

CHILD WELFARE AND DOMESTIC VIOLENCE: *The Impact on Children and Families*

September, 2018

Overview

Domestic violence remains a serious and potentially deadly problem in the United States, affecting one in three women and more than 15 million children. In recent years, child welfare and domestic violence agencies have worked to better identify and address the co-occurrence of domestic violence and child maltreatment in families, and to learn how to create safety, permanency, and well-being for children affected by domestic violence. This fact sheet reports the available data on domestic violence and its impact on children and families involved in child welfare.

Domestic violence affects children and parents in multiple ways, and varies in severity and dangerousness. Most often it takes the form of a father, father figure, or boyfriend physically, sexually, financially, and/or emotionally abusing a child's mother. In some instances, the mother may be the primary aggressor. Domestic violence can also exist in LGBT relationships. The child may be a direct victim of abuse or suffer from exposure to the violence. The abuse and coercive tactics of the domestic violence offender may negatively affect the child's healthy development and academic performance. Experiencing violence

may also result in behavioral issues that impact the child's future relationships and opportunities.

Domestic violence can also impact the quality of parenting the child receives from the survivor parent. The domestic violence offender may interfere with the adult survivor's relationship with the child, compromise her ability to protect or care for the child, encourage harsher parenting, or increase her risk for mental or behavioral health problems such as depression or substance abuse.

The presence of domestic violence in the family also increases the risk of involvement in the child welfare system. The domestic violence offender may threaten to or may actually make reports of child abuse or neglect against the other parent as a tactic of coercive control. A mother's decision to leave an abusive relationship may leave her without the financial resources to care for her child; she may lack housing or be forced to leave a child unsupervised because she lacks child care. She may stay in the relationship as a protective strategy, believing that her partner will do more serious harm to her or the child if she tries to leave.

Child welfare agencies work primarily with mothers and have yet to develop equal capacity for holding fathers



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and father figures accountable for their use of violence. As a result, these agencies typically place the burden of keeping children safe on their mothers, even though a partner is responsible for creating the danger and risk through their use of violence. The child welfare case is typically opened in the mother's name, although research has shown that the mother is often the best protective factor in the lives of her children.¹ Child welfare systems must implement more effective approaches to support adult survivors in parenting and protecting their children. This starts by training and supporting child welfare professionals to understand the complexities of situations where domestic violence and child maltreatment co-occur. To mitigate risk and safety concerns for the family, they must have the knowledge and skills to safely engage family members, and must work collaboratively

with community partners who can assist with accountability strategies and support behavioral change.

Domestic violence is prevalent.

- More than one-third of women in the United States (37.3% or approximately 44.9 million) have experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lifetimes. Approximately 1 in 7 men have experienced severe physical violence from an intimate partner during their lifetime, though men report significantly less harm associated with the violence.²
- Lesbian, gay, bisexual, and transgender (LGBT) people experience domestic violence. Data are not always directly comparable; however, bisexual women and men appear to experience domestic violence at slightly higher



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rates than heterosexual men and women. For the vast majority of bisexual women and about one-third of lesbian women the perpetrator was a man.³

- One in 15 women (6.6%) reported sexual violence, physical violence, and/or stalking by an intimate partner in the last 12 months.⁴
- Estimates of the percentages of women who in their lifetime have experienced sexual violence, physical violence, or stalking by an intimate partner vary from state to state, but range from 27.8% to 45.3%.⁵
- Nationally, 56.6% of multiracial, 47.5% of American Indian/Alaska Native, 45.1% of non-Hispanic Black, 37.3% of non-Hispanic White, 34.4% of Hispanic, and 18.3% of Asian/Pacific Islander women reported having experienced in their lifetime sexual violence, physical violence, and/or stalking by an intimate partner.⁶ However, it is important not to make causal correlations between race and victimization; other contextual factors (such as poverty or lack of social cohesion in the local community) may influence the prevalence of violence. Broad statements about national trends for racial or ethnic groups should be avoided.⁷
- Women are killed by intimate partners at a significantly higher rate than men. In 2007, the rate of intimate partner homicide for women was 1.07 per 100,000 female residents, compared to 0.47 per 100,000 male residents.⁸

- The majority of women killed in the U.S. are killed by a family member or intimate partner, while 15% of men who are killed in the U.S. are killed by a family member or intimate partner.⁹

It is common for children in the U.S. to experience family violence.

