



Rethinking domestic abuse in child protection

Frontline Briefing

An output of the Rethinking Domestic Abuse and Child Protection (RDAC) research project

Funded by the Nuffield Foundation

About this briefing

The Rethinking Domestic Abuse in Child Protection study (RDAC) was a three-year research project funded by the [Nuffield Foundation](#), designed to advance understanding of domestic violence and abuse (DVA) in the context of child protection. Learning from the project has been distilled into the five principles set out below, intended to support meaningful changes in policy and practice.

This briefing provides a summary of key findings and recommendations for **practitioners** working across children's social care. It accompanies a briefing for strategic leads.

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Introduction

Building on the earlier [Domestic Abuse and Child Protection Change Project](#), RDAC sought to expand the evidence base and translate learning into recommendations for meaningful improvements in child and family social care policy and practice. The scale of the challenge is significant. In 2023, 32.4% of respondents to the Crime Survey for England and Wales who reported domestic abuse also reported that there were children under the age of 16 present in the household (ONS, 2023). In 2024/25, domestic abuse featured in 51% of 275 rapid reviews following a serious incident notification (Child Safeguarding Practice Review Panel, 2025).

While important developments in practice have been made over the last decade, there remains a need to advance children's social care responses to adults and children who are harmed through DVA, as well as to those who cause harm, in order to improve outcomes and promote sustainable change for children and their families.

The RDAC project examined how statutory children's services might think and respond differently to DVA, bringing a specific focus on how intersecting inequalities, including poverty, ethnicity, gender and disability, shape families' experiences of both DVA and the systems designed to protect and support them. The research had three sequential aims:

- Address gaps in current knowledge regarding the nature and characteristics of domestic violence and abuse (DVA) in child protection.
- Examine the relationship between DVA in child protection and families' socioeconomic circumstances, identifying how intersectional inequalities shape experiences and outcomes.
- Build evidence-informed principles, in partnership with families and practitioners, to support new approaches in children's social care policy and practice.

Working across two case study sites in England and one in Scotland, the project sought to generate evidence that is rigorous, and applicable to strategic and operational decision-making in children's services.

“If we can support people to think and do differently in this space, we should see a reduction of the pressure on child protection systems. We should see families feeling respected and supported, women and men feeling supported in a different way and ultimately, that should mean children, women and families are less likely to live the consequences of domestic abuse and violence”.

(Professor Kate Morris, RDAC project lead)

Methods

RDAC used a mixed methods design underpinned by two co-production mechanisms, summarised below. For full details on methods [read the report](#).

Literature review

An initial [literature review](#) explored the available international research concerning intersectionality in the context of child protection responses to domestic abuse. The review found limited use of an intersectional lens in research on DVA and child protection. The links between structural inequalities and people's experiences of and responses to support, remained largely unexplored.

Case study sites: quantitative and qualitative data analysis

Researchers worked with three case study sites, two in England and one in Scotland. First, researchers conducted an analysis of children's social care administrative data. They combined data on individual children's involvement with children's social care over a three-year period with demographic information about the local neighbourhoods in which they lived.

Following this analysis researchers conducted fieldwork interviews with practitioners and managers, to explore how DVA was understood and responded to, and how families experienced this process. Where possible, researchers also consulted with family members.

Follow-up file review

A small-scale study was conducted at the two English sites, focusing on families with long-term involvement with children's services due to concerns about DVA and child safety. Researchers completed a detailed review of files.

Co-production

Two co-production mechanisms underpinned the project's methodology: the Community of Practice and the Family Forums. The team's work was also supported by an Expert Advisory Group.

Community of Practice

The Community of Practice (CoP), led by Research in Practice, Professor Brid Featherstone and Dr Jessica Wild, brought together practice leaders from 30 local authorities across England and Scotland. It provided a structured platform for collaboration, knowledge exchange and the 'sense-checking' of emerging evidence. It fostered mutual learning between the researchers and practice experts working at the forefront of DVA and child protection. By drawing on the collective expertise of its members, the CoP played a significant role in shaping the research and strengthening the relevance of its findings for both practice and policy audiences.

