



# ***Rethinking Domestic Abuse in Child Protection: responding differently.***

## **The Final Report Executive Summary**



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# 1. Executive Summary

## 1.1 Introduction

This is the final report for 'Rethinking domestic abuse in child protection: responding differently' (known as RDAC). The research was funded by the Nuffield Foundation and ran from 2022 – 2025.

Within child protection in the UK, it has become accepted, over a number of decades, that exposure to domestic abuse and violence is harmful to children, and that harms to adults (often women) can coincide with those to children (see Cleaver, 2025 for a recent review of the evidence). Domestic violence and abuse (DVA) is argued to be a primary driver of need in children's services, with data suggesting over 827,000 children in England and Wales may have experienced DVA by the end of 2023 (Foundations 2023). However, there is a lack of detailed empirical research on how child protection decision makers conceptualise domestic violence and abuse, how this informs their decision making, and how the differing circumstances of children, women and men shape their experiences and the services they receive.

There is a substantial literature containing critiques of responses by child protection (CP) systems and practices to families impacted by domestic violence and abuse, and detailing attempts at reforms. However, patterns of responding have appeared stubbornly resistant to change, and the evidence is that there has continued to be a disproportionate focus on mothers to protect children, with a lack of engagement with those causing harm (usually men) (Research in Practice, (RIP) 2022). These concerns are shared nationally and internationally, with increasing numbers of organisations seeking change as a result of frustration with the limitations of current responses. Such responses have increased families' fears about engagement with child protection. These fears include unrealistic professional expectations about protection and separation that are placed on women, the long term risks of harmful behaviours that go unchecked, and the absence of those that harm from CP plans and interventions.

RDAC was developed following a two year 'Change Project' with over 30 Local Authorities in England exploring responses to DVA in the context of child protection (<https://www.researchinpractice.org.uk/all/content-pages/digital-resources/change-project-dva/>). This work was facilitated by Research in Practice and led by Professors Featherstone and Morris. The project identified deep disquiet among professionals about existing approaches, with concerns expressed about the experiences of women, children and men. Specifically, concerns included mothers being held responsible for safety when they were the subject of DVA, children's trauma being under recognised and responded to, and the absence of men in assessments and planning. RDAC was developed as a result of this Change Project, and participating practitioners went on to form part of the Community of Practice that supported RDAC.

RDAC also built upon the evidence that social and economic circumstances shape the experiences of children and families. In particular, the findings from the Nuffield funded

Child Welfare Inequalities Project (CWIP) that highlighted the impact of poverty and deprivation on intervention rates, informed the RDAC aims and frameworks.

## **1.2 Aims and methods.**

RDAC had three aims:

- to address the gaps in current knowledge by building an empirically driven analysis of the operational definitions and understandings of domestic violence and abuse in child protection
- to examine the relationship between child protection, domestic violence and abuse (CPDVA), and socio-economic circumstances, identifying how intersectional inequalities may shape experiences and outcomes.
- to build evidence-based principles to support new approaches in policy and practice.

RDAC had the following objectives:

1. Using a mixed methods design, including case studies, detail the nature, characteristics and understandings of domestic abuse and violence in the context of child protection, producing an empirically driven description of CPDVA.
2. Using available data about socio-economic circumstances and system demands map the relationship(s) between intersecting socio-economic circumstances and CPDVA interventions.
3. Combining the outcomes of objectives 1) and 2) to produce a detailed description of the phenomenon of domestic violence and abuse in child protection, including the influence of context on how DVA is understood, and child protection responses are shaped.
4. Drawing on this rich, detailed understanding of CPDVA, create, through a process of co-production with practitioners, family members and policy makers, principles that can be utilised in policy and practice.
5. Harnessing the potential of the study's participatory arrangements, and the extensive networks of the research team, support the translation of the frameworks into messages for policy and practice.

The research team worked in three sites, two in England and one in Scotland. Embedded in the design was a dynamic process of engagement and involvement of those most impacted by current practices. This included a Community of Practice and a series of family engagement forums.