- One in five children is exposed to family violence in their lifetime, including witnessing violence against a parent or sibling. By age 17, approximately one-third of youth have witnessed family violence.¹⁰
- More than one in 12 (8.4%) children were exposed to some form of family violence in the past year.¹¹
- One in 17 (5.8%) children was exposed to a physical assault between parents or parental partners.¹²
- Roughly seven of every 10 children who witnessed violence saw violence perpetrated by males.¹³

Domestic violence and child maltreatment often co-occur.

- Domestic violence is a significant risk factor for children to experience verbal abuse, physical punishment, and physical abuse.¹⁴
- In a national study, more than half (56.8%) of youth who witnessed intimate partner violence had also experienced maltreatment in their lifetime.¹⁵

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- Youth who witnessed intimate partner violence were three to nine times more likely to be maltreated or exposed to other types of family violence than youth who had not witnessed partner violence. Maltreatment of children tends to be more severe among those who have witnessed partner violence than among those who have not witnessed such violence.¹⁶
- Approximately 30 to 60% of men who abuse their partners also abuse their children.¹⁷
- Infants are most likely to be killed by their mother during the first week of life, but thereafter are more likely to be killed by a man (usually their father or stepfather).¹⁸
- Domestic violence victimization can be a significant predictor of negative maternal psychological functioning, which in turn may negatively impact parenting.¹⁹ However, existing research has not clearly determined the influence that partner violence has on maternal depression symptoms and harsh parenting.²⁰ One study found, for example, that in addition to having an impact on maternal depression and post-traumatic symptoms, partner violence also resulted in a protective response by the mothers toward their children, which actually increased parenting effectiveness and attachment.²¹

A significant percentage of child welfare cases are affected by domestic violence; however, access to services is limited.

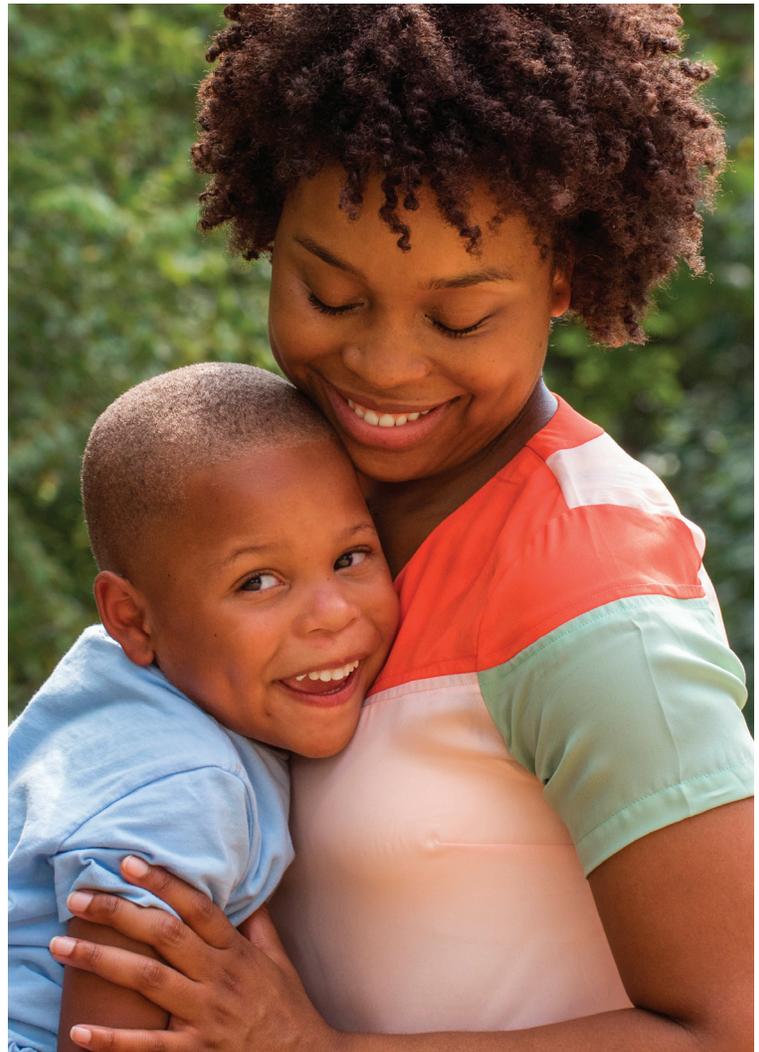
- Studies suggest that domestic violence is a significant problem for 30 to 40% of families in the child welfare system.²²
- Approximately 30% of mothers receiving in-home services from the child welfare system reported having experienced physical domestic violence in their lifetime.²³
- Approximately 25% of mothers receiving in-home services from the child welfare system reported having experienced physical domestic violence in the previous year.²⁴
- Severe violence is cyclical. Non-Hispanic White women involved in child welfare who reported severe intimate partner violence were three times more likely to report severe violence again after 18 months than non-Hispanic White women who only reported minor violence.²⁵
- While 25% of families receiving in-home services from the child welfare system reported physical domestic violence, only 15% received domestic violence services. Domestic violence is often neglected as a risk factor in child welfare case planning and case management.²⁶

