

Domestic Abuse Commissioner

Victims in their own right? Babies, children and young people's experiences of domestic abuse

April 2025

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FOREWORD



In 2022, I published my mapping research – *A Patchwork of Provision*¹ – that revealed huge inequalities for victims and survivors who were trying to access domestic abuse support in England and Wales.

One of the starkest findings was that less than a third of victims and survivors who wanted support for their children were actually able to get it. Since then, transforming the support available to child victims – as well as preventing many more experiencing domestic abuse in the first place

– has been one of my key priorities.

Less than a year before my mapping research, the Domestic Abuse Act became law, recognising children as victims of domestic abuse in their own right for the very first time. However, although a welcome and hard-won milestone, today it remains unclear how this legal recognition is being implemented to ensure children get the support they deserve.

This month, the Domestic Abuse Act 2021 turns four, a fitting anniversary to launch my report – *Victims in their own right?* – that aims to make children as victims in their own right a reality.

I want this report to create tangible change for all babies, children and young people who experience domestic abuse so that they receive a response that meets their unique needs.

To achieve this, *Victims in their own right?* examines the current response to children and young people who experience domestic abuse at home or in their family across both the statutory and non-statutory response, including prevention, opportunities to identify and intervene early, the crisis response and ongoing support.

This report draws on comprehensive insights to support its 66 recommendations, from literature reviews and primary research to engagement with practitioners and input from children themselves.

As part of the primary research, new findings have set out the provision of specialist support services for child victims of domestic abuse – from the waiting times that children are subject to, the funding crisis that these services face and the types of support available.

It is my hope that this report's recommendations will result in much-needed investment in support and prevention activity for children experiencing domestic abuse, as well as improved identification, understanding and response to child victims across all services they might come into contact with.

Victims in their own right? is for everyone – policy makers, children's workers, domestic abuse specialists, practitioners in the public sector, commissioners, academics, and more. Whoever you are, I believe you can take something away from this report that can improve outcomes for child victims.

As well as sitting alongside a technical report exploring children's domestic abuse services in England and Wales, *Victims in their own right?* should be read alongside my *Tell Nicole* report.² This

¹ Domestic Abuse Commissioner (2022a).

² Domestic Abuse Commissioner (2025c).

additional publication showcases the feedback – including artwork – that over 100 children sent me, describing the changes *they* want to be prioritised, including the need for adults to always listen to them and believe their experiences.

During the *Tell Nicole* sessions, children expressed a range of powerful feelings about domestic abuse, such as “Lost, alone, sad, different, worried, lose control, terrified, anger, unhappy, nervous, scared, not heard.”

They then identified recommendations, such as “better engagement from police with updates on investigations” and the need for “a place young people can be supported without judgement.”

Centring lived experience can have a profound impact on shaping effective, empathetic domestic abuse policies and interventions. I am extremely grateful that so many children and young people were willing to share their views with me and wish them the very best for their bright future. I hope they can see their voices woven through the fabric of this report.

Now it is time to turn recognition into action. But real change requires commitment from government who must consider the voices of child victims, invest in services and improve responses.

I urge you to engage with this report, amplify its findings, and take action in any way you can. Whether through government, policy or practice, we all have a role to play to ensure that no child affected by domestic abuse is left without the support they need.

Dame Nicole Jacobs

Domestic Abuse Commissioner for England and Wales

A handwritten signature in dark ink, reading 'Nicole Jacobs', with a stylized flourish at the end.

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**PART 1 –
INTRODUCTION AND
THE PROVISION OF
SPECIALIST
SUPPORT SERVICES
FOR BABIES,
CHILDREN AND
YOUNG PEOPLE**

THE SCOPE OF THIS REPORT

This report will consider the current response to children and young people who experience domestic abuse at home or in their family, from prevention, opportunities to identify and intervene early, the crisis response and ongoing support. This report will not cover Child and Adolescent to Parent Violence and Abuse (CAPVA) or teenage relationship abuse. Nor will the report provide significant detail on the Family Court response, public law, or looked after children. However, the Commissioner encourages readers to consider the needs of these young people in the recommendations made. The Commissioner intends to publish a further separate report on teenage relationship abuse, and previously commissioned research on Child to Parent Violence and Abuse in 2021.³

Devolution

The Domestic Abuse Act 2021 sets out the role of the Domestic Abuse Commissioner for England and Wales, which is limited to only reserved matters in Wales.⁴ Therefore, this report covers all elements of the response to children in England but is limited to the criminal and family justice response and immigration matters in Wales. The Commissioner can make recommendations to UK National Government and to Police and Crime Commissioners and Chief Constables in Wales but is unable to make recommendations to the Welsh Government in relation to education, health or housing, nor can she make recommendations to Welsh Local Authorities or health bodies.

Case studies relating to good practice across England and Wales are included throughout this report, in recognition of the excellent work being done within Wales and so that UK Government bodies can learn from this.

The Commissioner works closely with the Welsh Government, Welsh National Advisors and Welsh statutory and sector partners, and would encourage consideration of these recommendations by these organisations where they have relevance.

³ Baker, V. and Bonnick, H. (2021).

⁴ *Domestic Abuse Act 2021*.

TELL NICOLE

In preparation for this report, the Domestic Abuse Commissioner's (DAC) Office worked in partnership with eight organisations to pilot *Tell Nicole*: a framework to engage with children who have experienced domestic abuse. *Tell Nicole* is one of the mechanisms used to ensure that children's voices inform the Commissioner's strategy in relation to children.

In this section, we summarise the main themes that children wanted to share with the Commissioner. You will also find their insights threaded through this report. While some of the themes within this section lack policy and practice context, or further exploration of what the children's comments might mean, the Commissioner felt that it was important to include sections within the report that are based solely on what the children told her.

Over 100 children were asked:

"What support do children and young people need when they experience domestic abuse at home?"⁵

During facilitated sessions, the children created over 90 items with their feedback for the Commissioner including photographs, surveys, posters, flipcharts, artwork, postcards and written documents. For full details of the pilot and the children's comments, see the Commissioner's report: *Tell Nicole "Our feelings matter": Children's views on the support they need after experiencing domestic abuse.*⁶

Main themes from Tell Nicole "Our feelings matter"

The importance of listening to children

Children affected by domestic abuse want to be listened to, taken seriously, treated respectfully and to be believed when they share their experiences.

Children feel that many adults fail to recognise the impact of domestic abuse upon children. Consequently, some adults can have unfair expectations about the behaviour of children who have experienced trauma.

Ensure children are helped to recognise domestic abuse

Children thought that all children needed to have basic information about domestic abuse, how to recognise the behaviours that are abusive and who to tell if it is happening to you. Information on consent and healthy relationships should be provided at a younger age.

What children need to recover from domestic abuse

To help them recover from domestic abuse, children told us that they needed:

- safety and space where they can talk to someone who listens to them
- professionals to recognise that children's accounts of what was happening may differ from those of their parents and carers
- greater choice over the length, location and type of support (for example, group or one-to-one)

⁵ In keeping with the scope of this report, children were asked a question that was focused on children in the context of parental domestic abuse. However, the *Tell Nicole* framework also encourages children to say what else they would like to "Tell Nicole"; as a consequence, we also received comments from young people who were talking about domestic abuse within their own intimate relationships.

⁶ Domestic Abuse Commissioner (2025c).

Barriers to children getting support

Children identified multiple barriers to accessing the support they need, including:

- children's lack of awareness about abuse
- their readiness to talk
- negative experiences when they had previously tried to get support
- the influence of other family members
- unwanted contact arrangements
- children's wariness of the police

Children who criticised the police complained about a lack of empathy for their situation, failing to talk to them independently from parents and carers and not taking abuse occurring within young people's own relationships seriously.

How schools can help children affected by domestic abuse

Unsurprisingly, given the amount of time that children spend in education, many of the children's comments were about what should happen within schools to prevent domestic abuse – to identify when it is happening at an early stage and to better support children's recovery.

Preventing domestic abuse

Children thought that all children needed help to recognise domestic abuse. They thought that schools can help by including more discussion of domestic abuse through assemblies and the Relationships and Sex Education (RSE)/Personal, Social, Health and Economics Education (PHSE) curriculum.

Children felt that information on domestic abuse or healthy relationships needed to come from workers with specialist knowledge in these topics – not their regular teachers.

Early identification of domestic abuse

Children also discussed ways that would enable schools to intervene at an earlier stage. This could be done through:

- training teachers to update their knowledge on trauma and the impact of domestic abuse on children, and signs of abuse, including within young people's relationships.
- teachers and school staff taking an active role by being flexible in their response to children affected by domestic abuse and regularly talking about support that could be available.

Supporting recovery

Children thought that schools should be helping children to recover from domestic abuse by intervening at an earlier stage, providing specialist support and counselling, and ensuring that the school is a safe place. Some children prefer to receive support outside the school environment.

Children believed that if teachers had a better understanding of trauma, they would respond to and manage pupils' behaviour with more understanding.

Working and communicating with children in crisis

On a practical level, children said that children experiencing domestic abuse needed help with safety planning. However, most of the children's comments about what needs to happen in times of crisis were about how workers at these times made them feel.

Qualities that children valued in professionals were those who are:

- experienced and have a good understanding of domestic abuse
- able to relate, having been through things themselves
- kind and respectful to children
- good listeners and able to keep calm and positive
- patient and non-judgemental

Communication

Children said they wanted professionals to:

- take more time to listen to them and work at their pace
- recognise that adults have more power, which can be unfair for children

For example, children said they wanted to keep their personal information confidential and retain control over what information about them or their family is shared with others. Adults required to follow safeguarding procedures need to think carefully about how they can enable children to feel updated and in control.⁷

What children think the Government should do

Children thought the Government could help their situations by:

- educating adults about the impact of domestic abuse upon children
- placing a greater role on schools to support children affected by domestic abuse
- understanding what services help children affected by domestic abuse and ensuring that these are available
- ensuring that the legal system works, so that there are consequences for those who are abusive

Next steps

As a result of *Tell Nicole*, the Domestic Abuse Commissioner has made a series of commitments to child victims of domestic abuse (see Section 3 of *Tell Nicole "Our feelings matter"*). The first commitment is to ensure that all themes and findings from *Tell Nicole* are included within this report and all other work in relation to children affected by domestic abuse.



Look for this symbol to identify areas of this report that have come directly from participants of *Tell Nicole*

See also Domestic Abuse Commissioner (2025) Tell Nicole "Our feelings matter": Children's views on the support they need after experiencing domestic abuse. London: Domestic Abuse Commissioner's Office.

⁷ Frontline domestic abuse services are aware of their safeguarding responsibilities with children and in what instance confidentiality must be breached and reports should be made to statutory services. This is also explained to victims and survivors at the very start of interactions. These safeguarding policies are included in accredited training, service standards and is a focus when commissioning specialist services and/or awarding funding. This is extremely important given the Government's intention to introduce Mandatory Reporting through the upcoming Crime and Policing Bill. The Commissioner is clear that if Mandatory Reporting is to be introduced, there must be a commitment to ensuring that confidential spaces for children subject to abuse are protected, in order to encourage disclosure, and offer immediate support.

A note to the reader

This report is longer than the Commissioner's previous reports, in recognition of the fact that we are far from fulfilling our responsibilities for child victims of domestic abuse, and far from making meaningful the fact that children are legally recognised as victims in their own right. Children's experiences of domestic abuse are an incredibly important subject, and one which the Commissioner hopes will be prioritised by the new Government. The length of this report reflects the need for that prioritisation, the work that needs to be done and the opportunity that this new Government has. Therefore, through this report, the Commissioner hopes to constructively illuminate the current gaps in provision, and the necessity of a coordinated approach to making vast improvements at a national and local level.