Family Forums

The Family Forums, led by Professor Kate Morris and supported by partner organisations SafeLives, Future Men, and Circles Training and Consultancy, enabled the perspectives of families with direct experience of DVA and child protection to be embedded throughout the research process. This included directly shaping the analysis and the conclusions drawn from the findings. The forums provided a space for meaningful engagement with families, served as a platform for constructive challenge and created important feedback loops at critical stages of the project.

Key findings

Understanding DVA in child protection

RDAC found that child protection responses continue to **focus disproportionately on the mother** or the non-abusing parent, with **those causing harm remaining largely unengaged**. This is a pattern that persists despite decades of evidence calling for change and consistent professional critique.

Children's experiences were documented in assessments, but this rarely translated into sustained, longer-term support. As cases progressed, children frequently became less visible, with professional attention shifting towards the actions or inactions of mothers rather than maintaining a clear focus on children's needs and experiences in their own right.

The fieldwork found that **responses to DVA lacked nuance**; practitioners tended to react (often repeatedly) to individual reported incidents rather than building a fuller picture of a family's circumstances and the wider factors shaping their lives. This meant that practitioners tended to react to individual reported incidents rather than building a fuller picture of a family's experience and the various factors that shaped their lives. Cases were frequently recorded using broad, 'catch-all' terminology such as 'DV', which oversimplified the varied and complex nature of the violence and abuse and obscured the realities of families' lives. As a result, **assessments and case files often lacked the depth** needed to reflect the different forms DVA can take, how it manifests, and what it means for each individual involved. Support programmes for both women and men were largely 'one-size-fits-all', failing to account for people's differing experiences, circumstances and needs.

Families reported significant fear, stigma and distrust in their dealings with children's services, compounded by persistent and often unrealistic expectations placed on mothers and victim-survivors to protect their children by separating from the abusing partner. This is consistent with a substantial body of research and represents a widespread experience for many women affected by DVA. For families with long-term involvement with services and limited evidence of positive change, these feelings of fear, distrust and disengagement were particularly acute. Practitioners themselves expressed frustration that too little had changed, with professional efforts remaining heavily weighted towards mothers and insufficient attention paid to engaging the whole family, including those causing harm.

Community and employer engagement are areas in which there is demonstrable potential to extend the reach of DVA responses beyond statutory child protection services, build trust with communities, and support earlier identification of abuse. These approaches were notably underdeveloped across all three sites. Engaging employers, for example, can provide practical support such as flexible working arrangements and help to reduce the isolation experienced by many victim-survivors.

More broadly, meaningful community engagement can help services to better understand and respond to the specific needs of local populations, particularly those who have experienced institutional harm or discrimination and may be reluctant to engage with statutory services. Despite this potential, there was little evidence across the case sites of responses being actively shaped by an understanding of communities' intersectional needs and experiences. **All three sites relied heavily on individual casework as the default response, even where need and risk were clearly being driven by shared community-level factors such as poverty, insecure housing or cultural barriers to disclosure.**

Inequalities and DVA in child protection

The RDAC findings provide **compelling evidence of a clear social gradient in DVA and child protection involvement**, consistent with the broader picture established by the Child Welfare Inequalities Project (2020). Families living in poverty and facing compounding socioeconomic pressures were disproportionately represented among those involved with children's services where DVA was a concern. Yet despite this clear pattern, **plans and interventions** rarely engaged meaningfully with socioeconomic realities, **remaining narrowly focused on parenting behaviour and risk management rather than addressing the structural conditions shaping families' lives.**

Existing administrative datasets are significantly limited in their capacity to support a nuanced strategic understanding of DVA in children's services. They do not capture socioeconomic circumstances, the nature and patterns of abusive behaviours, nor the intersecting inequalities (including class, ethnicity, disability, gender, sex, immigration status and sexuality) that are known to shape help-seeking behaviour, professional responses and outcomes for children and families.

While some local areas have begun to integrate relevant datasets to build a more complete picture of community need, the capacity of these data sets to capture the impact of intersectional inequalities was extremely limited. A nationally coordinated approach would deliver far greater benefit and reduce the cost and inefficiency of fragmented local efforts. Closing these data gaps must be recognised as a strategic priority if safeguarding services – including children's services – are to develop responses that are genuinely attuned to the populations they serve and capable of addressing the underlying drivers of DVA.

RDAC principles and their application in practice

Learning from the case study sites, the administrative data analysis, the Community of Practice, and the Family Forum was brought together and distilled into five principles. These principles are intended to support a fundamental shift in how children's social services and the wider services understand and respond to DVA.