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- Race has not been found to be a predictor in the identification of domestic violence by child welfare agencies. However, African American women experiencing domestic violence may be less likely than other women to be referred for domestic violence services, even though they are twice as likely to report severe physical violence than non-Hispanic White women.^{27, 28}
- The impact of specific services is difficult to determine because most shelters offer a wide array of services. A reported positive shelter experience does not indicate which particular services were most effective.³²
- Domestic violence programs are prohibited from providing specific types of identifiable client information, which limits the creation of large-scale datasets for analysis.³³

While there have been some studies on the availability and utilization of domestic violence services, data is limited.

- Studies show that domestic violence is not consistently detected in child welfare. When domestic violence is identified, it does not influence the types of referrals and services provided by child welfare professionals.²⁹
- A study of shelter services across eight states indicated that domestic violence services have become more comprehensive over time to better accommodate adults and children with disabilities, to offer multi-lingual services, and to provide advocacy in the community.³⁰
- The domestic violence field does not have a clear definition of what constitutes essential domestic violence services and expected outcomes, even though it would help ensure consistent tracking and evaluation of domestic violence services.³¹



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National data on the reporting, response, and treatment of domestic violence is limited.

- There is little information on what leads survivors to seek help. Data suggest that only about 25% of domestic violence incidents are reported to police. In a national study that surveyed obstacles to seeking help for domestic violence, nearly one in three caregivers reported a fear of police and counselors.³⁴
- Female victimizations (24%) were four times as likely as male victimizations (6%) to go unreported due to fear of reprisal from a partner.³⁵
- A nationally representative study found that children's trauma symptoms were lowest when perpetrators left the house and highest when the child was forced to move out of the home.³⁶

Conclusion

While we know there is a strong overlap between domestic violence and involvement in the child welfare system, there is still much more we need to learn to serve children and families effectively. We still don't have research that tells us definitively how the child welfare system and community partners can best serve families when domestic violence is identified. However, by understanding the data already available, child welfare agency administrators and staff, domestic violence advocates, court professionals, law enforcement personnel, and other key stakeholders can better prevent domestic violence and better respond to and treat families who experience it.

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About the QIC-DVCW

Funded by a grant from the Children's Bureau of the U.S. Department of Health and Human Services, the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW) is a collaborative effort led by Futures Without Violence (FUTURES) in partnership with the Center for the Study of Social Policy, the National Council of Juvenile and Family Court Judges, the University of Kansas School of Social Welfare, and the Center for Health & Safety Culture at Montana State University. The National Advisory Committee provides strategic guidance at key points as the QIC-DVCW is implemented.

Over the next few years, the QIC-DVCW will gather, develop, test, and disseminate data on interventions that:

- Improve the safety, permanency and well-being of families that are experiencing domestic violence and are involved in the child welfare system;
- Promote and strengthen collaboration among stakeholders such as child welfare staff, domestic violence advocates, intimate partner abuse program staff, court professionals, mental health and substance abuse treatment providers, early childhood staff, and law enforcement personnel;
- Enhance identification of domestic violence, assessment of risk and protective factors, and processes for decision-making within child welfare;
- Identify opportunities and challenges within child welfare systems to enhance capacity to respond to domestic violence.

For more information about the QIC-DVCW, visit DVChildWelfare.org



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