The Commissioner would recommend that this report is read in stages. This report serves as a comprehensive reference point for anyone working with children subject to domestic abuse, and while the report in its entirety gives the full picture of the response to children, it also provides a wealth of detail on specific services and how they are located within the Coordinated Community Response (CCR) to domestic abuse.

The report is structured in a way that reflects the child's journey across the system, beginning with universal prevention, then opportunities to identify abuse and intervene early, and finally to crisis response and ongoing support. Recommendations are provided throughout, as well as grouped together at the end of the report. These recommendations have been broken down into seven different themes, and supplemented with the *Tell Nicole* findings, to show how the Commissioner's recommendations have been led by the engagement with children and young people.

1.0 CHAPTER ONE – INTRODUCTION

In recent years, public awareness of the harrowing experiences of victims and survivors of domestic abuse has improved, with policy, practice and public discourse doing more to recognise the experiences of victims and survivors and the need for specialist support. There is also an increased focus in enabling children to participate in decisions that impact their lives.⁸ Despite this, children's voices are still muted in the national policy and local multi-agency responses to babies, children and young people subject to domestic abuse. Domestic abuse is a fundamental denial of children's rights, hindering their best interests, freedom of expression, relaxation, play and safety from violence⁹ and is of huge cost to society.¹⁰

Experiencing domestic abuse during childhood is, unfortunately, a common occurrence.¹¹ Assessing the true prevalence of children experiencing domestic abuse is difficult due to social norms and attitudes that perpetuate familial norms of privacy, shame and denial of abuse within the home. Minimisation and limited recognition of coercive control create insurmountable barriers to disclosure for many victims and survivors.

The impacts of domestic abuse upon children can be profound. Alongside the distress experienced while abuse is occurring (such as increased levels of fear, inhibition, isolation, loss, anxiety and depression)¹² is the likelihood of longer-term trauma that affects physical and mental health, development, behaviour and emotional wellbeing.^{13, 14, 15} Negative psychological impacts of coercive control that children are likely to experience include a lack of security and safety, a reluctance to trust others and limited opportunities to choose, feel free and develop a sense of independence.^{16, 17}

Given the significant impact of domestic abuse on children, services should be focused on intervening early, protecting children from physical harm, while also recognising and promoting psychological and emotional safety, including understanding how trauma manifests in their behaviour.

⁸ Øverlien, C. and Holt, S. (2021).

⁹ UNICEF (2019).

¹⁰ Oliver, R. et al (2019).

¹¹ Radford, L. et al (2011); Skafida, V. et al (2022).

¹² Kitzmann, K. M. et al (2003).

¹³ Stanley, N. (2011).

¹⁴ Holt, S. et al (2008).

¹⁵ World Health Organisation (2013).

¹⁶ Mullender, A. et al (2002).

¹⁷ Buckley, H. et al (2007).

1.1 The Legislative Framework

1.1.1 The Domestic Abuse Act 2021

After years of campaigning, in 2021, children were for the first time recognised in law as victims of domestic abuse in their own right in England and Wales. Section 3 defines a child victim as any child who ‘sees or hears, or experiences the effects of, the abuse.’¹⁸ Alongside this significant change, the Act also specified that the duty to provide safe accommodation under Part 4 would apply to child as well as adult victims and survivors of domestic abuse.¹⁹

1.1.2 The need for clarity

Despite welcome changes in the Domestic Abuse Act 2021, it is still unclear what the definition of children as victims means for frontline practice. When the Child Safeguarding Practice Review Panel surveyed English Local Safeguarding Children Partnerships to ask how they were responding to the change in the Domestic Abuse Act to recognise children as victims, the responses received were varied. While some partnerships reported that they could not answer as they were waiting for further national guidance, others said they had always considered children as direct victims and that this shaped their whole response.²⁰

In the same year, the National Child Safeguarding Practice Review into the horrific murders of Arthur Labinjo-Hughes and Star Hobson was published, and exposed significant weaknesses in the local child safeguarding response, and lessons for practice.²¹ Domestic abuse was named but not fully explored in both cases, and opportunities for early intervention and support were missed – a familiar theme from previous Reviews.^{22, 23} The review published specific recommendations on improving multi-agency working between specialist domestic abuse services and statutory services, including schools.

The Commissioner continues to hear concerns from frontline practitioners about what the legislative change should actually mean and whether the scale of the problem is understood:

“It is empty legislation without funding.”

“We are really unsure how to make changes as the numbers are so high.”

In addition, practitioners have shared numerous examples of some statutory agencies being unaware of the change in legislation, indicating significant gaps in knowledge.

1.1.3 Legislative Context

In England and Wales, the Children Act 1989 established the child protection system.²⁴ The Children Act 2004 is a development from the 1989 Act and provides the legislative framework for child protection, as well as detailing the statutory duties of local authorities with regards to safeguarding and promoting the welfare of children in their local area.²⁵

Despite this, before 2000 there was little recognition of the impact of domestic abuse on children. The landmark case of *Re L; Re V; Re M; Re H*, [2000] EWCA Civ 194 clearly set out the detrimental

¹⁸ Domestic Abuse Act 2021.

¹⁹ Domestic Abuse Act 2021.

²⁰ The Child Safeguarding Practice Review Panel (2022b).

²¹ The Child Safeguarding Practice Review Panel (2022a).

²² Sidebotham et al (2016).

²³ Brandon et al (2020).

²⁴ Children Act 1989.

²⁵ Children Act 2004.

impact and consequences that domestic abuse can have on children as well as setting out guidance for the courts on the issue of contact in the aftermath of domestic violence.^{26, 27} Prior to that, domestic abuse was viewed by the law as only affecting adults.

In 2002, the definition of significant harm was amended to acknowledge the harmful impact of children's exposure to domestic abuse, defining harm caused by domestic abuse as including 'the impairment suffered from seeing or hearing the ill-treatment of another.'²⁸ However, this definition did little to recognise the significant harm to children's longer-term health and wellbeing, and also fails to recognise the broader definition of domestic abuse and the direct impact on children, such as the 2015 offence of 'controlling and coercive behaviour in an intimate or family relationship', which makes no reference to children.²⁹

The Children and Social Work Act 2017 establishes duties towards looked after and previously looked after children, as well as the regulation of social workers.³⁰ The Act was intended to improve joined-up work at a local level to safeguard children as a way to improve national practice. As part of the Act, Relationships and Sex Education was directed as required in educational settings. This provision builds on section 22 of the Children Act 1989.

Looking to Wales, in 2015, the Welsh Government went further and introduced the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.³¹ Alongside duties on local areas to safeguard victims of gender-based violence and prepare local strategies, the Act also places duties on Welsh Ministers to prepare, publish and review a national strategy focused on the prevention of domestic abuse and other gender-based crimes, culminating in mandatory prevention activity in schools.

1.1.4 European law

The European Convention of Human Rights 1950 (ECHR) establishes a legal duty with respect to victims of domestic abuse and obliges the State to intervene when abuse is present. The Human Rights Act 1998 incorporates the ECHR into domestic law and establishes how seriously domestic abuse must be taken.³²

1.1.5 International law

The vulnerability of children is universally accepted and clearly reflected in provisions of law that apply because of their age. The United Nations Convention on the Rights of the Child (UNCRC) 1989 is the 'most widely ratified human rights treaty in the world', with all countries, bar the United States of America, ratifying it.³³ The UNCRC is an expansive legal instrument that spans the civil, economic, political, social and cultural rights of the child.

The United Kingdom (UK) ratified the UNCRC in December 1991. However, the UNCRC has not been fully incorporated into UK domestic law (other than in Scotland), and so not all provisions bind the rest of the UK. This also means that children cannot claim their rights in court on the sole basis of the UNCRC contraventions. However, Article 3 of the UNCRC establishes that a child's best interests must be a 'primary consideration' when actions are undertaken by 'public or private social welfare institutions, courts of law, administrative authorities or legislative bodies.'³⁴ UK Government and all public bodies are, therefore, bound to consider the UNCRC when making decisions involving

²⁶ Re L; Re V; Re M; Re H 2000 2 FLR 334.

²⁷ We refer here to 'domestic violence', as opposed to 'domestic abuse' to refer to the wording of the case.

²⁸ *Adoption and Children Act 2002*, Explanatory Notes.

²⁹ *Serious Crime Act 2015*.

³⁰ *Children and Social Work Act 2017*.

³¹ *Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015*.

³² *Human Rights Act 1998*.

³³ UNICEF (1991).

³⁴ UNICEF (1991).

children due to State ratification. Section 2 of the Children Act 2004 directs the Children's Commissioner to have regard for the UNCRC 1989, demonstrating the central role of the UNCRC 1989 in domestic law.

Further, in 2022, the UK ratified the Istanbul Convention, which is the 'Council of Europe Convention on preventing and combating violence against women and domestic violence'.³⁵ By ratifying the Convention, the UK is bound to take a range of measures in the prevention and protection, prosecution and coordination of policies in response to domestic abuse. However, the UK applied a reservation on Article 59 of the Istanbul Convention, meaning it has opted out. This is the provision for migrant victims and survivors of domestic abuse, whose residency is dependent on a spouse or partner, to be granted an autonomous residence permit where the relationship ends due to domestic abuse.³⁶ This reservation puts migrant victims and survivors of domestic abuse in an extremely dangerous position, risking deportation and/or child removal, or staying in an abusive situation for longer, in order to avoid deportation and child removal. This significantly impacts on child victims and re-victimises the children for the crimes of the abuser.

1.2 The Commissioner's approach and engagement: sources of input

This report represents the synthesis of a huge volume of information, input, and engagement.

The Commissioner and her team have undertaken extensive literature reviews, conducted primary research, engaged with practitioners and sought input from children themselves. In summary, the report draws on insight from:

- Findings from *Tell Nicole*
- Engagement with SafeLives Changemakers
- A survey of 168 commissioners
- A survey of 266 known service providers who support children
- 860 professionals working with children in statutory and non-statutory services, including:
 - All 41 Police and Crime Commissioners (PCC) areas in England and Wales,
 - 97 social workers from across England and Wales,
 - 130 teachers and Designated Safeguarding Leads (DSL) across England and Wales,
 - 40 professionals from 'by and for' services in England and Wales,
 - 100 Family Hub professionals from England.

At the outset of this work, the Commissioner recognised that any strategy about children subject to domestic abuse needed to include their voices, priorities and concerns. This led to the development of '*Tell Nicole*': a framework to create opportunities for children to become involved in the Commissioner's work. The findings are summarised earlier in this report and full details can be found in: "*Tell Nicole: "Our feelings matter."*"³⁷

The insights from this engagement were instrumental in shaping the recommendations and the Commissioner is extremely grateful to all those who participated and spoke candidly about their experiences in supporting children.

1.2.1 Recommendations

Given the value of involving children and young people's voices, the Commissioner recommends that:

³⁵ Council of Europe (2025).

³⁶ Council of Europe (2025).

³⁷ Domestic Abuse Commissioner (2025c).