The principles are published during a significant period of reform across children's social care, with a shift towards prevention, earlier family support, and greater engagement with family networks, delivered through multi-disciplinary family help and child protection.

In this context the principles outlined below, alongside reflective learning questions and activities, offer a useful basis for critical reflection at individual, organisational, and system levels. They offer practitioners and teams working across social care the means to examine and reflect on the ways they are working with families where DVA is present, and consider what changes are needed to improve responses and outcomes for children and families.

Principle One

Move on from casework: address inequalities and structural drivers

DVA is a complex social problem; therefore children's services casework should be embedded in a broad preventative approach that addresses the causes of violence and abuse.

Key findings

The RDAC findings strongly pointed to a social gradient in DVA, meaning that inequality shapes both people's experiences of abuse and the interventions they receive, but this was poorly understood and rarely reflected in practice.

The research highlighted significant pressures on caseworkers, with limited time and resources to fulfil all aspects of their role. Casework approaches were found to be reactive, incident-driven responses that targeted only the immediate intra-familial harm and were unable to address the underlying causes of DVA. This led to frustration for both practitioners and families.

What is needed

DVA is a complex social problem. Incident-driven responses narrow focus and fail to consider how socio-economic factors and structural inequalities such as poverty and racism shape the construction and experience of notions of risk, security, and 'choice'.

While casework will always have a role, practitioners need to attend to the patterns, contexts and the underlying drivers for DVA. This could be achieved through casework approaches sitting within broader preventative and holistic support responses, that engage with the influence of key socioeconomic issues such as poverty, and connect families with support that is responsive to these inequalities.

Questions for practitioners

- When working with a family where there are concerns about DVA, how do you take account of intersectional issues such as poverty, housing and racism when assessing risk and safety?
- What resources and support do you need to build your knowledge of how structural inequalities are influencing the experiences of families where DVA is a concern?

Listen: [Poverty aware practice with children and families | Research in Practice](#)

Principle Two

See the whole person: adopt holistic, whole-person, whole-family approaches

Adopt a holistic approach to assessing and responding to DVA and understand that explaining behaviours does not equate with excusing them. Practitioners need confidence to explore the causes and contributory factors underlying the experiences of all family members.

Key findings

RDAC findings revealed that practice continues to place disproportionate responsibility for safety on those experiencing harm, usually mothers, while those causing harm remain largely unengaged by services.

The research also found that while children's experiences were documented in assessments, this rarely translated into sustained, longer-term support, and as cases progressed, children frequently became less visible, with professional attention shifting towards the actions or inactions of mothers.

What is needed

Services need to work in ways that mean responsibility for safety does not fall upon those subject to harm and enables the meaningful engagement of those causing harm. **Whole-person and whole-family approaches** that seek to understand the full range of factors shaping the experiences of all family members responses could support this.

For those experiencing harm, this means understanding how factors such as poverty, poor mental health, insecure housing, immigration status, and histories of trauma, shape their

lives, choices and engagement with services. For those causing harm, it means exploring how contributory factors such as trauma histories, mental health challenges, substance use, socioeconomic pressures and structural inequalities shape behaviour and limit choices. This does not diminish accountability for harm, nor does it conflate explanation with excuse. **Children's needs** must also be accorded the same level of **sustained attention and purposeful engagement** as those of adults.

This requires an **integrated approach** that holds **the needs of all family members simultaneously**.

Engaging **all family members and networks** in routine practice can avoid placing disproportionate responsibility on mothers or the non-abusing parent. These approaches should acknowledge the wider context in which the family is located and be intersectional in nature, recognising how structural inequalities coalesce to shape experiences of harm, help-seeking, and responses to service involvement.

Questions for practitioners

- When writing assessments, whose voices are most frequently represented? Whose are missing or unheard?
- What opportunities are there to engage and hear from the wider family network? How can family group decision-making support your work with families where DVA is a concern?
- What opportunities for whole-family support does the new formation of integrated multidisciplinary Family Help and multi-agency child protection offer in your local area?

Resources: [Using Family Group Conferences to enable family-led decision-making | Research in Practice](#)

Principle Three

Fit-for-purpose data: build better quality data systems that support nuanced understandings

Data frameworks should be developed to support effective practice and policy by capturing data critical to improved understanding.

