



Domestic Violence: A Primer for Child Welfare Professionals

Domestic violence is a devastating social problem that affects every segment of the population, regardless of age, gender, sexuality, or ethnicity. Many families experiencing domestic violence also come to the attention of the child welfare system. Because the overlap in caseloads between domestic violence services (DVS) advocates and child welfare workers is significant, it is important that service providers be viewed as part of one overarching system that works to protect family well-being, rather than as belonging to two separate systems—one dedicated to protecting adults and the other to protecting children.

Child welfare professionals, DVS advocates, and other community stakeholders are increasingly working together to address the impact of domestic violence on children. This primer provides child welfare caseworkers and related practitioners with a high-level overview of the complex intersections between domestic violence and child welfare and points to promising practices.

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BACKGROUND

The co-occurrence of domestic violence and family involvement in the child welfare system can take many different forms. Often, complex relational dynamics are at play in an impacted household, creating multiple risk factors for those who are experiencing violence. For example, the offending parent might make allegations of child abuse and neglect against the nonoffending parent as a control tactic. In other cases, a survivor may decide to leave the relationship without having the financial resources to care for children. Or, the survivor might stay in a dangerous household for fear of more severe retaliation should he or she leave with the children (Quality Improvement Center on Domestic Violence in Child Welfare, 2018). In households where domestic violence is present, children's experiences can range from overhearing or witnessing confrontations, to being hurt when intervening, or directly experiencing abuse.

In some States and U.S. territories, legal protection is extended to children who witness acts of domestic violence in their homes. Child Welfare Information Gateway's factsheet, [Child Witnesses to Domestic Violence](#) outlines individual State statutes related to this issue.

DEFINING DOMESTIC VIOLENCE

The terminology used to define relationship violence varies throughout the child welfare field. This primer uses the term "domestic violence," which is defined as a pattern of coercively controlling behaviors used by a person to gain or maintain power and domination over their intimate partner.

Some research studies cited in this brief use "intimate partner violence" or simply "partner violence" to describe their data.

Statutory definitions of domestic violence vary by State or territory and describe specific conducts or acts that are subject to civil and criminal action. For more information on how each State defines domestic violence, see Information Gateway's State statute, [Definitions of Domestic Violence](#).

SCOPE OF THE PROBLEM

The most comprehensive, nationally representative data on the intersection between child maltreatment and domestic violence is derived from the National Survey of Children's Exposure to Violence (NATSCEV). According to the most recent available statistics, 57 percent of older children who reported witnessing partner violence in their lifetimes also indicated that they had experienced maltreatment (Hamby et al., 2010). The child self-report data from NATSCEV aligns with research estimates showing an overlap between incidences of child maltreatment and domestic violence. Several methodological inconsistencies across existing studies make it difficult to determine more precise rates of co-occurrence, including differences in sampling sources, varying definitions of maltreatment, the use of single-informant reporting sources, and disparities in reporting periods (Appel & Holden, 1998).

IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

Children and youth who have been exposed to domestic violence are more likely than their peers to experience a range of difficulties. These challenges can include behavioral

and emotional struggles that impact their social relationships with children and adults, cognitive problems that interfere with skill development and school performance, and long-term physical and mental health problems. (For more information on the potential negative effects of domestic violence on children, visit the [National Child Traumatic Stress Network](#) website.)

Several factors influence the impact of domestic violence on children, including the nature of the violence, the age and gender of the child, the amount of time that has elapsed since the child's exposure to violence, and the presence of child maltreatment. It is important to note that not all children exposed to domestic violence experience negative effects, in part due to protective factors such as social competence and supportive relationships with adults (Martinez-Torteya et al., 2009). Building protective factors in children and their families can increase resiliency in the short term and promote skills, personal characteristics, knowledge, relationships, and opportunities that contribute to positive long-term outcomes.

Information Gateway's [Protective Factors Approaches in Child Welfare](#), provides an overview of protective factors approaches to the prevention and treatment of child abuse and neglect.

RESPONDING TO DOMESTIC VIOLENCE

The extensive overlap between domestic violence and child maltreatment requires a specialized and coordinated response in child welfare casework. The following guiding principles serve as a foundation for child protection practices with families

experiencing domestic violence (Toussaint, 2006; Turner et al, 2015; Greenbook Evaluation Team, 2008):

- Identify and assess domestic violence at every stage of the child protection process for all child welfare cases.
- Make every reasonable effort to keep children in the care of the nonoffending parent.
- Provide services to families where domestic violence has been identified (even if child abuse has not been substantiated), including helping survivors protect themselves and their children using supportive and empowering interventions whenever possible.
- Hold people who use violence solely accountable for stopping their behavior and connect them with services that address their abusive actions.
- Collaborate with community partners, such as DVS advocates and law enforcement officials.