- **Every member department of the proposed cross-Government working group (see detail in Chapter 9) reviews and develops their response to children as victims, to reflect that children’s voice is paramount in any interaction or policy development. This must include a review of the public bodies that they are responsible for.**
- **The Home Office and the Department for Education jointly fund the DAC Office to pilot the creation of a national youth panel, to inform policy, in England and Wales.** This would be based on best practice models, such as the Children and Families Affected by Domestic Abuse (CAFADA) toolkit³⁸ and Everyday Heroes Participation Toolkit³⁹ in Scotland.
- **The Department for Work and Pensions strengthens the DWP Family Test Policy to include domestic abuse, and specifically, children’s experiences of domestic abuse, to ensure that in any policy testing, children’s experiences are considered.**

1.2.2 An intersectional lens

In developing this report, the Commissioner has been clear that domestic abuse does not exist in a single form. Different forms of domestic abuse, including controlling and coercive behaviours, coexist in most contexts and it is important to understand how power and control manifest in these situations. Children and young people are a heterogeneous group, with complex and diverse identities, needs, and experiences (such as mental health, neurodivergence, special educational needs and disabilities, ethnicity, age, gender, religion, sexuality, socio economic status, immigration status). Persistent absence from school makes some children invisible to systems that might protect them.⁴⁰ Moreover, the impact of experiencing poverty during childhood cannot be overstated. Living in poverty can significantly increase the chances of children experiencing domestic abuse⁴¹ and/or neglect, yet the focus on domestic abuse, alongside substance misuse and poor mental health can mean that little attention is given to experiencing poverty, and other intersectional factors.⁴² Meanwhile, the cost-of-living crisis has propelled even more children into poverty.^{43, 44}

As a result, policy and practice should reflect these nuances, and capture how overlapping harms and intersecting structures of oppression affect children and young people’s experiences of violence, as well as how they make sense of, cope with and manage abuse, and the support mechanisms required.⁴⁵ It is important to recognise that members of some communities find it more difficult to approach authorities due to their prior experiences as individuals or communities.⁴⁶ This report takes an intersectional lens and is informed by an anti-racist approach.⁴⁷ The report is also guided by an equality impact assessment, which enables us to better understand adult and child victims and survivors experiences as a whole and identify systemic oppression and marginalisation.

As the devastating case of the murder of Sara Sharif has shown, child victims and survivors of domestic abuse from societally marginalised backgrounds face multiple overlapping harms and their cases often fall through the cracks in the social care system due to a limited understanding of intersectionality and lack of professional curiosity or culturally-informed practice. The needs of child victims and survivors of abuse must be prioritised, and specific safeguards must be ensured to address the overlapping harms and challenges faced by children from marginalised backgrounds.

³⁸ Houghton, C. et al (2024).

³⁹ Everyday Heroes (2015).

⁴⁰ Department for Education (2024a).

⁴¹ Skafida, V. (2023).

⁴² Skinner, G.C.M. et al (2020).

⁴³ Centre for Research in Social Policy, Loughborough University. (2024).

⁴⁴ Department for Work and Pensions (2024a).

⁴⁵ The Scottish Government (2023).

⁴⁶ Belur, J. (2008); Femi-Ajao, O. et al (2018).

⁴⁷ Intersectionality, a term coined by Kimberlé Crenshaw, is firmly located in Black women's experiences of racism and multiple forms of oppression, including domestic abuse. For more see: Columbia Law School (2017).

1.2.3 A gendered lens

In addition, this report – and indeed, all of the Domestic Abuse Commissioner’s work – covers all victims and survivors of domestic abuse, no matter their sex or gender. However, it is worth noting that the Commissioner takes a gendered approach; that is, recognising that domestic abuse falls within the umbrella of ‘Violence against women and girls’,⁴⁸ as both a cause and a consequence of gender inequality and, thus, it disproportionately affects women and girls.⁴⁹

Every victim or survivor will be affected by abuse in different and unique ways, based on their own intersecting characteristics, background, and experiences. A victim or survivor’s experience of abuse will be affected by their gender, whether they are an adult or child. Men, women and gender non-conforming people will have different and also shared experiences and impacts of abuse; but there are particular issues to be cognisant of. The Duluth model for understanding power and control centres an understanding of patriarchy in considering domestic abuse and can be helpful in understanding the gendered dynamics of a crime where perpetrators are disproportionately men and victims and survivors are disproportionately women.

Nevertheless, we must recognise the experiences of men who face particular challenges and barriers in finding support. In the Commissioner’s *Patchwork of Provision* report, men highlighted the lack of services for them, and, even where services were commissioned to support all genders, men found them inaccessible or were unclear about whether they were eligible for support. A total of 82% of men told us that they found accessing support difficult or very difficult – in comparison to 73% of non-binary people and 43% of women.⁵⁰

Men reported finding services discriminatory, or non-existent. One survivor told us

*“I was unable to find male-only services and was provided with no help when I spoke to female-only services asking for advice. One person even apologised and said they knew I recognised I needed support but knew of nowhere that provided it.”*⁵¹

Children will also experience and understand domestic abuse within their own experiences of gender, the ability of their non-abusive parent to access help, and the different expectations placed on girls and boys. This is not explored in depth through this report, and language has been kept gender-neutral (referring to ‘victim or survivor’ and ‘perpetrator’) to capture the full range of experiences. Nevertheless, children’s and adults’ gendered experience of domestic abuse is worth noting.

1.3 Prevalence of children living with parental domestic abuse

Children experience domestic abuse in a variety of ways. They can be the subject of abusive control and abusive behaviour, and/or abused and/or manipulated in order to harm or control other members of the family.⁵² Children experiencing domestic abuse within their home will most likely see and hear the abuse, or see the effects (such as injuries or the emotional impact it causes), or become aware of the abuse taking place through hearing others talk about it.⁵³ In the most disturbing of cases, children are present or witness to the homicide or rape of their parent.⁵⁴ In rare

⁴⁸ While the Commissioner’s remit is matters pertaining to domestic abuse, it must be acknowledged that domestic abuse is a type of Violence Against Women and Girls, and that at a strategic level, making recommendations to build and improve provision for just one type of harm can be unhelpful, and be at the detriment to the response of other similar types of harm. Therefore, while the Commissioner’s recommendations relate specifically to domestic abuse, as per the Commissioner’s remit, the Commissioner encourages the Government to consider the recommendations, with other forms of Violence Against Women and Girls in mind.

⁴⁹ Office for National Statistics (2024b).

⁵⁰ Domestic Abuse Commissioner (2022a).

⁵¹ Domestic Abuse Commissioner (2022a).

⁵² Callaghan, J. et al (2018b).

⁵³ Horner, G. (2023).

⁵⁴ Chantler, K. et al (2023b).

circumstances where children may be unaware of what is taking place, they will still be impacted by negative family dynamics brought as a result of domestic abuse.⁵⁵ Children can take 'active roles' protecting their non-abusive parent and siblings, or by seeking help at the time of an incident.⁵⁶ Children may also experience feelings of guilt, shame and responsibility if they are unable to mitigate the abuse. Although not addressed within this report, many young people experience domestic abuse within their own intimate relationships.

Estimates of the number of children affected by domestic abuse vary and are hampered by the underreporting of abuse. The lack of a prevalence survey and limited official statistics in England and Wales makes assessing the numbers of children affected difficult.⁵⁷ This undermines prioritisation and resource allocated to preventing, identifying and responding to this harm. The Domestic Abuse Commissioner is clear that official statistics are needed to understand the scale of this problem, so that funding and resource can meet the actual level of need. As such, the Commissioner recommends that:

- **The Office for National Statistics commits to rolling out the Child Abuse Prevalence Survey, with specific questions on childhood exposure to and experience of domestic abuse.**
- **The Office for National Statistics continues to explore the development of questions about babies and children experiencing domestic abuse within the Crime Survey for England and Wales.**
- **The Ministry of Justice ensures that the statutory guidance underpinning the Duty to Collaborate makes clear that:**
 - **Safeguarding partners must include annual data on children subject to domestic abuse in Joint Strategic Needs Assessments.**
 - **Every effort must be made to collate data about the needs of children and victims of domestic abuse who are not known to statutory services and the barriers they face in accessing support.**
- **The Ministry of Justice ensures that the Victims and Prisoners Act allows local areas the autonomy to select the best placed agency within the Duty to Collaborate to hold convening powers.**
- **The Ministry of Justice takes national oversight of the convening power role and know which agency is responsible in each area and hold them accountable for fulfilling their duties under the Act.**

At a local level, as part of their duties within the Duty to Collaborate, safeguarding partners, with the inclusion of education, must include annual data on children subject to domestic abuse in their area, to ensure that Joint Strategic Needs Assessments are as accurate as possible.

1.3.1 Available estimates

The absence of a child maltreatment study within England and Wales means that we are still reliant upon:

- studies from previous decades^{58, 59}
- measures that focus on physical abuse only⁶⁰

⁵⁵ Hornor, G. (2023).

⁵⁶ Stanley, N. (2011).

⁵⁷ Office for National Statistics (2023).

⁵⁸ Radford, L. et al (2011).

⁵⁹ Children's Commissioner (2018).

⁶⁰ Adjei, N.K. et al (2022).

- official statistics or service data that underrepresent the extent of the problem
- estimates calculated from research data collected for a different purpose.^{61, 62}

The last UK-wide child maltreatment study took place over 15 years ago. Radford et al found that 12% of under 11s, 17.5% of 11–17-year-olds and 23.7% of 18–24-year-olds had been ‘exposed to domestic violence between adults in their homes during childhood’.⁶³ Questions about witnessing one parent being kicked, choked or beaten up by the other parent were used to estimate exposure to more severe violence during childhood (3.5% of under 11s, 4.1% of 11–17s and 6% of 18–24s).⁶⁴


In 2014, the Office of the Children’s Commissioner estimated the prevalence of children affected by domestic abuse using adult reports of abuse where children live in the same household. Data from the 2014 Adult Psychiatric Morbidity Survey showed that 26.7% of all children in England aged 0 to five and 25.3% of children in England aged six to 15 live with an adult who has ever experienced domestic abuse.⁶⁵

More recently, Skafida et al used data from the Growing Up in Scotland longitudinal cohort study, which follows 5,200 children born in Scotland between May 2004 and 2005. By the time study children were six years old, 14% of all mothers reported experiencing any form of domestic abuse since the child’s birth, including 7% who experienced physical abuse. This equates to c.45,000 children aged under seven who are potentially affected by domestic abuse in Scotland. Assuming trends are similar across the UK, the analogous figure for the entire UK lies at approximately 700,000 children aged under seven who are potentially affected by domestic abuse.⁶⁶ Factoring in siblings, this figure can be extrapolated to 1.5 million children affected. While this figure is higher than previous estimates, it excludes children above the age of seven; so, we can only assume the figure for all children under age 18 who have experienced domestic abuse is much higher.

The most recent data on the prevalence and nature of partner abuse from the Crime Survey for England and Wales found that where people aged 16–59 reported experiencing domestic abuse, 32.4% of respondents reported that there was a child under the age of 16 living in the house.⁶⁷

As evidenced, the prevalence estimates that are available vary, and in some cases are unlikely to reflect the current population due to the length of time since these studies were carried out. However, the estimates are similar in that they all reflect a size of problem that far outweighs the current attention paid and resources invested in this type of harm and its potential impacts on children’s lives.

1.4 Impacts of domestic abuse on children



“Lost, alone, sad, different, worried, lose control, terrified, anger, unhappy, nervous, scared, not heard.”

Taken from secondary school aged artwork.

The impacts of domestic abuse on children will vary according to a range of factors, such as gender, age, severity of abuse, and length of time subject to abuse.⁶⁸ Domestic abuse is considered an

⁶¹ Skafida, V. et al (2022).

⁶² Children’s Commissioner (2018).

⁶³ Radford, L. (2011).

⁶⁴ Radford, L. (2011).

⁶⁵ Children’s Commissioner (2018).

⁶⁶ Skafida, V. et al (2023).

⁶⁷ Office for National Statistics (2023).

⁶⁸ Skafida, V. et al (2021).