RDAC highlighted both the potential and the limitations of existing datasets in children's services. While administrative data such as Child in Need (CIN) and Child Protection Conference (CPC) records could better inform service commissioning, the categories currently used to record DVA are too narrow to capture the reality of families' experiences or meaningfully improve understanding of DVA within children's services. RDAC also found a notable gap in the recording of socio-economic data.

This means too little is known about the different types and characteristics of DVA in the context of child protection, and this is reflected in practice, with child protection plans not reflecting nuanced and differentiated understandings of DVA or evidence-based responses that families' varied experiences require.

What is needed

Recording information on socioeconomic circumstances and intersectional characteristics wherever possible is critical. This can support policy and practice to recognise and interrogate how issues such as poverty, housing insecurity, disability, immigration or citizenship status shape experiences of harm and engagement with services. It also supports a better understanding of local patterns and needs.

While improved data systems are an important component, everyone has a role in improving recording practices. Records that detail information about the nature of abuse, patterns, context and contributing factors could enable understanding of who families are, how harm is experienced, and what factors shape risk, safety, and family decision-making (including notions of 'choice' for the person experiencing the abuse), over time.

This requires practitioners to have a good understanding of DVA in order to analyse and synthesise information gathered and develop their confidence in using available data to inform everyday decision-making. Data literacy can support practitioners to identify and understand local patterns and needs.

Practice learning activity

Choose a piece of writing or assessment you have completed regarding a family you are supporting where DVA is a concern.

- Does the current record tell a coherent story about who this family is and how harm has been experienced over time?
- What information about the family's context is missing, and what are the barriers to recording it?
- What other, contextual factors are recorded? Are there any missing? How does the presence or absence of contributing factors affect your understanding of the story?

Resources: [Critical reflection and analysis learning pathway - Using chronologies to support analysis](#)

Principle Four

Evidence-informed understandings: strengthen evidence-informed professional understanding

Developing a nuanced, detailed understanding of the types and nature of DVA and its causes and consequences is necessary for practices that can support change for children and families.

Key findings

RDAC findings revealed limited awareness of the growing international evidence base on DVA, including key concepts such as coercive control and the relationships between DVA, substance use, and mental health.

Forms of DVA that fell outside the dominant narrative of male-to-female violence were frequently under-recognised, leading to shortfalls in both practice and service provision.

There was also little evidence of practitioners drawing on research to address the specific needs of different communities and groups, and the impact of experiences with services such as the police on some communities' willingness to engage was rarely acknowledged or addressed in plans.

What is needed

Practice should be grounded in robust, evidence-informed understandings of DVA, shaped by the particularities of the family or individual concerned.

This requires practitioners to engage with the evidence base to develop an informed understanding of DVA, approach families with curiosity rather than certainty, and with reflection rather than judgement, while ensuring children's needs remain central to assessment and support.

As a practitioner you can:

- › Ask questions and reflect on how your own assumptions, fears or organisational pressures may shape your decision-making.
- › Avoid rigid or simplistic binaries of victim/perpetrator; these can obscure the complexities of family relationships, intergenerational trauma and lived experience.
- › Engage with the evidence base to develop your understanding of DVA.

Questions for practitioners

Choose a piece of writing or assessment you have completed regarding a family you are supporting where DVA is a concern.

- How confident are you in describing different patterns and typologies of domestic violence and abuse?
- How do you reflect on assumptions you may have made about a family and where they have come from?
- What additional evidence or learning would help you to develop your understanding of DVA? What forums or spaces can support you to engage with the evidence base?

Resources: See [Appendix A](#) Johnson's typologies as an example of one framework that can help support differentiated understandings of DVA.

Principle Five

Build confidence: build meaningful engagement with families and communities

Utilising the expertise of those who have experienced DVA, both individually and at a community level, will support services and practices that are directly relevant to lived experiences.

Key findings

RDAC findings reinforced a well-established pattern – that families frequently approach children's services with significant fear, driven by concerns about child removal, stigma and the nature of professional judgement. These fears fundamentally undermine the conditions necessary for effective intervention. For some communities, distrust is compounded by deeply rooted negative experiences of state services more broadly, including police and health services, experiences that cannot be separated from wider histories of institutional discrimination and marginalisation.

