the ACEs Study (Felitti et al., 1998) that used a survey of adult members of the Kaiser Health Plan who had received an examination at the Health Appraisal Center. Convenience sample |
| Hamby (2010) | 70.9% of children who were sexually abused by a known adult also witnessed intimate partner violence | United States | n = 4,549 50% female, 50% male | Secondary data analysis of the National Survey of Children's Exposure to Violence (NatSCEV) that used telephone interviews with caregivers of children aged 0-10 and youth 10-17 using random digit dialling. Nationally representative sample |
| Herbert et al. (2023) | 30% of sexually abused children (33.3% male, 26.5% female) were exposed to parental DV abuse | UK (Avon) | n = 6,252 52% female, 48% male | Secondary data analysis using Avon Longitudinal Study of Parents and Children (ALSPAC), which invited all pregnant women to participate between 1991 and 1992 in the Bristol area. The data was drawn on reporting from the pregnant mother and their children at 25 years of age. Volunteer sample |
| Hooper (1992) | 81.8% of mothers whose children had been sexually abused by their fathers/father substitutes were abused by the same perpetrator | UK | n = 15 93% female, 7% male | Interviews with fifteen women whose children had been sexually abused. Convenience sample |
| Kellogg and Menard (2003) | 52% of sexually abused children indicated IPV at home | United States (Texas) | n = 164 90% female, 10% male | Secondary data analysis of 164 children's charts from sexual abuse clinic (ages 7-19). Convenience sample |
| Truesdell et al. (1986) | 73% of mothers of incestuously abused children reported physical violence from their spouse | United States (Texas) | n = 30 100% female | Survey of a mother's group of the incest treatment program offered by the Texas Department of Human Resources. Convenience sample |

References

- Afifi, T. O., MacMillan, H. L., Taillieu, T., Cheung, K., Turner, S., Tonmyr, L., & Hovdestad, W. (2015). Relationship between child abuse exposure and reported contact with child protection organizations: Results from the Canadian Community Health Survey. *Child Abuse & Neglect*, 46, 198–206. <https://doi.org/10.1016/j.chiabu.2015.05.001>
- Ahmadabadi, Z., Najman, J. M., Williams, G. M., Clavarino, A. M., d'Abbs, P., & Abajobir, A. A. (2018). Maternal intimate partner violence victimization and child maltreatment. *Child Abuse & Neglect*, 82, 23–33. <https://doi.org/10.1016/j.chiabu.2018.05.017>
- Avery, L., Hutchinson, K. D., & Whitaker, K. (2002). Domestic violence and intergenerational rates of child sexual abuse: A case record analysis. *Child and Adolescent Social Work Journal*, 19(1), 77–90. <https://doi.org/10.1023/A:1014007507349>
- Bell, P. (2002). Factors contributing to a mother's ability to recognise incestuous abuse of her child. *Women's Studies International Forum*, 25(3), 347–357. [https://doi.org/10.1016/S0277-5395\(02\)00254-6](https://doi.org/10.1016/S0277-5395(02)00254-6)
- Bidarra, Z. S., Lessard, G., & Dumont, A. (2016). Co-occurrence of intimate partner violence and child sexual abuse: Prevalence, risk factors and related issues. *Child Abuse & Neglect*, 55, 10–21. <https://doi.org/10.1016/j.chiabu.2016.03.007>
- Bowen, K. (2000). Child Abuse and Domestic Violence in Families of Children Seen for Suspected Sexual Abuse. *Clinical Pediatrics*, 39(1), 33–40. <https://doi.org/10.1177/000992280003900104>
- Chan, K., Chen, M., Lo, C., Chen, X., Tang, D., & Ip, P. (2023). Who Is at High Risk for Child Abuse and Neglect: Risk Assessment among Battered Women Using Shelter Services. *International Journal of Environmental Research and Public Health*, 20(1), 833. <https://doi.org/10.3390/ijerph20010833>
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28(7), 771–784. <https://doi.org/10.1016/j.chiabu.2004.01.008>
- Fuller-Thomson, E., & Agbeyaka, S. (2020). A Trio of Risk Factors for Childhood Sexual Abuse: Investigating Exposure to Parental Domestic Violence, Parental Addiction, and Parental Mental Illness as Correlates of Childhood Sexual Abuse. *Social Work*, 65(3), 266–277. <https://doi.org/10.1093/sw/swaa019>
- Goddard, C., & Hiller, P. (1993). Child Sexual Abuse: Assault in a Violent Context. *The Australian Journal of Social Issues*, 28(1), 20–33.
- Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally

representative survey of youth. *Child Abuse & Neglect*, 34(10), 734–741.

<https://doi.org/10.1016/j.chiabu.2010.03.001>

Herbert, K., Xi, Q., Feder, G., Gilbert, R., Powell, C., Howarth, E., & Morris, S. (2023). Child maltreatment and parental domestic violence and abuse, co-occurrence and the effect on lifetime outcomes in the Avon Longitudinal Study of Parents and Children (ALSPAC). *SSM - Population Health*, 24, 101555. <https://doi.org/10.1016/j.ssmph.2023.101555>

Higgins, D. J., Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence and nature of multi-type child maltreatment in Australia. *Medical Journal of Australia*, 218(S6). <https://doi.org/10.5694/mja2.51868>

Hooper, C. (1992). *Mothers surviving child sexual abuse*. Tavistock/Routledge.

Kellogg, N. D., & Menard, S. W. (2003). Violence among family members of children and adolescents evaluated for sexual abuse. *Child Abuse & Neglect*, 27(12), 1367–1376.

<https://doi.org/10.1016/j.chiabu.2003.10.008>

Kennedy, A. C., Bybee, D., Kulkarni, S. J., & Archer, G. (2012). Sexual Victimization and Family Violence Among Urban African American Adolescent Women: Do Violence Cluster Profiles Predict Partner Violence Victimization and Sex Trade Exposure? *Violence Against Women*, 18(11), 1319–1338. <https://doi.org/10.1177/1077801212470544>

McCloskey, L. A., Figueredo, A. J., & Koss, M. P. (1995). The Effects of Systemic Family Violence on Children's Mental Health. *Child Development*, 66(5), 1239.

<https://doi.org/10.2307/1131645>

Miranda, J. K., Crockett, M. A., & Vera-Pavez, J. I. (2021). The co-occurrence of intimate partner violence exposure with other victimizations: A nationally representative survey of Chilean adolescents. *Child Abuse & Neglect*, 117, 105046.

<https://doi.org/10.1016/j.chiabu.2021.105046>

Saed, B. A., Talat, L. A., & Saed, B. A. (2013). Prevalence of childhood maltreatment among college students in Erbil, Iraq. *Eastern Mediterranean Health Journal*, 19(5), 441–446.

Stuart, E. A., Ackerman, B., & Westreich, D. (2018). Generalizability of Randomized Trial Results to Target Populations: Design and Analysis Possibilities. *Research on Social Work Practice*, 28(5), 532–537. <https://doi.org/10.1177/1049731517720730>

Truesdell, D. L., McNeil, J. S., & Deschner, J. P. (1986). Incidence of Wife Abuse in Incestuous Families. *Social Work*, 31(2), 138–140.

Willie, M. M. (2023). Distinguishing between population and target population: A mini review. *Surgery Research Journal*, 3(2). <https://doi.org/10.33425/2768-0428.1027>