Adverse Childhood Experience (ACE) that will impact health risks and disease into adulthood,⁶⁹ but the experience of other co-occurring ACEs is also key to determining impact. There is a substantial overlap between child maltreatment, neglect and domestic abuse and children are likely to be poly-victimised.^{70, 71, 72} Domestic abuse was reported in nearly half (47%) of Serious Incident Notifications, Rapid Reviews, and Local Child Safeguarding Practice Reviews occurring from 2023 through to 2024, and was more likely to be present in incidents where the child died (52%), compared with serious harm incidents (43%).⁷³ There is also a correlation between exposure to domestic abuse, and the use of physical chastisement with children. In homes where the mother's abusive partner has been present in the children's life since birth, 26% of children at age two had been smacked by the mother's abusive partner.⁷⁴ The defence of reasonable chastisement in England is unhelpful here, as it blurs the boundaries through an argument that some violence in the home is acceptable.

In the Commissioner's experience, adult victims and survivors of domestic abuse are often distressed to reflect on what their children have been through as a result of abuse, paired with limited acknowledgement of the ways they sought to protect their children. In considering the impacts of domestic abuse on children and young people, the Commissioner is clear that this is the fault of the perpetrator(s) alone, and that the adult victim must also be supported, so they can in turn support their child through these experiences. There must not be unfair blame on the adult victim for 'failure to protect' and instead, perpetrators must be held to account for their actions. This will be discussed in more detail in Chapter 7.

It is also important to note that childhood exposure to domestic abuse is not an inevitable precursor to experiencing negative impacts; however, we need to understand what factors help to protect children and amplify them.

1.4.1 The Mental Health Impact

One of the most notable impacts on children and young people who have experienced domestic abuse is that on their mental health. Being subject to domestic abuse among patients in Child and Adolescent Mental Health Services (CAMHS) is at least twice of that in the general population, with almost 50% of the patients in CAMHS reporting exposure to domestic abuse or child abuse, and 22% reporting double victimisation.⁷⁵

Chronic exposure to environments dominated by coercive and controlling behaviour creates an ongoing stress response in the child's brain, thereby increasing the risk of physical and psychological illness.⁷⁶

Children who experienced domestic abuse were more likely to be diagnosed with a number of different mental health issues. For example, children are twice as likely to be diagnosed with a substance use disorder. The likelihood of diagnosis for other mental health increases by:

- 20% for a psychological development disorder
- 40% for a depressive disorder
- 40% for schizophrenia and psychoses
- 40% for an organic disorder
- 50% for an anxiety disorder

⁶⁹ Felitti, V.J. et al (1998); Stanley, N. (2011).

⁷⁰ Radford, L. et al (2011).

⁷¹ The Child Safeguarding Practice Review Panel (2024b).

⁷² SafeLives (2014).

⁷³ The Child Safeguarding Practice Review Panel (2024a).

⁷⁴ Skafida, V. et al (2023).

⁷⁵ Hultmann, O. et al (2022).

⁷⁶ Juruena, M.F. et al (2020).

- 60% for intentional self-harm
- 80% for a personality disorder.⁷⁷

Even where children seem ‘unaffected’ by domestic abuse or other types of trauma, they could be experiencing a ‘sleeper effect’ where children begin to struggle with their mental health in later years.⁷⁸

1.4.2 Children with Special Educational Needs (SEN), Additional Learning Needs (ALN) and Disabilities

Children and young people with a disability experience domestic abuse at a higher rate than those of their peers who do not have disability.⁷⁹ Adults with disabilities are at greater risk of experiencing domestic abuse – therefore, any children in those families are at greater risk, whether disabled or not.⁸⁰ The extent of disability caused by abuse during pregnancy is unknown.

Experiences of domestic abuse among children with a disability is under-researched, impeding the development of approaches that meet their needs or further understanding.⁸¹ Children with SEN or ALN represent 18.4% of all pupils in England⁸² and 11.4% of all pupils in Wales⁸³. Pupils recorded with social, emotional and mental health as their primary need type is one of the largest groups of SEN support in both England and Wales.⁸⁴

Children with a disability are overrepresented in children’s services, underrepresented on child protection plans, but overrepresented in cases leading to Serious Case Reviews. This suggests inadequacies in identifying children with a disability by child protection services at the time they are experiencing abuse.⁸⁵ The focus on the ‘inherent risks’ associated with disability in children and young people has failed to alleviate or address their safety, while also positioning disability as a ‘risk factor’ rather than part of the context of children and young people’s lives.⁸⁶

Agencies often miss signs of abuse for disabled children, as changes in behaviour or injuries are misinterpreted as part of disability or health conditions arising out of it, and physical injuries are hidden behind falls/accidents due to disability or lack of regulation.⁸⁷ This represents a number of missed opportunities, and the Commissioner is clear that more research must be undertaken to understand the impact of domestic abuse on children with SEN and disabilities to thereby improve the response.

1.5 Impacts at different developmental stages

1.5.1 Pregnancy and pre-school children

In England and Wales, it is estimated that as much as 30% of domestic abuse starts in pregnancy.⁸⁸ Actual incidence is likely to be higher due to underreporting. Between 20–30% of pregnant women report incidents of physical violence,⁸⁹ risking injury of both the mother and her unborn child. The nature of the abuse can also change during pregnancy, with increases in blows to the stomach,

⁷⁷ Australia’s National Research Organisation for Women’s Safety (2022).

⁷⁸ Australia’s National Research Organisation for Women’s Safety (2022).

⁷⁹ Jones, L. et al (2012).

⁸⁰ Robinson, S. et al (2020).

⁸¹ Jones, C. et al (2017).

⁸² Department for Education (2024d).

⁸³ Welsh Government Statistics (2024).

⁸⁴ Department for Education (2024d).

⁸⁵ What Works for Children’s Social Care (2021b).

⁸⁶ Wayland, S. et al (2016).

⁸⁷ NSPCC (2024b).

⁸⁸ Lyons, G. (2008).

⁸⁹ Callaghan, J. et al (2018a).

compared with before pregnancy, verbal abuse and sexual violence.⁹⁰ Domestic abuse during pregnancy also seriously impacts mental health, with higher rates of post-partum depression.⁹¹ The MBRRACE Confidential Enquiry into Maternal Deaths data found that suicide was the leading cause of maternal death in the first postnatal year and domestic abuse was documented in 43% of women who died.⁹² However, as many women may not have reported experiencing abuse, the true figure is likely to be much higher.

Alongside the risks to the mother are risks of poor birth outcomes and fetal trauma. Domestic abuse can have a direct influence on fetal development by altering the environment in the womb.⁹³ The risk that the baby will die during pregnancy or birth is between 2–2.5 times higher in cases where there was domestic abuse, with common causes of death being blows to the abdomen, and soft tissue injury to the baby.⁹⁴ Moreover, babies whose mothers experience domestic abuse while pregnant are more likely to be born prematurely and have a low birth weight.⁹⁵

The exposure of toxic stress, activating the body's chronic stress response can create high levels of cortisol in utero, meaning cortisol levels also remain higher than average throughout childhood.⁹⁶ Continued exposure to violence in utero can further impact on a child's neurodevelopment.⁹⁷ As a result, children may be more vulnerable to difficulties in managing and regulating emotion, cognitive functioning, health difficulties and difficulties in social interactions.⁹⁸

Babies under the age of one are the most vulnerable population in the UK – the age group at the highest risk of serious incidents and homicide.⁹⁹ The first year of life is critical for attachment and development, with the parent-child attachment relationship crucial for infant development in learning self-regulation and developing expectations of others' behaviour.¹⁰⁰ According to attachment theory, the parent/carer's role is to provide protection – where this is disrupted and parents are unable to protect themselves, this can cause distress for the parent-child relationship and impact attachment.¹⁰¹ One of many tools of coercion that perpetrators employ is to attack mothering and the mother-child relationship in their exercise of control and domination – this can significantly disrupt this vital development in a child's first year.¹⁰²

As toddlers, children experiencing domestic abuse can be both overly reactive, or overly passive, impacting their brain development, and cognitive and sensory growth.^{103, 104} Effects include poor sleeping habits and insomnia, stomach aches, behavioural regression like more frequent tantrums and screaming, poor health, separation anxiety and fears of being alone.^{105, 106} Moreover, domestic abuse can in some cases impact on a child's speech and language: pre-school children are likely to be at risk of developing significant speech and language problems and show a significant difference in hearing and speech development.¹⁰⁷ Where children do have some verbal skill, these children can exhibit excessive irritability at not being able to express their feelings.¹⁰⁸

⁹⁰ Bullock, L. et al (2006).

⁹¹ Dennis, C.L. and Vigod, S. (2013).

⁹² MBRRACE-UK (2024).

⁹³ Glover, V. and Capron, L. (2017).

⁹⁴ Meuleners, L.B. et al (2011).

⁹⁵ Women's Aid (2019).

⁹⁶ Glover, V. and Capron, L. (2017).

⁹⁷ Center on the Developing Child at Harvard University (2024).

⁹⁸ Bergman, K. et al (2007).

⁹⁹ Office for National Statistics (2024a).

¹⁰⁰ Fonagy, P. (2001).

¹⁰¹ Bowlby, J. (1979).

¹⁰² Lapierre, S. (2010).

¹⁰³ Gewirtz, A.H. and Edleson, J.L. (2007)

¹⁰⁴ UNICEF (2006).

¹⁰⁵ James, M.P. (1994).

¹⁰⁶ Stiles, M.M. (2002).

¹⁰⁷ Graham-Bermann, S.A. et al (2010).

¹⁰⁸ Christian, C.W. et al (1997).

1.5.2 Primary school aged children

Many impacts of experiencing domestic abuse are overlooked until behavioural problems occur during the child or young person's school years.¹⁰⁹ Professionals can fail to recognise 'behavioural problems' as a product of experiencing the trauma of domestic abuse, resulting in children receiving punitive responses, including higher rates of exclusion from school for children who have experienced domestic abuse.¹¹⁰

For children at this stage of development, there can also be significant impacts on their mental health, as set out previously. Depression in children between the ages of six and nine is most common among children who had been subject to domestic abuse and maternal mental health disorders.¹¹¹

However, there is greater recognition that studies underestimate the complexity of children's lives and their capacity for coping with and managing overwhelming and difficult emotions, including self-comforting.¹¹²

1.5.3 Adolescents

Analysis of the Millenium Cohort Study found that young people subject to domestic abuse at age three were more likely to report higher than average 'antisocial behaviours' by the time they reached age 14.¹¹³ Other studies have found increased levels of self-reported alcoholism and illicit drug use in adolescence and adulthood, school truancy and risk-taking behaviours.^{114, 115} There is also a strong correlation between exposure to domestic abuse and children who display harmful sexual behaviour.¹¹⁶

Parents model behaviours for their children, so there is a risk that abusive behaviours can be normalised within families as a way of dealing with difficulty and conflict. There is some evidence that exposure to parental domestic abuse can lead to perpetration in adulthood.¹¹⁷ However, this is highly gendered and experiencing domestic abuse as a child does not make perpetration in adulthood inevitable.¹¹⁸ Where domestic abuse is experienced in adolescence and adulthood, either as a victim or perpetrator, it should be considered alongside the impact of other ACEs, in deciding the best course of action to support them.

1.5.4 Impact of domestic homicide and domestic abuse related suicide on children

The impact of being subject to such a horrific crime is profound. Children may have seen, heard, or intervened during abuse prior to, or during the domestic homicide itself¹¹⁹, or prior to a victim or perpetrators suicide.¹²⁰

For children who have witnessed a parent's murder, there are overlaps with other types of harm, as the homicide is rarely an isolated incident.¹²¹ Many child victims of domestic abuse and homicide have often experienced other forms of child abuse – including physical, sexual and emotional

¹⁰⁹ Hester, M. (2007).

¹¹⁰ Hester, M. (2007).

¹¹¹ Silva, E.P. et al (2021).

¹¹² Callaghan, J. et al (2017a).