## **1.3 Key Findings**

### **1.3.1 Data:**

RDAC revealed multiple challenges in how data was understood, and responded to, in the three case study sites. The analysis of the administrative data revealed how little routine data was collected about the nature of DVA and the contexts for families.

RDAC originally aimed to use the administrative data to capture evidence about the types and nature of DVA and the impact and interplay of socio-economic factors and to integrate this with the fieldwork themes and data. This proved difficult given the constraints posed by the administrative data. Overall, these limitations in the data available curtailed the intended integration of the administrative data with the fieldwork data. RDAC's aim to produce a detailed description of DVA in CP, in fact, became an exposure of the critical limits to existing evidence and knowledge.

The RDAC team explored administrative data collected in each site (Children in Need data in England and Child Protection Conference data in Scotland). Our analysis highlighted that a 'social gradient' operated in patterns of intervention. Namely, poorer families were more likely to be the subject of children's services interventions. The existence of this gradient (and this was also evident in the CWIP study) highlights the need for data to be gathered on the contexts in which families are living. An important finding was that these existing data sets were unable to provide details about the socio-economic circumstances of families where DVA is a cause for concern, this was only possible by the work of the team linking different data.

This is a key finding of the study; the existing data and practice knowledge is inadequate given the complexity and scale of need. In order to build empirically informed responses significant developments in data and knowledge are required.

### 1.3.2 Intersectionality

The literature on intersectionality underlines the need to understand how the experiences and perceptions of help-seeking by families are impacted by intersecting inequalities arising from class, ethnicity, disability and other structural relations. The limitations in the data available restricted attempts by the research team to explore how intersecting inequalities such as the relationship between class, gender and ethnicity shaped experiences. Despite these limits, our analysis raised questions that indicated the importance of exploring the impact on children's pathways of interesting inequalities in class, gender and ethnicity.

Building upon the quantitative analysis, the team completed fieldwork with professionals and gathered file data in each site. Collectively these revealed that the socio – economic circumstances of children and families (including those causing harm) were rarely addressed in plans. While there was awareness of the fear and distrust felt by families generally about child protection services, there was limited awareness of the specific fears of families from minoritised communities including experiences of racism and exclusionary policies and practices. This was linked to a more general lack of awareness by all stakeholders of the international evidence in this regard and the intersecting nature of inequalities.

### 1.3.3 Understanding abuse

Evidence about the nature and characteristics of DVA, particular local trends and patterns that might shape services and practices was not routinely gathered or utilised

in either the administrative data or the practice data. Generic 'catch all' terms such as 'DV' and 'coercive control' were routinely used, resulting in 'one size fits all' assessments and responses. Ground-breaking work in one specialist project demonstrated the value of developing and using evidence informed typologies to support differential assessments and responses, but there remained challenges in embedding these in everyday casework.

Practice responses were largely case-work based and focused on individual households, except in one case-study site where group work and innovative approaches to engaging local employers were used. Case work approaches were time consuming and routinely focused on mothers, irrespective of the whereabouts of their partner or those causing harm. This was despite professional awareness of the ethical issues attached to placing primary responsibility for protecting children on those experiencing the harm. Engaging with children themselves, and hearing about their hopes and fears, did not feature in the longer-term planning in the case files. Despite a consensus in interviews that engaging men who cause harm was vital, they were largely absent from plans.

Programmes to address abusive behaviours were limited. Reliance on a language of 'individual choice' by practitioners, particularly in relation to men causing harm, was common. This emphasis on the rational exercise of choice reflected and reinforced fears that seeking to understand what contributed to abusive behaviour carried the danger of excusing such behaviour. Services responses were often generic and based upon a model that did not address specific issues for men from differing ethnic communities.

A lack of engagement with the scholarship on mental health and substance misuse meant that policy and practice responses did not routinely address such issues and their possible contribution to DVA. Services focused on mental health or substance abuse struggled to address DVA, and programmes focused on those harming rarely simultaneously addressed addiction or mental health.

