The Intersection of Domestic Violence and Child Maltreatment: Child Welfare Data Trends Over a Decade

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Introduction

While domestic violence and child maltreatment are known to co-occur, the research on this intersection is limited and largely outdated. Studies on the prevalence of this co-occurrence offer widely ranging estimates, from 30% to 60% of families with known or suspected child maltreatment also experiencing domestic violence (Appel & Holden, 1998; Edleson, 1999; Dong, et al., 2004; Jouriles, et al., 2008; Hamby, et al., 2010). Findings can vary greatly across studies depending on the methods and approaches used, such as how study samples are drawn, how 'domestic violence' and 'child maltreatment' are defined within and across systems (e.g., child welfare, law enforcement, healthcare), and how the occurrence of each is measured (e.g., professional assessment versus self-report). Notably, there is a dearth of recent research studies on this intersection, resulting in a lack of current data on the prevalence of co-occurrence.

Within the child welfare system, moreover, domestic violence has largely been viewed as a form of child maltreatment in and of itself when children are exposed (Humphreys et al., 2020; Douglas & Walsh, 2010; Wingfield, 2008). This approach has proven problematic over the years, as it has largely resulted in survivors being blamed for the violence they experience and charged with maltreating their children. Lack of policies, procedures, and training specific to domestic violence, as well as poor understanding of domestic violence, have been identified across numerous studies as barriers experienced by child welfare professionals with regard to assessment and decision making on cases involving domestic violence (Chimwemwe Banda et al., 2022; Olszowy et al., 2020;

Mennicke et al., 2019; Douglas & Walsh, 2010). Even when policies and procedures are established, this does not guarantee proper implementation and adherence by the workforce.

Furthermore, child welfare practice surrounding domestic violence is often shrouded by ambiguity and lack of transparency. The presence of domestic violence is not always clearly documented in child welfare cases, and how it is identified and assessed varies greatly across states and even within states (Victor et al., 2019; Henry, 2018). A recent analysis of state child welfare policies found considerable variation in how states categorize and substantiate maltreatment allegations related to child exposure to domestic violence (CEDV), with relatively few states having defined maltreatment types specific to CEDV (Victor et al., 2021). Instead, CEDV-related child maltreatment may be disguised under a variety of allegations, such as "failure to protect" or various categories of neglect.

The history of failure to protect laws is particularly controversial, as these laws are frequently used against survivors of domestic violence (usually mothers), casting blame upon the survivor for exposing their children to violence while failing to recognize survivors' efforts to protect their children (Kelton et al., 2020; De Simone, T. & Heward-Belle 2020; Mahoney, 2019; Victor et al., 2019; Ballou, 2017). This can result in children being removed from the non-offending survivor-parent and placed in out-of-home care, while survivors are forced to complete punitive child welfare case plans to prove their ability and desire to be safe, loving parents. Meanwhile, the person who uses violence is rarely held accountable by the system for the harm they caused.

Research findings concerning the outcomes of child maltreatment cases involving domestic violence have been inconsistent. Numerous studies suggest that these cases are more likely to be substantiated than cases that do not involve domestic violence, however, they have yielded different findings on whether domestic violence cases are more or less likely to result in out-of-home care (Lawson, 2019; Keddell, 2014; Kohl et al., 2005). Considerable research evidence, moreover, indicates that the harm caused by child welfare system involvement in cases of domestic violence disproportionately affects survivors of color, who encounter greater barriers to accessing domestic violence services (Hulley et al., 2023; Lippy et al., 2020; Kulkarni, 2019) and experience higher rates of child welfare system intervention (LaBrenz et al., 2022; Dettlaff & Boyd, 2021; Barbarin, 2020; Mabatah, 2016).

Given the significant potential for harm to both survivors of domestic violence and their children, there is great need to better understand how cases involving domestic violence are approached within the child welfare system. In the interest of beginning to fill this knowledge gap, a review and analysis of the Children's Bureau's annual *Child Maltreatment* reports was conducted to assess publicly available child welfare data on the co-occurrence of domestic violence and child maltreatment, as well as child welfare responses to findings of domestic violence. This research brief summarizes trends in the identification of domestic violence within child welfare cases, identifies limitations to the available information, offers recommendations to improve data collection regarding domestic violence, and proposes directions for future research.