¹¹³ Action for Children (2019).

¹¹⁴ Emery, C.R. (2011).

¹¹⁵ Stiles, M.M. (2002).

¹¹⁶ Chaffin, M. et al (2002).

¹¹⁷ Herbert, A. et al (2024).

¹¹⁸ Herbert, A. et al (2024).

¹¹⁹ Chantler, K. et al (2023a).

¹²⁰ Chantler, K. (2023a).

¹²¹ Lewandowski, L.A. et al (2004).

abuse, and neglect.¹²² Adolescents bereaved by suicide may experience more feelings of shock, anxiety, and self-blame than those bereaved by natural causes.¹²³ Studies have also reported increased risk of depression in about 10% of adolescents bereaved by a suicide or other traumatic death of a parent more than two years after the loss.¹²⁴

The experience is distinct from experiencing non-fatal domestic abuse. In these cases, the child typically loses both parents: the traumatic experience of losing of the non-abusive parent, with the perpetrator parent usually made absent through incarceration.¹²⁵

As such, children are dealing with the grief of losing their parents, and the trauma for what they have experienced. This is worsened by the fact that the child has lost the figure who may have helped them in grieving a significant loss. Compounding their experience, they may need to move to a new area or be taken into care.¹²⁶

Children have described a sense of feeling different, or 'not normal' in the immediate aftermath, and existing within 'a culture of silence', not knowing who to talk to. As a result, children bereaved by domestic homicide experience feelings of isolation and alienation.¹²⁷ These feelings can be exacerbated by fears over sharing biology with their perpetrator parent, and the thought of inheriting or passing on dangerous genes.¹²⁸ Identification with the victim's family can serve as a meaningful way to resolve identity-based distress.¹²⁹

1.5.5 Impacts on children's lives

Domestic abuse can bring significant disruption to a child's life. Social and support networks can fall away after repeatedly moving school and home to access safety and changing phones. Children suffer the loss of friendship groups, pets,¹³⁰ and possessions, contributing to the confusion and anger about what was happening to them.¹³¹ Having to keep silent to protect family members can cause a further sense of isolation and, together, these changes create additional layers of complex trauma for the child.

The day-to-day impact of domestic abuse on children will intersect with other challenges and experiences they face. The impact of school closures during the COVID-19 pandemic created a deficit in children's learning and mental health.¹³² The rate of children missing from school or not in education has increased since the pandemic.¹³³ Furthermore, child poverty is compounded when there is the perpetration of economic abuse – for example, refusing to pay child maintenance payments or not making payments regularly.

Moreover, many children are still living with the perpetrator alongside their protective parent, under the dynamics of coercive and controlling behaviour. The perpetrator will continue to play a significant role in a child's life for many children, whether this is throughout a relationship with their protective parent, or post-separation.¹³⁴ This can create complex situations for a child: living with narrowed space for action, reduced 'voice' within the family, disempowerment and erosion of their confidence and sense of agency.¹³⁵ Work to intervene with perpetrators – or those displaying early

¹²² Skafida, V. et al (2023).

¹²³ Andriessen, K. et al (2020).

¹²⁴ Andriessen, K. et al (2020).

¹²⁵ Alisic, E. et al (2017).

¹²⁶ Gaensbauer, T. et al (1995).

¹²⁷ Eastwood, O. et al (2024).

¹²⁸ Eastwood, O. et al (2024).

¹²⁹ Eastwood, O. et al (2024).

¹³⁰ Callaghan, J. (2023).

¹³¹ NSPCC (2023).

¹³² Mazrekaj, D. and De Witte, K. (2024).

¹³³ Children's Commissioner (2024d).

¹³⁴ Katz, E. (2016).

¹³⁵ Katz, E. (2016).

signs of unhealthy behaviours – is, therefore, a critical part of the response to children and young people subject to domestic abuse.

The impact of living with domestic abuse cannot be understated, which is why so much more must be done to protect children and improve the support and access to recovery for children subject to domestic abuse, so that they can grow up to lead fulfilling, happy lives.

2.0 CHAPTER TWO – THE PROVISION OF SPECIALIST DOMESTIC ABUSE SERVICES FOR CHILDREN

This chapter sets out the Commissioner’s findings on the provision of specialist support services for child victims of domestic abuse.

With notable exceptions,¹³⁶ previous literature that reviews domestic abuse support services within England and Wales rarely focuses on children in their own right. Children are often discussed within the context of their parent’s additional needs; and while consideration is given to how factors like disability, ethnicity, gender and sexual orientation can impede access to support for adult victims and survivors, these factors almost seem to disappear when child victims discussed.

Themes emerging from previous reviews of domestic abuse support services for children include:

- a lack of therapeutic support to help children recover from trauma¹³⁷
- low levels of funding for services specifically for children¹³⁸
- no dedicated funding for services for children for approximately one-in-four refuge and community-based services¹³⁹
- services having to reduce the number of children they can support¹⁴⁰
- no support services for children unless they live within specific postcodes or areas of deprivation¹⁴¹
- regional differences in the proportion of children supported via safe accommodation¹⁴²
- children’s access to services being dependent on a parent’s engagement with the service¹⁴³

2.1 Mapping specialist services for children: methodology and challenges

To explore current commissioning and provision of support services for children, the Commissioner held two surveys across England and Wales – firstly, with commissioners of domestic abuse support services and, subsequently, with known service providers of domestic abuse support services for children.

The project originally intended to ‘map’ the provision of support services for children across England and Wales. However, as discussed in the technical report¹⁴⁴ for this research, while the response obtained from organisations providing services to children is acceptable for the purposes of analysing and understanding commissioning and service provision, it does not represent a complete list of all types of support in all areas. There was also variation in the response from commissioners in different geographical areas of England and Wales.

A total of 168 commissioning organisations responded to the survey. Three quarters of respondents were from commissioning bodies representing areas that have a legal responsibility for commissioning domestic abuse services – for example, either the tier one local authority or the relevant community safety partnership. Commissioners reported 683 specialist services for children that they had commissioned during the financial year ending March 2024.

The sampling frame for the service provider survey was created using data from the commissioner survey that was held earlier during the year, desk research and local knowledge built through relationships developed by the Commissioner’s geographically-based practice and partnerships team. The service provider survey produced 266 returns, achieving a 51% response rate. Between

¹³⁶ Action for Children (2019).

¹³⁷ Welsh Parliament (2024).

¹³⁸ Against Violence and Abuse (2023).

¹³⁹ Women’s Aid (2023b).

¹⁴⁰ Women’s Aid (2023b).

¹⁴¹ Action for Children (2019).

¹⁴² Ministry of Housing, Communities and Local Government (2023).

¹⁴³ Action for Children (2019).

¹⁴⁴ Domestic Abuse Commissioner (2025b).

them, the responding service providers reported on a total of 508 services and interventions for children affected by domestic abuse in England and Wales.

Multiple factors affected the response to the service provider survey. Unlike the commissioners, organisations providing support to children are not usually public bodies and, therefore, are not subject to any legal requirement to provide information to the DAC. Automated email responses to survey invitations indicated higher than usual levels of staff turnover and sickness absence, meaning that it was not always possible to obtain a named contact during the survey period. Other organisations declined to participate, referring to the volume of domestic abuse work they were managing. This reflects a wider concern about working environments within the VAWG sector,¹⁴⁵ which ultimately affects service delivery to all victims and survivors.

The Commissioner's surveys enabled her to report on:

- Current commissioning practice in relation to children affected by domestic abuse
- Types of services provided – their focus, target populations and funding arrangements
- Organisations that deliver these services including their locations and financial circumstances
- Priority issues for children and young people including:
 - ability to access services independently and access to services generally
 - access for children with additional and intersecting needs,
 - whether services are child focused, such as who delivers the service and how do they engage children?

Further details of the surveys and method can be found in the technical report: *Support Services for Children affected by Domestic Abuse Technical Report*.¹⁴⁶ The next sections set out the main findings from the surveys. Readers should note that throughout our analysis, some percentages reported may not appear to sum to 100 either due to rounding or because respondents could select more than one answer.

2.2 Commissioning of services for children affected by domestic abuse

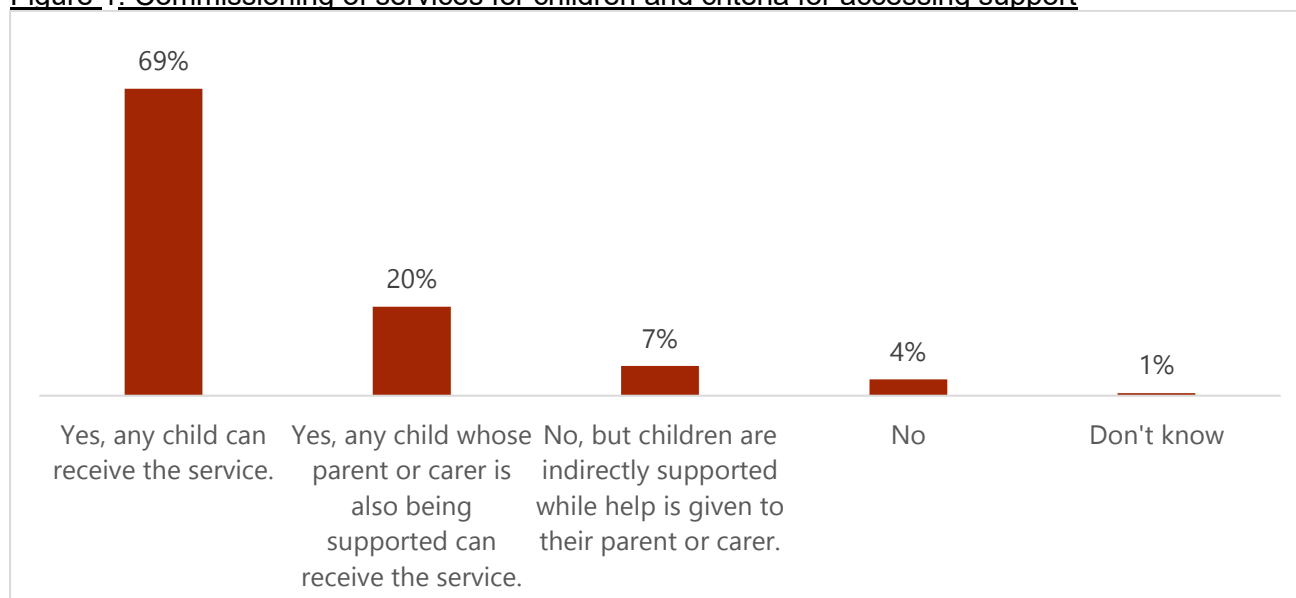
Most commissioners participating in the survey said they commissioned services specifically designed for children affected by domestic abuse (89%). Figure 1 presents commissioners responses to this question. Over two-thirds of commissioners (69%) reported that any child can receive the service, while 20% said that only children whose parent or carer is also being supported could receive the service.

Only two of the 17 commissioners who did not commission services for children said that they planned to do so during the next financial year. Seven answered “No” or “Don’t know” while 11 referred to children being indirectly supported via their parent or carer.

¹⁴⁵ Women's Aid (2024b).

¹⁴⁶ Domestic Abuse Commissioner (2025b).