Historically, cases involving domestic violence and child maltreatment were addressed using two different service agencies, and research suggests that some of the challenges created by this systemic divide still impact practice. One study showed that only 43 percent of child welfare agencies screen all families referred to the child welfare system for domestic violence (Hazen et al., 2007). An analysis of caseworker interviews from the National Survey of Child and Adolescent Well-Being found that frontline workers accurately identified domestic violence in roughly 10 percent of cases and made referrals for services in 60 percent of cases where domestic violence was identified (Kohl et al., 2005). Additionally, while 25 percent

of families receiving in-home child welfare services reported domestic violence, only 15 percent received services that specifically addressed the violence (Casanueva et al., 2014).

These findings highlight the need for increased training on domestic violence screening and service provision as well as the potential benefits of agencies harnessing the expertise of DVS advocates, who can shed light on the domestic violence dynamics that are present in child welfare cases.

INTERAGENCY COLLABORATION

The child welfare field is increasingly recognizing the value of a cross-system approach to improving practice, services, and outcomes for children who experience domestic violence. Successful collaboration between DVS advocates and child welfare service providers hinges on the ongoing exchange of knowledge and resources through the colocation of staff, cross-system trainings, and technical assistance. There are currently two predominant models that child welfare agencies use as the bases for their collaboration efforts:

- **Colocated model:** In this model, colocated staff are typically employed through domestic violence services providers and spend time in the local child welfare office working directly with caseworkers to enhance service provision and provide advocacy for children exposed to domestic violence. The role of a colocated domestic violence specialist varies and may involve assisting with safety and case planning, facilitating information sharing, and advising on adherence to confidentiality protocols.

Evidence-based Practices and Interventions

See Information Gateway's web section on [Domestic Violence](#) for information on evidence-based programs as well as State and local examples of promising practices.

[Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](#) is a website sponsored by the Family and Youth Services Bureau (FYSB) that features a searchable database of evidence-based interventions and promising practices for serving children exposed to domestic violence.

The [California Evidence-Based Clearinghouse for Child Welfare](#) rates the effectiveness of select domestic violence interventions for people who use violence and adult and child survivors.

- **Domestic violence consultant model:** With this approach, the child welfare agency hires a domestic violence consultant to train and coach staff on how to improve practice for domestic violence cases and identify the needs of children and families impacted by domestic violence. Consultants can help caseworkers identify the effects of domestic violence on children, develop safety-planning protocols that hold offending parents accountable, create collaborative partnerships with nonoffending parents, and support the needs of children while keeping them with the nonoffending parent when possible.

In addition to establishing partnerships between child welfare workers and DVS professionals, agencies should work to build and sustain relationships with other community stakeholders, such as school and court systems, law enforcement, behavioral health providers, and other child and family supports and services. Communitywide collaboration is often facilitated by domestic violence coalitions, which provide training and technical assistance to local domestic violence programs on coordinating statewide services. Each of the 56 U.S. States and territories has a Domestic Violence Coalition that works with programs funded by FYSB as part of the Family Violence Prevention and Services Act (FVSPA). The coalition working with programs in your community can be found on the [State and Territory Coalitions](#) section of the Department of Justice's Office on Violence Against Women website.

The FVSPA also funds a network of culturally specific resource centers that work to address the impact of domestic violence and provide culturally relevant resources for the African American, Asian and Pacific Islander, Hispanic, and Indian and Alaska Native Tribal communities. More information is available on the [Resource Centers](#) section of the FYSB website.

Collaboration Resources

DVS advocates can find an overview of basic child welfare services and collaboration resources in Information Gateway's factsheet, [What Is Child Welfare? A Guide for Domestic Violence Services Advocates](#).

DIFFERENTIAL RESPONSE

Differential response—also called alternative response, multiple response, or dual track—emphasizes a broad assessment of a family's situation in response to a child protective services report, followed by a determination of whether the family can be helped from voluntary services while maintaining children in the home. Differential response pathways encourage a help-seeking approach and may be especially appropriate for families experiencing domestic violence. In jurisdictions where differential response is utilized, nonoffending parents who engage child welfare agencies are not at risk for being deemed neglectful when their children have witnessed domestic violence—a scenario that paves the way for these families to benefit from community resources (Cross et al., 2012).