Methods

Data on child abuse and neglect are collected annually from all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico through the National Child Abuse and Neglect Data System (NCANDS). These include case-level data on the characteristics of abuse reports made to CPS agencies, children who are verified to be victims of maltreatment, individuals who perpetrate the maltreatment, risk factors of the children and their caregivers, and child welfare services that are provided. An annual *Child Maltreatment* report is produced by the Children's Bureau that presents key findings from these data at the state and national levels.

One of the risk factors included in this dataset pertains to the presence of domestic violence, defined as "any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another" (USDHHS, 2024:24). Data submitted to NCANDS do not specify whether the caregiver alleged to have maltreated the child is the perpetrator or survivor of the domestic violence, but simply indicate the presence of domestic violence involving at least one of the child's primary caregivers. The data also do not provide any indication of whether "child exposure to domestic violence" was considered a form of child maltreatment in these cases, since NCANDS does not include CEDV as a type of maltreatment, and instead defines domestic violence purely as a risk factor.

Data pertaining to the domestic violence risk factor are collected for both verified child maltreatment victims and for non-victims (children for whom a child maltreatment report was received and investigated, but findings of maltreatment were not verified). The annual *Child Maltreatment* reports included data on the domestic violence indicator for both verified victims and non-victims until 2017, thus allowing for a comparison of

domestic violence prevalence between cases where maltreatment is verified and unverified. After 2017, however, inclusion of the domestic violence indicator for non-victims was dropped from the reports. Furthermore, not all states collect or provide information on the presence of domestic violence when they submit their data to NCANDS. Therefore, data are limited to those states that do report on the domestic violence risk factor.

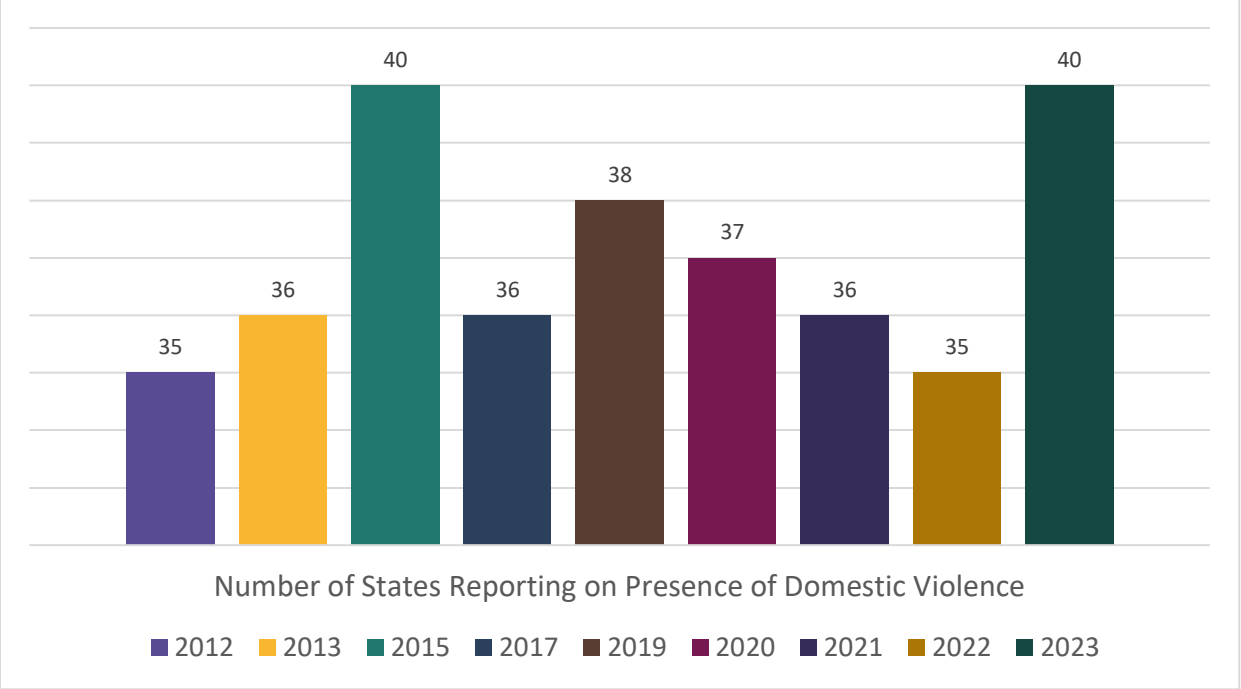
For the purpose of this analysis, *Child Maltreatment* reports were examined going back to 2012 to assess trends in the identification of domestic violence within child welfare cases over the course of a decade. The most recent *Child Maltreatment* report available contains data from 2023. Findings presented in this brief are limited to a descriptive analysis of aggregated state-level data on the domestic violence risk factor, since case-level data are not included in the *Child Maltreatment* reports.[1] Three years (2014, 2016, 2018) are excluded from analysis because these reports did not include data pertaining to the domestic violence risk factor. Due to the limitations of the dataset, moreover, this analysis only examines domestic violence as a "risk factor" and not as a form of maltreatment, since this is how it is reported in NCANDS.