#### 1.3.4 Engaging with families and communities.

The policy consensus on the importance of multi-agency working was universally shared. By contrast, there was very limited emphasis on consulting with families and communities about how they understood the risks and resources in their own local contexts. The voices of those needing and using services were rarely at the forefront of service planning (whether in relation to specific plans for children or broader commissioning).

There was evidence of innovative approaches to working with whole families in specialist projects in two sites and creative engagement evident across the life course. But professional multi-agency forums, where family members were often absent, were key to practice. Long term trauma informed services for children were rare, and services targeting those causing harm were also sparse and difficult to access.

The team completed a further small-scale study focused on families where there had been historical patterns of DVA and long-term, if episodic, service involvement. This fieldwork offered rich insights into the importance of understanding, and engaging with, the inter-generational dynamics of abuse. It highlighted the dangers of incident driven responses that were informed by binary assumptions of abuser and victim and neglected understandings of relational dynamics that had developed over time. It revealed the importance of exploring the consequences of system interactions and, in particular, those stemming from a lack of trauma informed responses over time. This small sub-study also highlighted the need for further research into the issues that can arise in the use of kinship care where DVA has been a feature over time.

Throughout the research process, key findings were sense checked with the RDAC Community of Practice, and the family meetings facilitated by members of the research team.

The findings were used to develop a series of principles that aim to support policy and practice. These are set out below.

#### **1.4 Principles**

These principles are drawn from the evidence developed by the RDAC study and are intended to inform and support practice and policy developments.

**1. DVA is a serious social problem that requires national and local agencies to tackle inequalities in income, housing, mental and physical health and develop differentiated responses that understand how gender, class, ethnicity, sexuality and (dis)ability intersect in people's lives to impact their choices and constraints**

##### **Principle One: Move on from casework.**

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

RDAC data and analysis revealed the pressure on caseworkers and the frustrations that limited time and resources generated for practitioners and families. The ways in which inequalities shaped experiences and responses were poorly understood and acknowledged. Casework, as a response to DVA, has significant limitations and the RDAC analysis demonstrated the reactive nature of such practices. Current responses are incident driven and struggle to offer sustained, trauma informed preventative approaches. The clear evidence of a social gradient in DVA and the resulting child protection interventions reinforces the limits of a response built on individual practice. Understanding the way in which inequalities shape DVA experiences as part of a holistic approach to practice would ensure that plans respond directly to family experiences.

The harmful consequences of DVA for children and families will continue to require casework intervention, but if it is the only response, it is a reactive one that is neither

sustainable nor desirable as it fails to tackle the underlying causes and drivers of DVA. Without casework being located in evidence informed, coherent social policies that respond to the consequences of intersecting inequalities, children's services will continue to struggle to prevent or meet demand.

**2. DVA framing as a child protection matter has opened up possibilities for support to be offered to children and their families, but has too often served to reinforce individualised responses focused on behaviour management, especially of mothers, and obscured the systemic drivers of DVA at local and national levels**

**Principle Two: See the whole person.**

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

RDAC data revealed that practices continue to reinforce persistent tendencies to place responsibility for safety on those subject to harm (usually mothers) while simultaneously failing to engage with those causing harm. The dominance of a language of choice has contributed to approaches that fail to explore context or history, particularly in relation to those that harm.

Practices that engage all those impacted are vital going forward and need to be rooted in joined up thinking and services that address mental health, substance misuse and socio-economic circumstances.

If casework is to move on from holding those experiencing the harm responsible for protection, sustained attention has to be paid to children's needs and to those causing the harm. This requires a significant shift in current practices, including child protection assessments and planning.