Figure 1: Commissioning of services for children and criteria for accessing support



2.3 Assessing need for support

Commissioners of domestic abuse services were asked to report on whether their organisation had carried out a local needs assessment that included a comprehensive section on children and young people, which was a recommendation within the DAC's Patchwork of Provision report.¹⁴⁷ Nearly half of all commissioners (47%) said they had assessed the needs of children in both the community and safe accommodation, and over one-fifth (22%) had assessed the needs of children in safe accommodation only, as required by Part 4 of the Domestic Abuse Act 2021 and statutory guidance.¹⁴⁸ For the remaining commissioners, 14% planned to conduct an assessment that included children during the next financial year, 8% had answered either "No" or "Don't know/unsure".¹⁴⁹ As duties within the Act vary, with 'relevant' or 'tier one' authorities having a duty to assess and 'tier two' authorities only having a duty to cooperate with the assessment, answers to this question were also analysed according to the type of commissioner. Over three quarters of community safety partnerships (77%) and tier one local authorities (81%) responding said their assessment included a comprehensive section on children and young people compared with 50% of tier two local authorities and 36% of PCCs or mayoral combined authorities.

2.4 More commissioning of community-based than accommodation-based services

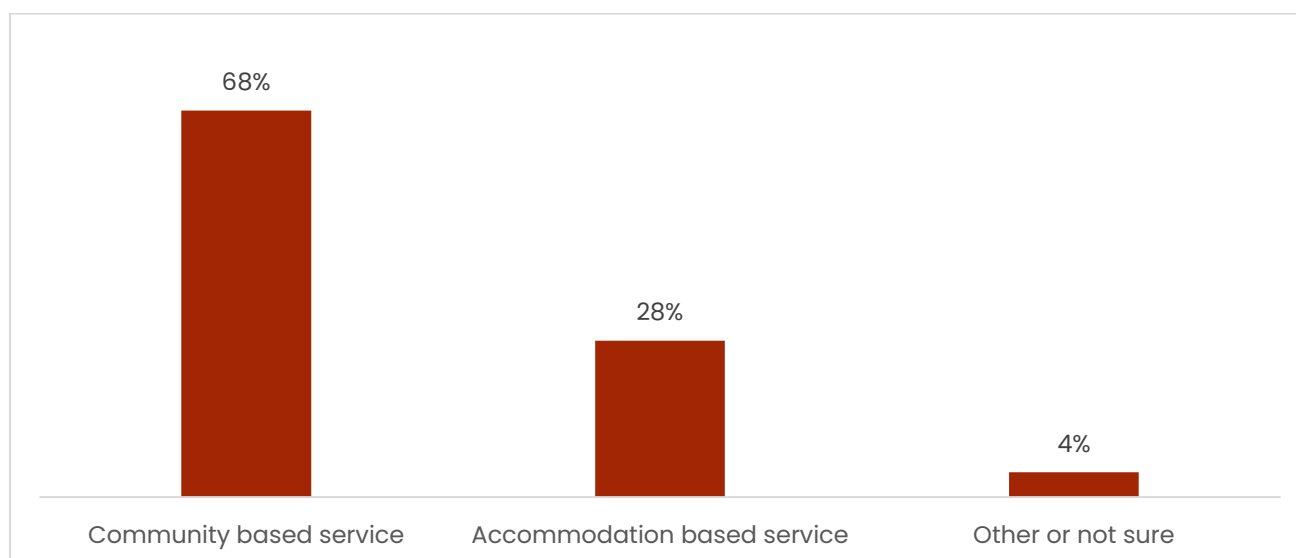
Over two-thirds of services were community-based (68%) rather than accommodation-based (for example, provided by a refuge or via other forms of safe accommodation). Figure 2 presents respondents' answers to this question. Analysis of the funding data provided by commissioners indicated that community-based services for children affected by domestic abuse usually received less funding than accommodation-based services: the median average funding per year was £28K compared with £41K for accommodation-based services.

¹⁴⁷ Domestic Abuse Commissioner (2022a).

¹⁴⁸ Ministry of Housing Communities and Local Government/Department for Levelling Up, Housing and Communities (2021).

¹⁴⁹ Percentages included 1% missing data.

Figure 2: Percentage of community-based and accommodation-based services for children



2.5 Far fewer services are focused on prevention

Most commissioned services target children affected by abuse within their parent/carer relationship. Commissioners were asked to indicate which groups of children were the target populations for the services they commissioned. The four most frequent target populations were:

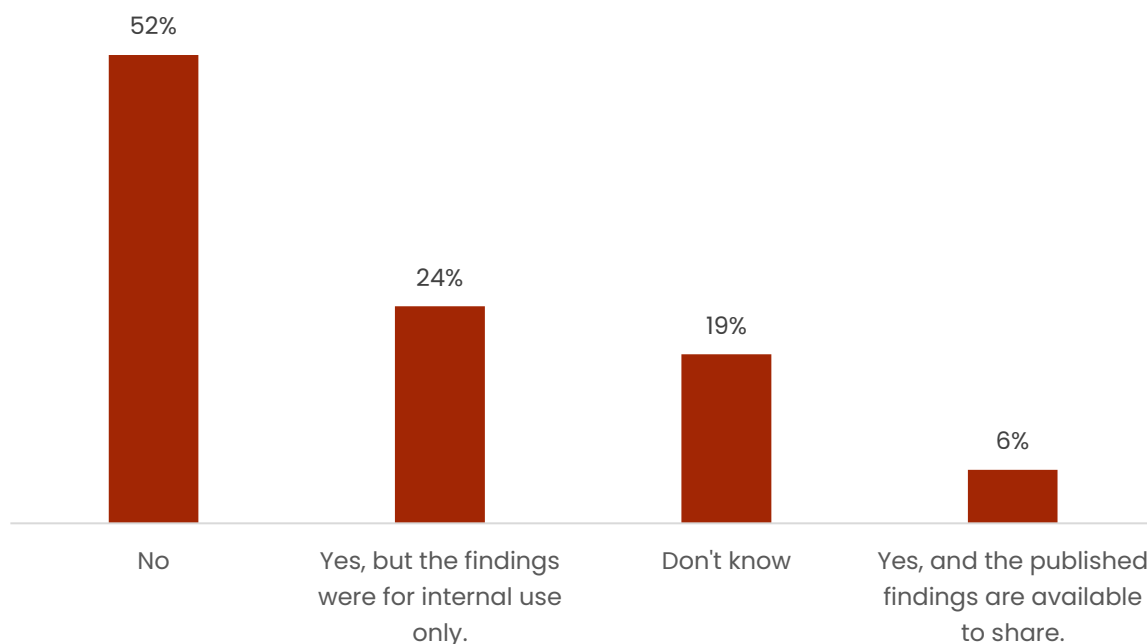
- children affected by domestic abuse within their parent/carer relationship [receiving the service on their own] (41%)
- children affected by domestic abuse within their parent/carer relationship [receiving the services with their non-abusing parent or carer] (20%)
- multiple target populations (10%)
- young people subjected to domestic abuse in their own intimate relationship (7%)

Service categories were recoded to indicate whether they were focused on crisis and support, recovery, or prevention. A third of services were focused on crisis and support (33%), with a similar proportion (31%) focused on recovery. Only 13% of services were focused on prevention.

2.6 Most commissioned services have not been evaluated

Only 6% of services or interventions recorded by commissioners within the survey had published evaluation findings that were available to share – see Figure 3. Nearly a quarter of the services (24%) had evaluation findings that were for internal use only. Over half of the services had not been evaluated (51%) or the respondent did not know whether the service had been evaluated (19%).

Figure 3: Percentage of services that had been evaluated



2.7 Most funding periods are between one and three years

While the funding periods reported ranged between less than a year and up to 25 years, most funding periods were between one and three years (72%). The average length was three years and the most frequently reported was for one year only (29%).

2.8 Funding is skewed with far more services receiving smaller amounts

The mean and median average funding per year for each service was calculated by dividing the total cost of each service by the number of years within the funding period. For most service types, the range of funding amounts was broad, with a large difference between the mean average funding amount received and the much lower median average. This suggests that many services are receiving relatively small amounts of funding but the few services receiving much larger amounts pushes the mean average figure upwards.

The funding amounts at the lower end of the scale suggests that what is being reported are not 'services' for children in the way that the word implies, but in reality, a post for a single, possibly not even full-time worker.

Other observations about the funding of commissioned services reported via the survey were:

- Services that offered multiple interventions for children received the highest funding amounts.
- Accommodation-based services receive higher funding amounts than community-based services (although the overall spend on community-based services is higher as they are more numerous).
- Services that target children affected by domestic abuse within their parent/carer relationship had the greatest range between the minimum and maximum funding amounts (they were the most frequently reported).

- Services for young people either displaying abusive behaviour or subjected to domestic abuse within their own relationship received the least amount of funding, compared with other target populations.

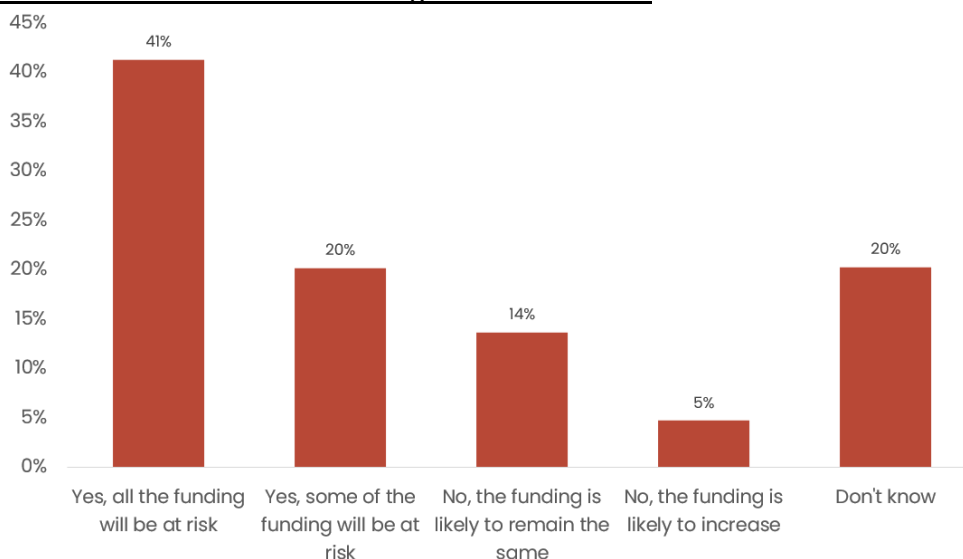
2.9 One-in-four services funded by different sources for different time periods

Commissioners were asked to indicate how the funding for each service was provided. While most funding came from one source (for example, grant or core funding) for a set period of time (72%), one-in-four services received funding made up from a combination of grants and core funding and/or with funding for different durations of time.

2.10 Continuation of current funding arrangements was confirmed for only one-in-five services

Funding for the majority of services appears to be precarious. When asked whether funding for the service is at risk of being cut or reduced when the current funding comes to an end, commissioners reported that all or some funding was at risk for over 60% of services. Commissioners said that they “did not know” for 20% of services.

Figure 4: Commissioners’ views on whether the funding for the service is at risk of being cut or reduced when the current funding comes to an end



2.11 Specialist services available for children reported by service providers

Organisations were asked to categorise their services for children using the Women’s Aid Federation of England (WAFE) ‘Routes to Support’ service categories. Table 1 presents the number of services recorded according to each category. Respondents could tick more than one category for their service if appropriate. Recovery work (46% of services) and community-based services (43%) were the most frequently recorded service categories, followed by prevention and awareness work (30%). One-fifth of services were recorded as accommodation based (20%), a similar proportion were behaviour change interventions (18%). Only 4% of services specifically for children were open access, such as helplines, drop-ins or online.