Findings

The number of states (including Washington, D.C. and Puerto Rico) providing data on the presence of domestic violence among child maltreatment cases each year varied from 35 to 40 (67 – 77% of all states). Eight states have never reported this data to NCANDS: California, Colorado, Iowa, Kansas, Louisiana, South Carolina, Vermont, and West Virginia. Furthermore, some states that provided data in earlier years (e.g., 2012-2015) had stopped providing this data by 2023, while other states who had not reported data previously began reporting data in later years (e.g., 2019-2023). As a result, only 28 states consistently provided data on the presence of domestic violence in their child welfare cases throughout the full period of analysis. While it is possible that the pandemic impacted data collection and reporting beginning in 2020, the inconsistency in states submitting this data to NCANDS has been a persistent pattern, as illustrated in Figure 1.

[1] Access to case-level NCANDS data for research purposes requires approval through the National Archive on Child Abuse and Neglect

Figure 1. Number of States Reporting on the Domestic Violence Risk Factor, 2012-2023

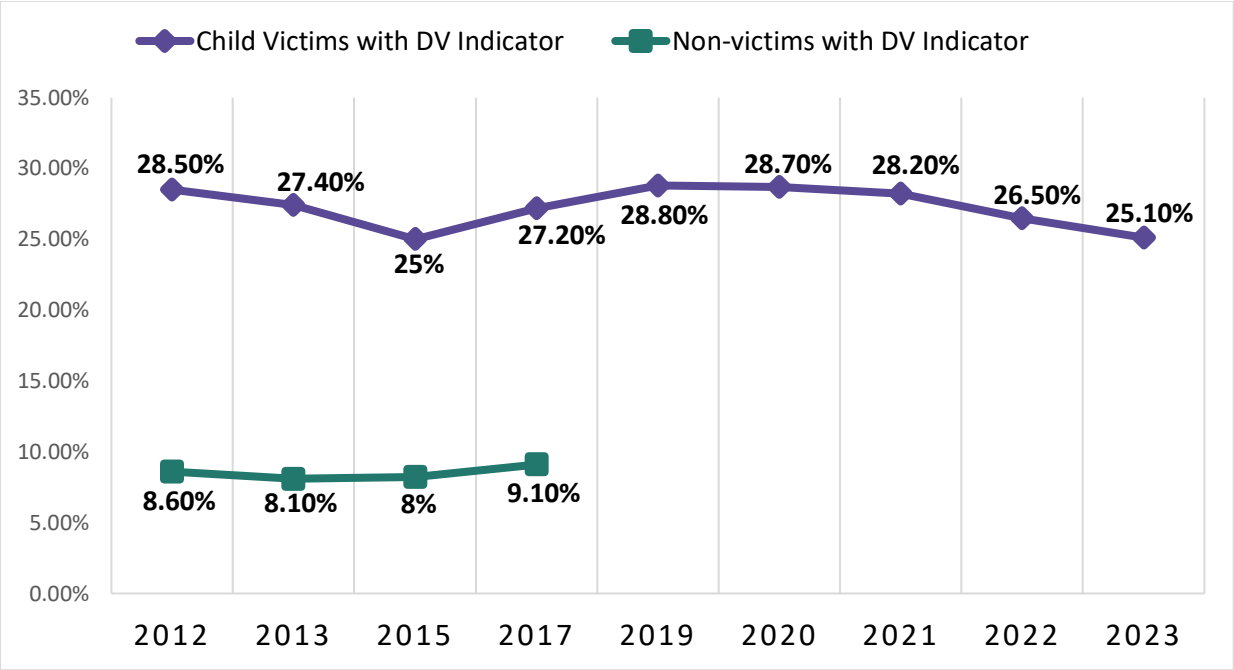


National rates at which domestic violence was identified as a risk factor among children with verified maltreatment reports, and among those determined not to be victims of maltreatment (2012-2017 only) are shown in Figure 2. Notably, the rate of identified domestic violence among child maltreatment cases at the national level has remained fairly consistent over the years, ranging from 25% to 28.7% of cases