



Rethinking domestic abuse in child protection

Strategic 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 **strategic leaders** across children's social care and their safeguarding partnerships.

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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, 2026).

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. This learning underpinned subsequent phases of the study.

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.

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. 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 Forums, was brought together and distilled into five principles. These principles are intended to support a fundamental shift in how children's social care and other public 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, alongside reflective learning questions, offer a useful basis for critical reflection. They offer leaders and commissioners a means to examine organisational and safeguarding partnership cultures, workforce development priorities, and the extent to which current systems and structures enable or inhibit change in relation to services offered to families experiencing DVA.

Principle One

Move beyond incident-driven 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.

Summary of findings

RDAC findings highlighted the significant and growing pressures facing children's services. Practitioners were operating under considerable resource constraints that limited their capacity to respond to DVA effectively. Critically, the RDAC analysis demonstrated that casework approaches in isolation can lead to reactive, incident-driven responses that target only the immediate intra-familial harm. Alongside being time-consuming and emotionally draining for both families and practitioners, casework models and child protection systems alone are ill-equipped to address the structural and systemic causes of DVA.

The findings pointed to a clear and consistent social gradient in DVA, meaning that inequality fundamentally shapes both people's experiences of abuse and the nature of the interventions they receive. Sustainable progress requires casework to be embedded within coherent, evidence-informed social policies that actively address intersecting inequalities and cannot be the sole responsibility of one agency.

What is needed

Sustained **multi-agency investment** in **broader, preventative approaches** to DVA are needed. This includes investment across children's and adults social care, public health, community and health services. Without this, children's services will remain unable to get upstream of the conditions that drive DVA and child protection demand. Progress requires casework approaches to be embedded within coherent, evidence-informed social policies that actively address intersecting inequalities.

Effective planning for practice requires attention to patterns, contexts and the underlying drivers for DVA.

This could be supported by casework approaches sitting within **broader, multi-agency preventative and holistic support responses** that connect families with trauma-informed, community-based support and engage with key socioeconomic issues such

as poverty. Achieving the necessary shift in practice also requires strategic leadership and commissioning decisions that acknowledge the central role of socioeconomic circumstances in shaping both experiences of DVA and the efficacy of responses to it.

Questions for strategic leads

- How do children's services connect effectively with the range of statutory safeguarding partners, public health colleagues and housing and community services to develop and commission integrated and preventative approaches to DVA locally?
- What are your current service planning mechanisms for taking account of intersectional issues such as poverty, housing, racism and/or other structural inequalities when assessing risk and safety in families with children's services involvement in their lives where DVA is a feature?
- Is the impact of poverty and other intersecting inequalities (such as racism and access to housing) addressed explicitly in service planning for families where DVA is a feature?

Principle Two

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

Adopt a holistic approach to assessing and responding to DVA. Develop practice understanding 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.

Summary of findings

Framing DVA as a child protection matter has created important opportunities for supporting children and families, but has too often resulted in individualised, behaviour-focused responses. This framing obscures rather than addresses the systemic drivers of abuse at both local and national levels and narrows the scope of intervention in ways that are not effective or equitable.

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

RDAC 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 and **move beyond incident-driven** 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. **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**. It does not diminish accountability for harm, nor does it conflate explanation with excuse.

Strategic leaders can support this through committing to assessment frameworks, workforce development and an organisational culture that actively promotes knowledge and skills development in these areas.

Questions for strategic leads

- Is your workforce sufficiently well developed, supervised and supported to understand and respond effectively to the impact of intersecting inequalities when working with families where DVA is a feature? How do you know if workforce development is effective in improving outcomes for families where DVA is a feature?
- What opportunities does the configuration of integrated multi-disciplinary Family Help and multi-agency child protection teams offer to develop whole-family approaches to families affected by DVA? How can these be explored and developed?

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.

Summary of findings

RDAC findings exposed significant limitations in the data infrastructure underpinning children's services' responses to DVA. While administrative datasets such as Child in Need (CIN) and Child Protection Conference (CPC) records hold considerable potential to inform strategic commissioning decisions, the categories used to record DVA were too narrow and insufficiently nuanced to capture the complexity of families' experiences or to support meaningful analysis of need, demand and outcomes. A particularly significant gap was the absence of socioeconomic data within existing recording systems, despite evidence indicating a social gradient in DVA and child protection involvement.

The paucity of data available to support understandings of DVA represents a structural barrier to evidence-informed service development that requires national-level attention. Too little is known regarding the distinct dynamics, risks and needs associated with different forms of DVA.

What is needed

For responses to DVA to be meaningful within the child protection arena, a confident and curious workforce should be supported by data systems that capture the dimensions of DVA and encourage the use of data to inform the service offered. Consistent and systematic collection of this data can enable better understanding of the factors that shape families' experiences of harm, identify patterns of need across local populations, allocate resources more appropriately, and design services that are genuinely responsive to the communities they serve. A nationally coordinated approach to data collection and integration could deliver greater value, enabling services to identify patterns of need, target resources more effectively, and monitor the impact of interventions at both local and system levels.