**3. For responses to be meaningful within the child protection arena, a confident and curious workforce should be supported by data systems that capture the dimensions of the problem and encourage the use of such data to inform the service offered**

**Principle Three: Fit for purpose data**

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

RDAC sets out the possibilities, but also the limits, of existing data sets. The analysis of the CIN and CPC data indicated how administrative data could be used to inform the commissioning of services and practices. However, the existing data have serious limitations. The administrative categories used in assessments and plans fail to capture the reality of the violence and abuse and provide narrow insights into the needs children's services are seeking to meet. The categories used in the government's Children in Need census, struggled to promote better knowledge of DVA

in children's services, indeed they reinforced the inadequacy of existing understandings.

The absence of children and families' socio-economic data is a significant omission. RDAC contributes to the evidence of a social gradient, and there is an obvious need to collect and interrogate data about children's and families' circumstances. Some localities are attempting to integrate relevant local data sets, but a national approach would benefit all services and reduce costly localised attempts to merge data. An intersectional approach to data development is required to understand the differing experiences and needs of families where intersecting inequalities (such as class and ethnicity) inform their contexts.

Alongside the development of useful data sets, increasing data literacy in the workforce would encourage confidence in using data to improve the development of services and practices that respond directly to local communities and groups.

Too little is known and understood about domestic abuse and violence in the context of child protection. Differential assessments and responses are undeveloped, and there is limited evidence of confidence in addressing the causes, and consequences of, the different types and characteristics of DVA. The CIN and CPC plans created for children are largely generic 'DVA' plans, with little evidence of differential responses based on evidence informed assessments.

**4. Policy makers and practitioners should have access to the growing body of international work that is attentive to the diverse needs and circumstances of children, women and men in a range of families and communities, and be supported to engage with this work by open and enquiring cultures**

**Principle Four: Evidence informed understandings**

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

There is a growing body of international literature that was rarely cited or used by stakeholders in the RDAC data. The international research and knowledge were not accessible, or available, to those developing policies and practice. Differential assessments and responses were not consistently understood or used, and there was limited evidence of nuanced understandings of elements of DVA such as coercive control. The scholarship on the relationship between substance misuse or mental health and DVA was not well known or understood. This reduces the confidence of staff in working with DVA, and their ability to respond using evidence informed approaches.

Forms of DVA that did not reflect the dominant experiences of male to female violence and abuse were under recognised and resulted in shortfalls in practice acknowledgement and service responses for different groups ( such as those in same-sex relationships).

There was limited evidence in the RDAC data of attempts to explore and use evidence-based approaches to the different needs of diverse communities and groups. The

impact of wider experiences of core DVA services on minoritised communities was rarely discussed or addressed in plans.

**5. Developing fora for meaningful engagement with families and communities about how risk, safety and support issues are understood should be accorded equal priority with developing systems for multi-agency working**

**Principle Five: Building Confidence**

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

There is a powerful policy and practice on the importance of multi-agency working. This needs to be accompanied by meaningful engagement with families and communities about their perspectives. RDAC contributes to an established body of work that highlights the frustrations and fears of families using children's services. Parents (often mothers) were fearful of using children's services because of concerns about child removal, stigma and professional judgements. Communities' confidence in state services involved in DVA (police, health and child protection) are undermined by wider social challenges and histories. The emphasis on multi-agency working must be balanced with a corresponding focus on engaging families and communities in meaningful dialogue about the risks and resources to be found in local contexts.

Fresh approaches, utilising data available on community needs and experiences, which can provide opportunities for collaborative work will open up new conversations and developments. Such approaches can engage positively with the expertise of those with lived experiences.

**1.5 Next steps**

Members of the research team continue to work with practitioners and policy makers to explore the implementation of the learning from RDAC. There are resources available on the RDAC website (hosted by Research in Practice) [RDAC: Rethinking Domestic abuse in child protection: responding differently | Research in Practice](#).

The team is grateful to all the practitioners, families, policy makers and managers that have contributed to the work. We hope that the messages from RDAC are able to help all involved to 'do and think differently' in our responses to families and communities where DVA continues to cause painful, harmful experiences. Working collaboratively with communities to change the experiences of children, women and men would be a significant and important next step.