indicated for the presence of domestic violence. This is somewhat lower than would be expected based on the literature (e.g., Edleson, 1999; Jouriles, et al., 2008; Hamby, et al., 2010), which may indicate under-detection or under-reporting of domestic violence by child welfare professionals. If domestic violence is poorly documented in case files or the state's data system does not include a way to indicate the presence of domestic violence in a case, for example, it is unlikely that the state will have accurate data to submit to NCANDS.

Also notable, the rate of identified domestic violence among non-victims is much lower compared to that of verified victims, which could indicate that the presence of domestic violence increases the likelihood that a report of child maltreatment will be verified. This is supported by research, which has found that child protective services caseworkers perceive cases involving domestic violence to be higher risk compared to those that do not involve domestic violence and are more likely to substantiate findings and remove

children from the home when there is co-occurring domestic violence (Keddell, 2014; Kohl et al., 2005). Moreover, the increased likelihood of experiencing intervention by the child welfare system further impacts survivor help-seeking, as fear of child welfare involvement may prevent survivors from disclosing the violence they are experiencing to potential sources of support (Lippy, et al., 2020).

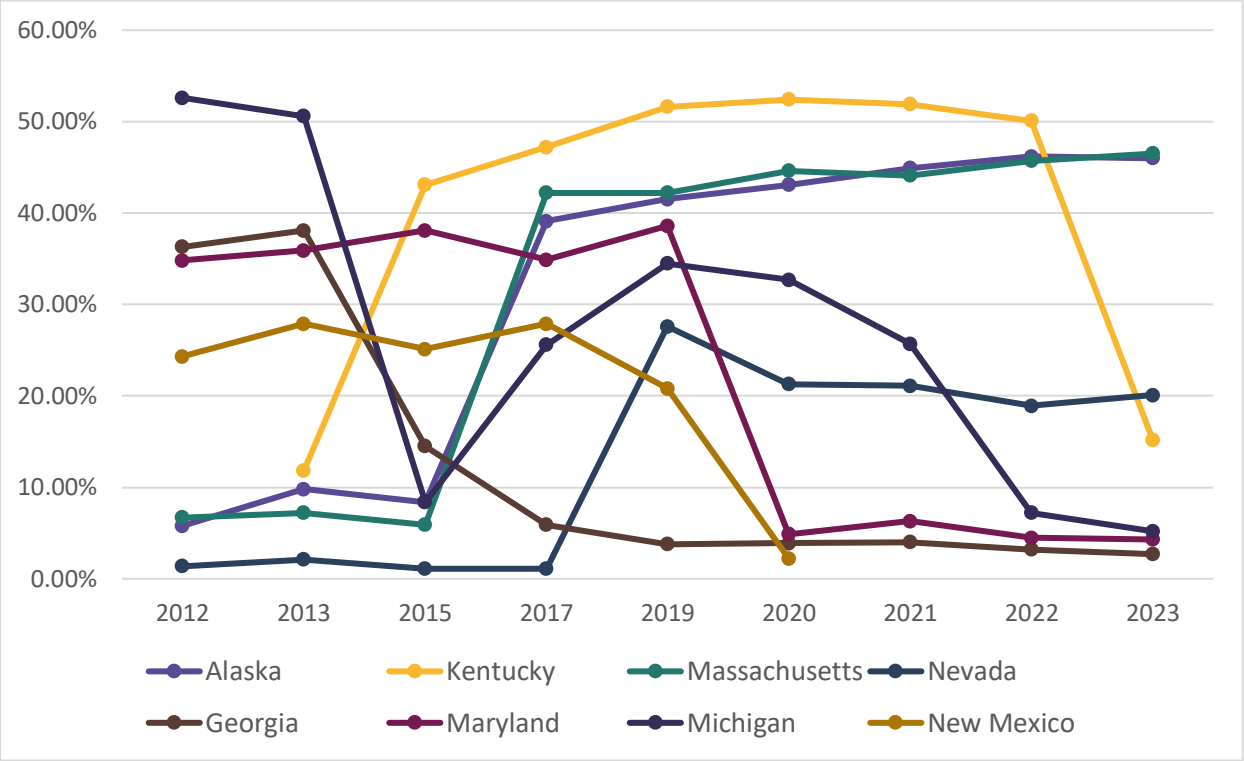
Figure 2. Proportion of Maltreated and Non-maltreated Children with Identified Co-occurring Domestic Violence, National Level Data