Strategic leaders have a critical role to play in embedding expectations around data collection and its use across services, and championing the systemic changes needed at a national level to translate better data into more effective practice. Investing in data literacy across the children's services workforce would further strengthen practitioners' and leaders' capacity to interrogate and apply data to drive service improvement.

Questions for strategic leads

- What information do your current data-systems capture in relation to DVA and socio-economic status? Are these systems able to capture intersectional characteristics to reflect the complexity of families experiences of DVA?
- How are you currently using data to identify local patterns and needs, and inform service development?
- How are practitioners being supported to develop confidence in using available data to inform everyday decision-making? What is needed to improve data-literacy across the workforce?

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.

Summary of findings

RDAC findings pointed to a lack of practitioner understanding concerning the existing international evidence base on DVA and its application in child protection practice. Engagement with contemporary evidence, particularly on intersectionality and the ways in which interlocking inequalities shape both the causes and consequences of DVA, was limited.

Key concepts such as coercive control and the complex relationships between DVA and co-occurring support needs, such as substance use and mental health, were often poorly understood across the case study sites. Forms of DVA that fell outside the dominant narrative of male-to-female violence were frequently under-recognised, resulting in gaps in both practice and service provision that leave families without adequate support. Similarly, there was little evidence of practitioners drawing on research to address the specific needs of diverse communities and groups. The impact of negative or harmful experiences with statutory services, including the police, on some communities' willingness to engage with children's services was rarely acknowledged or meaningfully addressed in plans.

This created a significant gap that constrained services' capacity to respond effectively to the diverse needs of families, and undermined practitioner confidence in delivering evidence-informed, nuanced and proportionate responses to the nature of the abuse being experienced.

What is needed

Building an evidence-literate workforce should be understood as central to ensuring high-quality, nuanced practice and policy. Addressing this requires action at both the workforce and strategic levels. Practitioners need reliable access to evidence-informed scholarship that is attentive to the diverse circumstances of children, women and men across a range of family types and communities. Equally important is the creation of organisational cultures that are open, enquiring and genuinely supportive of critical reflection and professional learning.

Strategic and senior leaders can support this through prioritising investment in continuing professional development and supervision models and practice frameworks that create

space for evidence engagement. Concepts such as coercive control, intersectionality, and the links between DVA, poverty, mental health and substance use should be included in workforce development strategies and practice standards.

Questions for strategic leads

- What opportunities are there to work with regional and national partners to embed up-to-date evidence-informed DVA knowledge across the workforce?
- How is DVA represented in workforce development strategies and practice standards within your organisation?
- How can your quality assurance processes support the integration of contemporary evidence on DVA into practice?

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 that are directly relevant to lived experiences.

Summary of 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.

Emphasis on multi-agency processes may inadvertently displace meaningful engagement with families, their wider networks, and the communities in which they live. Fully understanding risk, safety, and the context of people’s lives requires actively drawing on the knowledge held within families and communities, rather than simply processing it through professional frameworks. There is a need for strategic recalibration in this area.

What is needed

Families require fresh, honest and sustained conversations with their communities and family members, conducted in ways that build rather than erode trust. This has implications at two distinct but interconnected levels.

At the practice level, it calls for greater investment in approaches that bring families, including wider family networks, into meaningful dialogue about how risk, safety and

support are understood and addressed, including through mechanisms such as [Family Group Conferences](#) and other strengths-based, participatory models.

At a strategic level, it requires leaders and commissioners to ensure that community engagement is treated as a genuine priority, developing effective fora for ongoing engagement with families and communities about how services understand and respond to DVA. These meetings should be actively used to shape service design and review, and should be accorded equal strategic weight to the development of multi-agency systems, processes and services. Senior leaders need to champion this shift, to resource it adequately, and to hold their organisations accountable for the quality and depth of their community relationships.

Questions for strategic leads

- How is DVA being considered in the development of Family Group Decision Making services? What is required within your Family Group Decision Making services to enable meaningful dialogue with families about how risk, safety and support are understood and addressed?
- How do you currently engage families and communities in dialogue about your services? Is DVA currently discussed as part of this dialogue?
- What are the barriers for families to take part in community engagement activities? How can these be addressed?

Further reading: [Growing community capacity: Strategic Briefing \(2021\) | Research in Practice](#)

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The RDAC Team

The Rethinking Domestic Abuse in Child Protection research project (RDAC) was funded by the Nuffield Foundation and ran from March 2022 – March 2025. The team included Professor Kate Morris, Dr Claire Cunningham, Dr Lois Liao (University of Sheffield), Professor Brid Featherstone, Professor Rachel Armitage (University of Huddersfield), Professor Rick Hood (Kingston University), Dr Susannah Bowyer, Dr Jessica Wild (Research in Practice), Suzanne Jacobs, Jennifer Daw (SafeLives), Owen Thomas (Future Men), Sharon Inglis (Circles).

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Published by Research in Practice
for the RDAC project | June 2026

ISBN: 978-1-915669-60-5

Research in Practice part of the National Children's Bureau
Registered charity No. 258825.
Registered in England and Wales No. 952717.

NCB RIP - Registered in England and Wales No. 15336152.

Registered office: National Children's Bureau,
23 Mentmore Terrace, Hackney, London E8 3PN.
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