Table 1: Categories of services based on those used within the 'Routes to Support'¹⁵⁰

Service Categories based on Routes to Support definitions	No.	%
Recovery work, including counselling, therapeutic work, group work and support groups.	231	46%
Community-based services, including floating support, outreach, advocacy/caseworker roles.	216	43%
Prevention and awareness work, such as educational work with schools.	151	30%
Accommodation-based services, including refuges and other accommodation. This service may include some forms of recovery work within an accommodation-based setting.	101	20%
Behaviour-change interventions for children and young people displaying harmful behaviour within their peer relationships or family relationships, such as CAPVA.	93	18%
Other	28	6%
Open access services, including helplines, drop ins and online web chats that are specifically for children and young people only.	22	4%

Note: Respondents could pick more than one category; therefore, the total of the percentages are greater than 100%

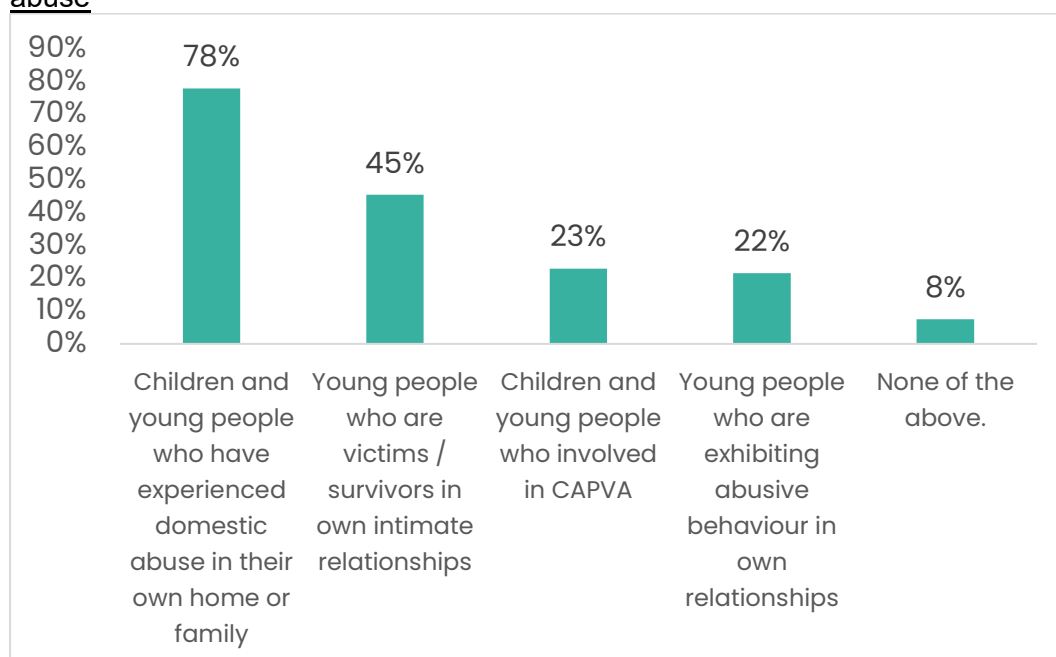
Next, organisations were asked to indicate from a long list of service descriptions the main focus of their service(s).¹⁵⁰ The most frequently recorded service categories by service providers were:

- information and advice services for children and young people that were delivered face to face (56%)
- children and young people's group recovery work, including interventions and programmes (40%)
- group work with young people to prevent domestic abuse and promote healthy relationships, delivered outside educational settings (32%)
- children and young people's domestic abuse support workers (31%)

Most service provision targets children experiencing domestic abuse at home or within their family. Over half of the services reported by organisations supported more than one of the populations listed. Figure 5 presents the percentage of services reporting that they supported particular target populations of children affected by domestic abuse. The majority of services targeted children who have experienced domestic abuse in their own home or family (78%), while 45% of services supported children who are victims and survivors of domestic abuse within their own intimate relationships. Over a fifth of services supported children and young people involved in CAPVA (23%). A similar proportion supported young people who are exhibiting abusive behaviour within their own relationships (22%), while 8% of services reported that their target population did not fit into any of the categories provided. This group included services for survivors of domestic abuse and sexual violence, services to support young people experiencing so called 'honour-based' abuse (HBA), and services for children bereaved by domestic abuse-related deaths.

¹⁵⁰ See technical report for numbers and percentages of each type of service or intervention reported.

Figure 5: Percentage of services supporting different populations of children affected by domestic abuse



2.12 Services tend to support children from a wide age range

Organisations were given an age range from prebirth to 25 years and were asked to indicate the minimum, and maximum ages of children and young people whose referrals would be accepted for their service.

A small number of services were targeted specifically for a relatively narrow age range, for example, prebirth and under ones (2%). However, most services provide support to children and young people from a wide age range, with three quarters of services accepting referrals for young people aged over 16 years.

Looking at minimum and maximum ages across the whole sample, the most frequently reported minimum age ranges were at five years (26%) and pre-birth to under ones (25%), representing over half of the services. Less than one-fifth of services appeared to focus on secondary school aged children, where the minimum age for referral was from 11 years and upwards (18%). Sixteen per cent of services accepted referrals for young people up to 25 years. This reflects statutory guidance for organisations that support children and young people who have SEN or disabilities.¹⁵¹

2.13 Organisations delivering domestic abuse support services to children

Domestic abuse voluntary organisations were most likely to deliver specialist support to children. Service providers were asked to indicate from a list of options which described the type of organisation delivering services to children. The biggest group of respondents were organisations that described themselves as 'Domestic Abuse voluntary organisations' (59%) followed by children's voluntary organisations (14%) and 'by and for' organisations (11%). Seven per cent of organisations responding described themselves as 'local authority in-house services'. Several organisations ticked more than one option, and a quarter of responding organisations ticked the "Other" option where there was space to describe their organisation in their own words. Information provided within the text box of the "Other" option was merged and recoded to create additional organisational categories to best represent the profile of provider organisations participating in the survey. The

¹⁵¹ Department for Education and Department of Health and Social Care (2015).

largest group within the “Other” category were organisations describing themselves as providing multiple services. Other organisation types that numbered four or more organisations were described as “charity”, “domestic abuse organisation” (as opposed to domestic abuse voluntary organisation), “housing organisation”, “refuge” and “Violence Against Women and Girls (VAWG) and domestic abuse” organisation.

Organisations were asked to indicate which local authority (LA) or PCC areas they delivered their services. Most services were delivered to just one commissioning area (61%); however, over a third of services were delivered to multiple areas (39%). The majority of service providers (85%) reported that their service or interventions was solely delivered by their organisation. Only 15% of interventions reported were delivered in partnership or as part of a consortium. Most organisations deliver multiple interventions to children affected by domestic abuse. While nearly 40% of organisations said they delivered one intervention for children only, the majority delivered two or more different types of intervention and nearly 20% delivered four or more interventions.

2.14 Funding reported by service providers

Service providers were asked to report on the total amount of funding for their service during the previous financial year April 2023 to March 2024. Organisations were able to provide this figure for 341 services. While 5% of services reported receiving no funding, the highest amount was £1,800,000. The median amount was £60,000. As with the funding amounts reported by commissioners, there a large difference between the lower median figure and the mean figure, which at £115,479 was just under the 75th percentile. Again, this suggests that the majority of services who responded to our survey receive smaller amounts of funding, but the average figure is increased by a few services receiving much larger amounts of funding.

2.15 Most frequent source of funding came from local authorities followed by charitable trusts

Funding for specialist domestic abuse services for children came from a variety of sources. Organisations were asked to identify, from a list, all the different sources of funding for their services. Funding from local authorities was the most frequent response (40%) followed by grants from charitable trusts (28%) and funding from PCCs (27%). Eighteen per cent of organisations also relied upon fundraising and income generating activities. Organisations were also asked where the majority of the funding for their service came from. A third of organisations reported that the majority of their funding came from local authorities. The second largest group said the majority of their funding came from grants from charitable trusts (20%). While funding received by services from local authorities ranged considerably, the annual amounts tended to be higher than that given by charitable trusts. Funding provided by PCCs were on average higher still, possibly reflecting the larger geographical areas covered.

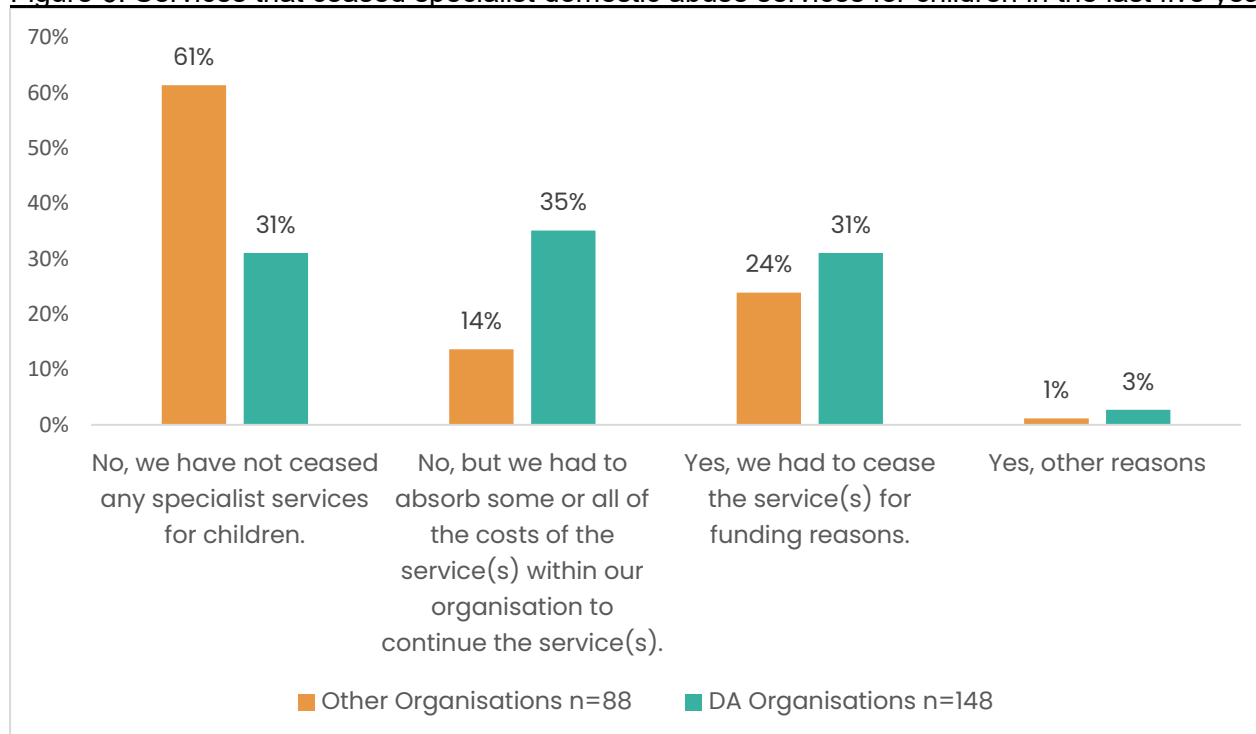
2.16 Funding cuts affecting the majority of organisations providing services to children

Over half of organisations (56%) responding to the survey had experienced cuts in funding to the specialist services that they deliver to children affected by domestic abuse during the past five years. Twenty-nine per cent of organisations reported that, consequently, they had to cease a specialist domestic abuse service that they had previously offered to children. A similar proportion (27%) said that they had to absorb some or all of the costs of the service to continue to deliver the service. For the remaining organisations, 43% did not have to cease any services or if they did so it was for reasons other than funding (2%).

2.17 Funding issues particularly problematic within the domestic abuse sector

Funding of domestic abuse services is at greater risk than that of other organisations providing services to children affected by domestic abuse.¹⁵² Figure 6 compares the responses of domestic abuse organisations that responded to the question with those of other organisations, to find out whether domestic abuse organisations were more likely to report that they had to cease services for children for funding reasons during the past five years. The majority of domestic abuse voluntary organisations reported problems with funding their services for children within the past five years. Compared with other organisations, domestic abuse voluntary organisations were far more likely to report that they had to cease specialist services for children for funding reasons or absorb the cost of the service within their organisation to continue the service. This precarity of funding means that expertise, in terms of knowledge and people, is constantly being lost, preventing services from advancing.