There are interesting patterns that emerge when data are examined and compared at the state level. In Figure 3, the rates are shown for a selection of states representing varying levels of reported domestic violence. The states included in this chart were selected to illustrate the range of domestic violence rates reported by states and the different trends that can be observed at the state level. As depicted, there are substantial discrepancies among states, with the proportion of verified maltreatment cases flagged with the domestic violence risk factor in a given year ranging from less than 5% in some states to as high as 50% in other states. At the upper end of the spectrum, Michigan reported that 52.6% of their maltreatment cases had co-occurring domestic violence in 2012 and Kentucky reported 52.4% in 2020, while at the low end of the spectrum, Nevada

reported only 1.1% of their cases in both 2015 and 2017 included co-occurrence of domestic violence.

Figure 3. State-level Comparison of the Proportion of Maltreated Children with Identified Co-occurring Domestic Violence



States not depicted in the chart above who have exhibited consistently higher rates of cases with the domestic violence indicator over the years include Rhode Island (42-50%), Delaware (40-48%), Florida (37-44%), and New Hampshire (36-45%). States that have reported consistently lower rates of cases with the domestic violence indicator include Nebraska (3-5%), Mississippi (2-13%), and Arkansas (6-10%). Variability between states may be linked to differences in policy and practice regarding how domestic violence is defined and assessed, whether it is considered child maltreatment and the criteria for substantiating it as such, and how domestic violence is documented in child welfare cases, all of which may impact whether and how the domestic violence indicator gets reported by states in NCANDS. Additionally, funding and grants can significantly impact whether or not states put effort into tracking these data.

Another noteworthy finding, numerous states incurred dramatic changes over time in their reported rates of domestic violence among child maltreatment cases. As illustrated in Figure 3, both Alaska and Massachusetts went from reporting some of the lowest rates of co-occurring domestic violence in 2012 (5.8% and 6.7%, respectively) to the highest rates by 2023 (46% and 46.5%). Alaska's rate increased eight-fold, while Massachusetts' increased by nearly seven times. Another striking change, Nevada's rate increased 13 times, from 1.4% in 2012 to 20.1% in 2023. Most likely, these increases reflect a change in child welfare practice to better capture and report these data, since it is unlikely that rates of domestic violence would suddenly rise so drastically. There is some information provided in the state commentary section of the *Child Maltreatment* reports to support this hypothesis. Comments provided by the state of Alaska, for example, indicate that an improved system for tracking family characteristics in child protective investigations was implemented in 2016, which the state notes resulted in increased reporting on caregiver domestic violence. The states of Kentucky and Massachusetts also reported that they had implemented significant policy and practice changes that coincided with the changes in their reported rates for the domestic violence indicator. Kentucky presents a particularly interesting case, however, as their rates increased by four times between 2013 and 2022 before dropping suddenly in 2023, with no indication as to the reason for this abrupt change.

