



# CHILD WELFARE AND DOMESTIC VIOLENCE:

THE IMPACT ON CHILDREN
AND FAMILIES
CHILD TRENDS





# CHILD WELFARE AND DOMESTIC VIOLENCE

THE IMPACT ON CHILDREN AND FAMILIES

### **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 in families of domestic violence and child maltreatment, and to learn how to create safety, permanency, and well-being for children affected by domestic violence. This fact sheet details what available data tell us about domestic violence and how it impacts children and families 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 an abusive father, father figure, or boyfriend physically, sexually, financially, and/or emotionally abusing a child's mother, but it can also exist in same sex relationships, and in some instances, the mother may be the primary aggressor. The child may be a direct victim of abuse, or the child may suffer as a result of being exposed to the domestic violence. Exposure to the violence and coercive tactics of the domestic violence offender may interfere with the child's healthy development and academic performance and may result in behavioral issues that impact the child's future relationships and opportunities.

Domestic violence also impacts the quality of parenting the child receives. The abusive partner (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 also increases the risk of involvement with 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 children; 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 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, despite it being the male partners who create the danger and risk through their use of violence. The child welfare case is typically opened in the mother's name, yet research has shown that the mother is often the best protective factor in the lives of her children.1 Given that fact, child welfare systems must do a better job of supporting adult survivors in parenting their children. To support the adult survivor and to protect the child, child welfare professionals must 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 agency 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.<sup>2</sup>
- One in 15 women (6.6%) reported sexual violence, physical violence, and/or stalking by an intimate partner in the last 12 months.<sup>3</sup>
- 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%.<sup>4</sup>
- 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. 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 presence of violence. Broad statements about national trends for racial or ethnic groups should be avoided.
- Women are killed by intimate partners at a significantly higher rate than men are. 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.<sup>7</sup>
- The majority of women (64%) who are killed are killed by a family member or intimate partner, while 16% of men who are killed are killed by a family member or intimate partner.<sup>8</sup>

### IT IS COMMON FOR CHILDREN TO EXPERIENCE FAMILY VIOLENCE OVER THE COURSE OF THEIR LIFETIMES.

- One in five children (19.5%) are exposed to at least one form of family violence during their lifetimes, including witnessing violence against a parent or sibling. By the time they are 17, approximately one-third of youth have witnessed family violence.<sup>9</sup>
- More than one in 12 (8.4%) children were exposed to some form of family violence in the past year.
- One in 17 (5.8%) children were exposed to physical assault between parents or parental partners.<sup>11</sup>
- Roughly seven of every 10 children who witnessed violence witnessed violence perpetrated by males.<sup>12</sup>

### DOMESTIC VIOLENCE AND CHILD MALTREATMENT OFTEN CO-OCCUR.

- Domestic violence is a significant risk factor for children experiencing verbal abuse, physical punishment, and physical abuse.<sup>13</sup>
- In a national study of youth who witnessed intimate partner violence, more than half (56.8%) of youth who witnessed intimate partner violence had also experienced maltreatment in their lifetime.<sup>14</sup>
- Youth who witnessed intimate partner violence were three to nine times more likely to be maltreated or exposed to other family violence than were youth who had not witnessed intimate partner violence. Maltreatment of children who have witnessed intimate partner violence tends to be more severe than maltreatment of children who have not witnessed intimate partner violence. 15
- Approximately 30 to 60% of men who abuse their partners also abuse their children.<sup>16</sup>
- 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 male (usually their father or stepfather).<sup>17</sup>



• Domestic violence is a significant predictor of negative maternal psychological functioning, which in turn may negatively impact parenting. However, existing research has not clearly determined the influence that intimate partner violence has on maternal depression symptoms and harsh parenting. One study found, for example, that intimate partner violence had an impact on maternal depressive and posttraumatic symptoms, but the violence also resulted in a protective response by the mothers toward their children, which actually increased parenting effectiveness and attachment. 20

# WHILE A SIGNIFICANT PERCENTAGE OF CHILD WELFARE CASES ARE IMPACTED BY DOMESTIC VIOLENCE, THE EXACT EXTENT REMAINS UNCLEAR, GIVEN CURRENT DATA GAPS.

- Studies suggest that domestic violence is a significant problem for 30 to 40% of families in the child welfare system.<sup>21</sup>
- Approximately 30% of mothers receiving inhome services from the child welfare system reported having experienced physical domestic violence in their lifetime.<sup>22</sup>
- Approximately 25% of mothers receiving inhome services from the child welfare system reported having experienced physical domestic violence in the previous year.<sup>23</sup>
- 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 as a risk factor is often neglected in child welfare case planning and case management.<sup>24</sup>
- Although race has <u>not</u> been found to be a predictor in the identification of domestic violence by child welfare agencies:
  - African American women experiencing domestic violence may be less likely than other women to be referred for domestic violence services.<sup>25</sup>
  - African American women are twice as likely to report severe physical violence as are non-

- Hispanic White women.<sup>26</sup> African American women who were referred to services were approximately three times more likely to report experiencing severe forms of physical violence than were non-Hispanic White women referred to services.<sup>27</sup>
- White non-Hispanic women who reported severe intimate partner violence were three times more likely to report severe violence again after 18 months than were White non-Hispanic women who only reported minor violence.<sup>28</sup>

## WHILE THERE HAVE BEEN SOME STUDIES ON THE AVAILABILITY AND UTILIZATION OF DOMESTIC VIOLENCE SERVICES, DATA REMAIN LIMITED.

- Studies show that domestic violence is not consistently detected, and the identification of domestic violence does not have much influence on the types of referrals and services provided by child welfare professionals.<sup>29</sup>
- 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.<sup>30</sup>
- The field does not have a clear definition of what constitutes essential domestic violence services and expected outcomes; such a definition would help ensure consistent tracking and evaluation of domestic violence services.<sup>31</sup>
- The impact of specific services is difficult to determine because so many services are offered in most shelters. When women say that their shelter experience was positive, it is difficult to parse out which of those services resulted in their positive experience.<sup>32</sup>
- Domestic violence programs are prohibited from providing identifiable client information, which limits the ability to create large-scale datasets for analysis.<sup>33</sup>



### NATIONAL DATA ON THE REPORTING, RESPONSE, AND TREATMENT OF DOMESTIC VIOLENCE ARE LIMITED.

- There is little information on what leads survivors of domestic violence 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 caregivers seeking help, nearly one in three caregivers reported a fear of police and counselors.<sup>34</sup>
- National data found that domestic victimizations of females (24%) were four times as likely as male victimizations (6%) to go unreported due to fear of reprisal from a partner.<sup>35</sup>
- 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.<sup>36</sup>

#### CONCLUSION

While we know there is a strong overlap between domestic violence and involvement in the child welfare system, there is still much we need to learn to serve these 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 critical stakeholders can better prevent domestic violence and better respond to and treat families who experience it.

### END NOTES



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