Multi-agency responses to DVA were established practice across all three sites. While there were examples where this way of working had led to the development of high-quality partnerships, these processes were often incident driven and process led. Family involvement in multi-agency meetings was varied, and there was limited evidence that these processes deepened understandings of the causes of DVA.

What is needed

Fully understanding risk, safety and context require attention to, and engagement with, the knowledge held within families and communities. Recognising the legitimate concerns many families have about children's social care involvement, including surveillance,

judgement, and child removal, is critical. Acknowledging that these fears and concerns are often embedded over several generations requires fresh conversations with communities and family members.

Involving families in the co-production or collaborative development of assessments, plans and services could recalibrate approaches and shift the focus from compliance, to achieving change. By recognising the expertise held within families, communities and networks, new and valuable knowledge can be generated from their lived experiences.

Questions for practitioners

- What knowledge do families and communities hold about risks, resources or protective factors that you, and other professionals, may not see?
- When working with families, how can you have conversations about their fears or concerns about children's social care involvement? How can you acknowledge these fears and create conditions for dialogue that is more open and honest?
- Family group decision-making is a family-led process that empowers family networks to make decisions about a child's care and welfare. How will the opinions and decisions made by families be given equal weight to those formed in multi-agency meetings?

Resources:

The following resources explore how social care practitioners can recognise power imbalances and build collaborative, purposeful and productive relationships with parents in children's social care.

Read: [Reframing social work - Expectation, reality and change | Research in Practice](#)

Listen: [Working with parents in children's social care | Research in Practice](#)

Appendix A

Differentiated understandings of DVA: Johnson's typologies

Johnson's typology (2008) distinguishes types of intimate partner violence (IPV) based on whether the motive behind the use of violence is to control a situation or to control one's partner. This offers a valuable framework for moving beyond a one-size-fits-all approach to understanding and responding to DVA. Recognising that not all DVA is the same in nature, severity, or underlying dynamics enables practitioners to make more nuanced assessments and tailor responses accordingly.

For example, someone experiencing intimate terrorism negotiates a fundamentally different set of risks and needs than someone whose relationship is characterised by situational couple violence. Situational couple violence may be amenable to couples-based interventions, while intimate terrorism, characterised by a pattern of coercive control behaviours, requires a very different response focused on safety and the power dynamics in operation. While situational couple violence may be relatively symmetrical, intimate terrorism is gendered and is most commonly perpetrated by men against women.

It should be noted that Johnson's typology is not a diagnostic tool, but it can help practitioners consider gender differences in DVA and consider patterns of behaviour, moving away from binary, incident led responses.

Intimate terrorism	One partner uses violence as part of a broader pattern of coercive control. Most severe and escalating, typically male perpetrated.
Violent resistance	Violence used in response to intimate terrorism. Self-defence or resistance. Not driven by motivation to control. Typically female.
Situational couple violence	Conflict escalates to violence without coercive control. Most common type. Can be mutual or one-sided. Less severe, may not escalate.
Mutual violence control	Both partners use violence and coercive control. Both seek dominance. High severity risk. Rare in research samples.

Practice example: whole-family holistic approaches to domestic violence and abuse

Doncaster Growing Futures Domestic Abuse Navigator (DAN), whole family therapeutic intervention

The DAN service is a therapeutic, trauma aware intervention using a whole family approach to work with families who are impacted by DVA, working both psycho-educationally and psychotherapeutically.

Working with the whole family aims to intergenerational patterns, ensuring that victims and children are provided with support to recover from their experiences. The intervention builds knowledge that supports the family's current and future safety.

People who harm are supported to make changes in their behaviour which in turn supports their knowledge and understanding, and in turn their family's current and future safety. Additional complexities including substance use, mental health etc., are addressed.

Children are supported to understand healthy relationships and recover from their experiences, reducing the impact of domestic abuse and creating safer futures regardless of whether families want to stay together or separate.

See: [Longitudinal follow up evaluation of Growing Futures, 2020](#)

For further examples of the RDAC principles in practice, see case studies from [Blackburn with Darwen](#) and [Westmoreland and Furness](#) who participated in regionally delivered RDAC implementation workshops.

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The RDAC Team

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Authors: Professor Kate Morris,
Professor Brid Featherstone,
Dr Jessica Wild

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