Conversely, states like Georgia, Maryland, Michigan, and New Mexico experienced a significant decline in their reported rates of domestic violence between 2012 and 2023. Georgia and New Mexico both saw an 11-fold decrease in cases identified with the domestic violence indicator. Rates reported by Maryland and Michigan both decreased by seven times between 2012 and 2023, although Michigan's pattern is unique in that the reported rate first dipped dramatically between 2013 and 2015, then increased substantially from 2015 to 2019 before decreasing again from 2020 to 2023. Again, it is unlikely that actual rates of domestic violence changed this rapidly, and more likely that these data reflect changes in policy and/or reporting. It is possible that disruptions caused by the pandemic have impacted states' capacity to gather and report this data as they had in the past, as appears to be the case for New Mexico, who stopped reporting on the domestic violence indicator after 2020. Some of these changes are evidenced prior to the pandemic, however, and therefore likely reflect unrelated practice and policy changes or simply lack of support to sustain data collection efforts.

Limitations of Available Data

While some interesting observations were gleaned from the *Child Maltreatment* reports, there are substantial limitations to the available data. The first concerns inconsistencies in data collection and reporting at the state level. As noted above, only 28 states consistently provided data on domestic violence over the 10-year period examined, and 8 states have never reported such data. Notably, one of the states that has never reported on the domestic violence indicator, California, is one of the most populous states and has the largest child welfare population. Among states that have submitted data on the domestic violence indicator, the wildly ranging rates of domestic violence reported raise questions about how states assess and identify the presence of domestic violence. It is highly improbable that rates of domestic violence would vary so greatly from state to state; however, child welfare practice, including protocols for assessing child safety and family needs, is extremely variable at the state level.

States that incorporate more concerted child welfare efforts to assess families for domestic violence are presumably more likely to identify its presence, as are states that define domestic violence as a form of child maltreatment and require mandatory reporters to refer these families to child protective services. At the same time, if a state does not have a CEDV-specific maltreatment type defined in policy, maltreatment allegations that concern domestic violence may not be easily identifiable in state data systems, and therefore may not be reported to NCANDS for the domestic violence risk factor. Inconsistent assessment, data collection, and reporting on domestic violence limits our knowledge of the true prevalence of domestic violence among families where child maltreatment is alleged to have occurred. This further impacts our ability to understand the extent to which this problem exists and advocate for resources to address the needs of families affected by domestic violence.

Second, there are no data included in the NCANDS to indicate whether the presence of domestic violence itself was identified as a form of maltreatment by the child welfare system. NCANDS requires states to categorize maltreatment allegations as one of the following: physical abuse, sexual abuse, neglect, medical neglect, psychological maltreatment, or "other." This means that if states use maltreatment allegations such as "failure to protect" or "child exposure to domestic violence," they must recategorize them when submitting their data to NCANDS, precluding the ability to determine from the reports the extent to which domestic violence itself is deemed maltreatment by state child welfare systems. Reporting on the presence of domestic violence, on the other hand, is categorized only as a risk factor in NCANDS, providing no indication of whether

it was considered as part of the child maltreatment allegations. Furthermore, the reports offer no clarity on whether the survivor of domestic violence was also the alleged perpetrator of the child maltreatment, although considerable research indicates that it is common for survivors to be charged with neglect or "failure to protect" (Kelton et al., 2020; Ballou, 2017; Douglas & Walsh, 2010).

Additionally, there is a great deal of important detail and nuance that is needed to understand how domestic violence is handled in the child welfare context that is missing from the *Child Maltreatment* reports. The reports do not provide any information on the extent to which children exposed to domestic violence were placed in out-of-home care or received alternative responses, such as in-home services. Nor is there information on whether the presence of domestic violence was a significant contributing factor in decisions by child welfare professionals to remove children from their caregivers. In fact, there is no information at all on what services were provided to families experiencing domestic violence. Furthermore, there is a lack of information on how verified maltreatment cases with co-occurring domestic violence compare to unsubstantiated cases (non-victims) with the domestic violence risk factor, and notably, reporting on the domestic violence risk factor among non-victims was dropped after 2017. While it would presumably be possible to run some of these analyses with the NCANDS dataset, they are not included in the *Child Maltreatment* reports.