Depending on legislation or agency policies, eligibility criteria for differential response vary by State, or even by jurisdiction within a State. Some agencies include a specialized noninvestigative pathway for families dealing with domestic violence. These tracks enable caseworkers to develop safety plans for families who have experienced domestic violence and to connect them with specialized community services, (County of Olmsted, 2015).

For more information on differential response in child welfare, read Information Gateway's factsheet, [Differential Response: A Primer for Child Welfare Professionals](#).

FAMILY ASSESSMENTS

When domestic violence is identified and a case is screened in for services, caseworkers are tasked with assessing safety and risk in the household. A whole-family approach should be used to assess a household's relational dynamics—meaning that the caseworker should interview and observe adult and child survivors, the offending parent, and all other individuals living in the home. Special considerations should be made when gathering information from families experiencing domestic violence, including the importance of making initial contact with the adult who has experienced violence when the offending parent is not present, the necessity of interviewing family members separately and privately, and the caseworker's own safety when interviewing the offending parent.

Following initial assessments, caseworkers should work directly with the nonoffending parent—and children, when appropriate—to put together a safety plan that includes strategies aimed at holding the offending parent accountable for his or her actions. Once accountability measures are in place, the caseworker should have ongoing contact with survivors to assess their current level of safety. Unlike other child welfare cases, the caseworker will work with the person who has used violence separately to incorporate him or her into the service plan, assess progress, and adjust services based on the evolving conditions.

Assessing Domestic Violence in Child Welfare Cases

To learn more about supporting and responding to families experiencing domestic violence, visit the [Domestic Violence](#) section of the Information Gateway website.

TRAUMA-FOCUSED APPROACH TO SERVICE PROVISION

Children and families who have experienced domestic violence often benefit from trauma-informed practice—meaning services and programs specifically designed to address and respond to the impact of traumatic stress (Wilson, 2013). A child welfare system utilizing a trauma-informed approach routinely screens children and caregivers for trauma, uses evidence-based programs to treat symptoms associated with traumatic stress, and works to increase resilience and strengthen the protective factors of children and caregivers to support the overall family unit. Signed into law in 2018, the [Family First Prevention Services Act](#) mandates that all services provided to families involved in the child welfare system be trauma informed.

When developing trauma-informed service plans, caseworkers should understand that children's experiences of domestic violence vary. Some only need minimal supports, while others, including children who witness domestic violence at an early age and those exposed to severe and prolonged violence, are at greater risk for developing trauma-related responses (National Center on Domestic

Violence, Trauma and Mental Health, 2017). Caseworkers should also consider the potential presence of complex trauma, which can occur in children exposed to multiple traumatic events and is most effectively assessed by multidisciplinary teams that include a pediatrician, mental health professional, and educational specialist (National Child Traumatic Stress Network, n.d.).

Resources on Trauma-Informed Care

The [Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](#) web page provides information on evidence-based interventions and promising practices that are trauma informed, as well as developmentally and culturally relevant.

The [National Online Resource Center on Violence Against Women](#), a service of the [National Resource Center on Domestic Violence](#), offers a special collection of resources called [Fostering Resilience, Respect and Healthy Growth in Child Welfare and Beyond](#). The collection includes tools and resources for understanding trauma as it relates to child development and for exploring posttraumatic growth.

For more information on trauma-informed child welfare practice, see Information Gateway's issue brief, [The Importance of a Trauma-Informed Child Welfare System](#).

Serving Children and Families in Times of Widespread Crisis

Widespread crises, such as the coronavirus pandemic, present unique challenges for families dealing with domestic violence. Added emotional and financial stress can exacerbate existing abusive behaviors and create circumstances in which family safety is further compromised, while existing societal inequities may limit survivor mobility and access to resources (e.g., technology, health care). At the same time, emergency services and alternative housing options may be strained or at capacity.

In response to these conditions, caseworkers must adapt their practice to serve children and families.

CONCLUSION

The co-occurrence of domestic violence and child maltreatment is a serious and pervasive social problem associated with a range of short- and long-term consequences for children. Professionals in the field are increasingly acknowledging that no single service system has the resources to develop a comprehensive response to families that are experiencing both domestic violence and child maltreatment. Institutional and societal changes can begin to eliminate domestic violence only when service providers integrate their expertise, resources, and services into an expansive network. New

practices are beginning to enhance cross-system understanding between agencies and communities, and new protocols are using a multidisciplinary approach to fostering safety, resiliency, and healthier long-term outcomes for children and families who have experienced domestic violence.

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