Finally, the annual *Child Maltreatment* reports do not provide demographic data (e.g., race/ethnicity, gender, age) for the children and their caregivers who have a reported domestic violence risk indicator. While the reports do provide data on the demographic characteristics of verified child victims overall, they do not provide the distributions specifically for the child and caregiver risk factor variables, thereby precluding the ability to examine relationships among demographic variables and various risk factors. As agencies work to enhance data quality and ensure more informed decision-making, including demographic information for these variables would provide valuable insight into patterns and service needs across different family populations. While the full NCANDS dataset contains complete child-level data that would allow for assessing the relationship among demographic variables and the co-occurrence of child maltreatment and domestic violence, as well as how these relate to out-of-home placements and other services, these analyses are not provided in the *Child Maltreatment* reports.

Recommendations and Future Research Directions

There is a clear need for more empirical research on the intersection of domestic violence and child maltreatment. This includes updated research on the extent to which domestic violence and child maltreatment co-occur, how findings of domestic violence influence child welfare decision-making, including provision of services and resources, and what other child, caregiver, and case characteristics (e.g., race/ethnicity, age, gender, type of alleged maltreatment, presence of other risk factors) influence case decisions. Building this knowledge base is crucial for improving responses to families impacted by domestic violence. Several recommendations are outlined for advancing research and evidence at this intersection.

1. Improve Data Collection and Reporting

First, improvements to data collection and reporting on the co-occurrence of domestic violence in child welfare cases are necessary to enhance the quality and utility of data. A need for more consistent data collection and reporting by state child welfare agencies is evidenced by the fact that, in any given year, roughly a quarter or more of states do not report data on the domestic violence indicator, and the numbers reported by some states are questionably low. This is not a recommendation that states should systematically assess all families who receive child protective investigations for the presence of domestic violence, as it is well known that disclosing domestic violence to child welfare professionals may be used against the survivor. Rather, it is a recommendation for states to implement clear processes for documenting domestic violence when it is known to be a factor in a case and create mechanisms within their state data system for flagging those cases as such. Better documentation by child welfare agencies will facilitate more consistent and accurate data submission to NCANDS.

Additionally, there is a need to disentangle the relationship between the alleged perpetrator of child maltreatment and the survivor of domestic violence within the NCANDS dataset. Current reporting does not specify whether the domestic violence survivor is the one alleged to have perpetrated the child maltreatment. Without having this differentiation, it is impossible to assess the extent to which survivors are being held responsible for the violence perpetrated by their partners. This may require changes to how data are reported to NCANDS in order to capture these details, but doing so is important for understanding how child welfare systems respond to survivors of domestic violence.

2. Explore Differences Across States

Given the wide variability in child welfare practice and policy at the state level, research comparing data (and data collection processes) across states is needed to explore differences and assess the impact of specific child welfare policies and practices concerning domestic violence. This is especially important in understanding how different state policies affect child welfare decisions and outcomes, such as whether a state defines CEDV as child maltreatment or whether a state has laws or policies that protect survivors from being charged with child maltreatment. There are numerous aspects of policy and practice that should be explored and compared across states, such as what training child welfare workers receive on domestic violence; how domestic violence is assessed by child welfare professionals; whether the state includes a CEDV-related child maltreatment category or uses other child maltreatment classifications to substantiate CEDV; what policies are in place to support collaboration between child welfare and domestic violence agencies; or whether the state employs and co-locates domestic violence advocates within child welfare agencies. Connecting policies and practices to specific outcomes (e.g., rates at which families are substantiated for CEDV-related maltreatment, rates at which survivors versus perpetrators of domestic violence are substantiated for child maltreatment, rates at which children enter out-of-home care due to CEDV-related maltreatment) will further help to understand the implications that various approaches have for survivors and their children.

3. Identify and Support Better Approaches

There is great need for research to identify and support the further development of effective interventions and approaches for serving families impacted by domestic violence. This includes research on effective models for collaboration between domestic violence and child welfare systems of care, approaches for improving access to services, concrete resources, and protections that increase safety and better meet the needs of survivors and their children, and interventions to prevent child removals among families experiencing domestic violence, particularly to prevent removal from the non-offending survivor-parent. To achieve this, we need a better understanding of what interventions these families currently receive (e.g., the extent to which they receive in-home services vs. out-of-home placement, and specific services and programs to which they are referred) as well as their experiences with those services and the outcomes of child welfare interventions (e.g., to what extent did services address families' actual needs and result in reunification or family preservation).

Furthermore, it is especially critical that both research and interventions center the knowledge and expertise of survivors (Jumarali et al., 2021; Kulkarni, 2019; Ghanbarpour et al., 2018; Goodman et al., 2017). Generating relevant research requires engaging survivors as partners (e.g., through participatory methods) to ensure that research reflects their priorities and responds to their needs. Additionally, this work should acknowledge that the impacts of domestic violence and system involvement are not experienced uniformly across all populations. Understanding how socioeconomic and community factors influence survivors' experiences helps ensure that research and interventions are responsive to diverse family circumstances, thereby improving system responses for all survivors (Taggart & Moen, 2023). When research is carried out in partnership with individuals and communities that are most affected, it is more likely to result in meaningful change and solutions that address the actual needs of families in crisis. A commitment to genuine collaboration and power-sharing in research practice, moreover, ensures that individuals and communities most affected are meaningfully engaged throughout the process and receive the direct benefits of research efforts.

4. Pursue Further Analyses with NCANDS Data

While some of the gaps in knowledge identified here call for new data collection, including the development and testing of new interventions, there are some research questions that could be explored through existing NCANDS data. This is a useful starting place, as developing a greater understanding of what existing data show can help to illuminate the questions that remain unanswered and the data that are still needed to fill those gaps. Using case-level data from the full NCANDS dataset, further analyses might explore the following questions:

1) What is the relationship to the child of the alleged maltreatment perpetrator in cases that are positive for the domestic violence indicator?
2) What are the alleged child maltreatment types for cases that are positive for the domestic violence indicator?
3) What is the distribution of race/ethnicity, gender, and age of children with the domestic violence indicator?
4) What proportion of cases with the domestic violence indicator receive an alternative response rather than an investigation?
5) What proportion of cases with the domestic violence indicator resulted in out-of-home placement, and how do child or caregiver characteristics (e.g., race/ethnicity, gender, age) influence this outcome?

6) To what extent do cases with the domestic violence indicator overlap with other caregiver risk factors (e.g., substance abuse, inadequate housing, mental illness) and how do the presence of additional risk factors affect case outcomes (e.g., substantiation, out-of-home placement, reunification, termination of parental rights)?

For each of the research questions outlined above, analyses should compare cases that are flagged as positive for the domestic violence indicator with cases that are negative for the domestic violence indicator. This will contribute to greater understanding of whether and how cases involving domestic violence are treated differently than other child welfare cases, such as differences in substantiation or removal decisions. Additionally, analyses should be conducted at both national and state levels to identify and understand variability in patterns across states. More in-depth exploration of the relationships among variables within the existing NCANDS dataset can offer a wealth of information on the co-occurrence of domestic violence and child maltreatment and how the child welfare system currently responds to these cases.

Conclusions

This research brief presented findings on the prevalence of domestic violence within child welfare cases, based on state-reported public data obtained through the Children's Bureau's annual *Child Maltreatment* reports. Findings revealed that reporting by states on domestic violence in child welfare cases has been inconsistent over the years, and rates of domestic violence reported vary greatly across states. These findings are indicative of how variability in child welfare policy and practice at the state level impacts identification, documentation, and reporting on domestic violence. Moreover, the analysis revealed numerous and substantial limitations to the data on domestic violence in child welfare cases that are publicly available through the *Child Maltreatment* reports, pointing to the need for improvements in data collection as well as additional research and analysis to increase understanding of how child welfare systems approach domestic violence. The recommendations for future research directions laid out in this brief offer numerous avenues to address current gaps in knowledge and generate much needed research evidence at the intersection of domestic violence and child welfare. Expanding the existing knowledge base is essential for efforts to improve community and system responses to domestic violence and reduce the harms inflicted on survivors by child welfare systems.

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NATIONAL CENTER TO ADVANCE PEACE
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The National Center to Advance Peace for Children, Youth, and Families (NCAP) is a coalition led by Caminar Latino-Latinos United for Peace and Equity and includes Ujima: National Center on Violence Against Women in the Black Community, the Alaska Native Women's Resource Center, the National Indigenous Women's Resource Center, and Futures Without Violence.

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