Figure 6: Services that ceased specialist domestic abuse services for children in the last five years



Don't know or Not applicable excluded

Organisations that said they had to cease a service during the past five years due to funding reasons were asked to identify the type of service that was closed. The most frequently mentioned service types were: "Recovery work (including counselling, therapeutic work, group work and support groups)" (29%) followed by "Community-based services (including floating support, outreach, advocacy/caseworker roles)" (23%). It is perhaps surprising that recovery work was the most likely to be ceased and suggests that it is less prioritised than crisis and 'high risk' services. This is despite the DAC'S Patchwork of Provision report recommending an increase in specialist counselling and therapeutic support available for victims and survivors including children. Written comments within the 'Other' category gave insights into some of the stories behind these figures: what had happened. Respondents described:

- declining to tender as it was impossible to provide a quality service within the budget offered
- providing unfunded support for children for a decade
- temporarily pausing a service for three months due to recommissioning leading to the loss of the entire team and subsequent recruitment

¹⁵² Women's Aid (2024b).

- services only having a few months of funding left

2.18 Children's priorities in service delivery

The Changemakers group had asked the Commissioner to find out (1) Are support services specifically focused on children?; and (2) Can all children access the support?¹⁵³

2.19 Most organisations do not currently have arrangements for children's engagement

Service providers were asked whether their organisation had a youth panel, or young persons lived experience group who influence the operation of their services. Twenty-two per cent of organisations reported that they did so, while 7% said that they collaborate with another organisation that has a group or panel. Over a third of organisations (35%) responding to the question did not have a mechanism for children and young people's engagement that could influence the operation of their service. The next biggest group (30%) were planning to develop one. It is perhaps understandable that most organisations do not currently have youth panels if the cost of providing this is not part of the commissioning contract and has to be absorbed by the organisation.

2.20 Nearly two-thirds of services help children to advocate for themselves

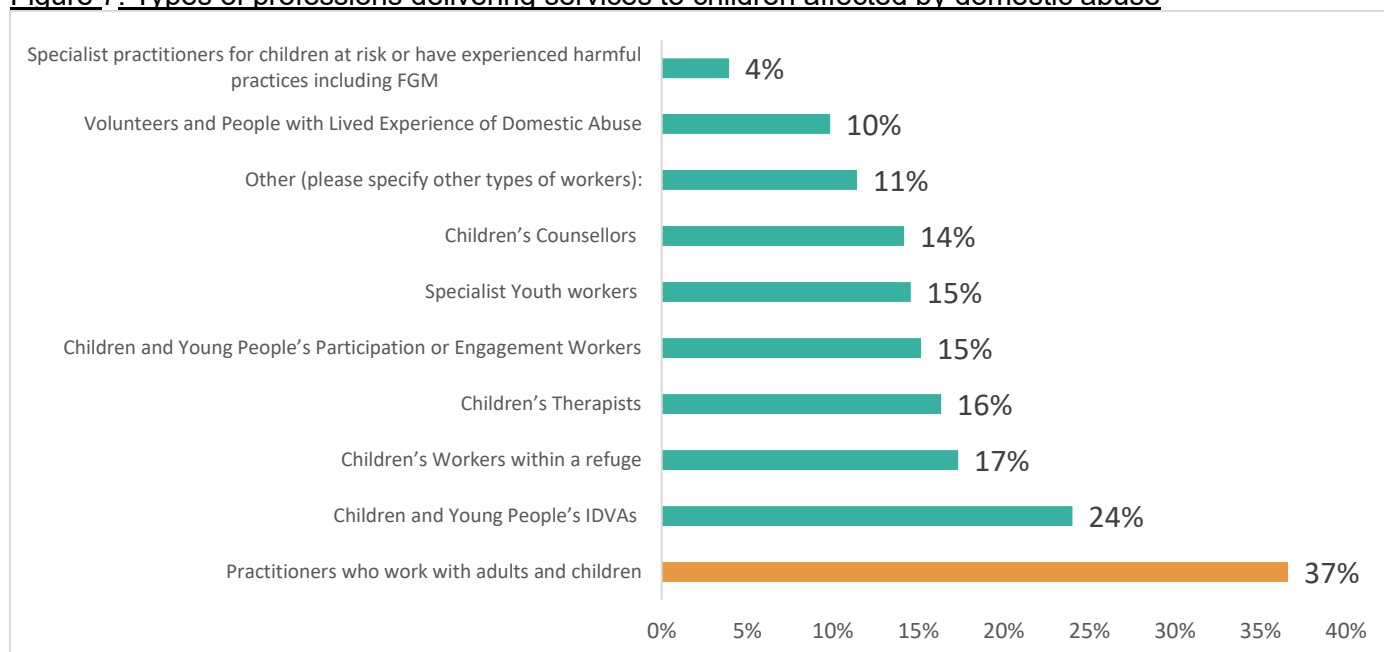
Service providers were more likely to help children to advocate for themselves on an individual basis as part of the support that they provide. Respondents were asked whether their service supports children and young people to advocate for themselves with statutory services, for example with children's social care or the police. Nearly two-thirds of services said they helped children and young people advocate for themselves. This was done in the following ways: attending meetings with the child and advocating for them or supporting them to advocate for themselves (47%), referring children to specialist advocacy support in the area (8%) or by discussing this in sessions with the child or young person to help them prepare for advocacy but not actually attending meetings with them (7%). Service providers who indicated that they did not help with advocacy either said that their service did not provide that type of support (27%) or that the children they support were too young for this type of work (3%). The remaining 7% of respondents provided other answers to this question.

2.21 Over a third of workers within specialist services for children work with adults and children

Young people had told the DAC that it was important to know that the workers delivering support were able to relate to children. Organisations were asked to indicate what type of worker or practitioner provided the support to children (Figure 7). While we acknowledge that workers' job titles do not necessarily determine their ability to engage and work effectively with children, it is useful to understand what professions are currently providing support. Organisations were able to tick more than one profession from a range of possible professions for their service. The most frequently recorded group of workers were "Practitioners who work with adults and children" (37%). This suggests that, for over a third of services, the workers delivering specialist services actually work with adults and children rather than children specifically. Most of the other professions were workers with job titles that suggested that they specifically work with children, the most commonly recorded being Children and Young People's Independent Domestic Violence Advisor (IDVA) (24%) and children's workers within a refuge (17%).

¹⁵³ Domestic Abuse Commissioner (2025b).

Figure 7: Types of professions delivering services to children affected by domestic abuse



Earlier in this section, we discussed how 20% of commissioners reported that only children whose parent or carer is also being supported could receive the domestic abuse support services that they commission. Guided by the advice of the Changemakers group, this issue was explored in more detail within the survey of service providers, who were asked if their services for children are dependent on whether:

- the child's parent or carer is being also being supported
- parents and carers know the child is accessing the service

Just over a third of services either only worked with children (24%) or always worked with children and adults separately (11%). Just under a third of services always worked with children and their parents or carers together. This group included services designed to work with children and their non-abusive parent or carer (26%) or services that used a whole family approach, sometimes working with the parent or carer who has perpetrated abuse (6%). The remaining services either said that they worked differently with each referral according to what is needed or gave another description of the way that they worked that did not fit with the categories provided.

2.22 Young people can access the majority of services without the support of their parent or carer

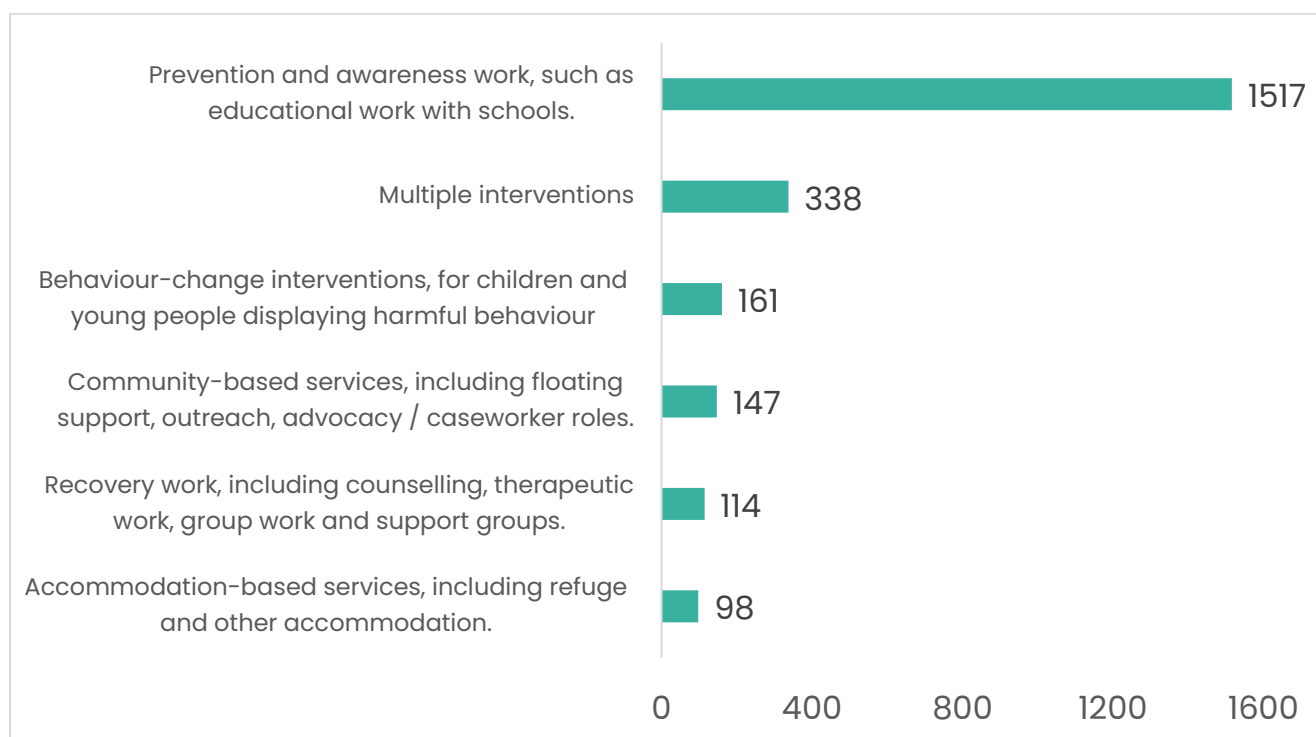
While services were asked if children could access their service without the support of their parent or carer, we recognise that the organisations could only report on what 'can happen' rather what 'does happen' in most cases. Over a quarter of service providers said that children and young people (CYP) need a parent or carer to know they are attending their service (27%). The majority of services would accept referrals without this in the following circumstances: if they were confident the young person is Gillick¹⁵⁴ competent (25%), if they were aged 16 or older (13%) or if the child was supported by a professional (8%). A further 12% of services said 'yes' without adding any preconditions. The remaining 15% of respondents replied 'Other' and described the particular circumstances and referral criteria for their service.

¹⁵⁴ *Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112

2.23 Access to services

On average, services providing prevention and awareness work see 1,517 children per year – more than all other services combined (Figure 8). This is partly due to this type of intervention often being delivered to large groups within educational settings. Services providing multiple interventions see the second largest number of children, at an average of 338 children per year, which is considerably less than preventative services. At the other end of the scale, recovery services and accommodation-based services help on average 114 and 98 children per year respectively, as these interventions are longer term and more resource intensive.

Figure 8: Average number of children helped during the previous financial year April 2023/March 2024 by service type

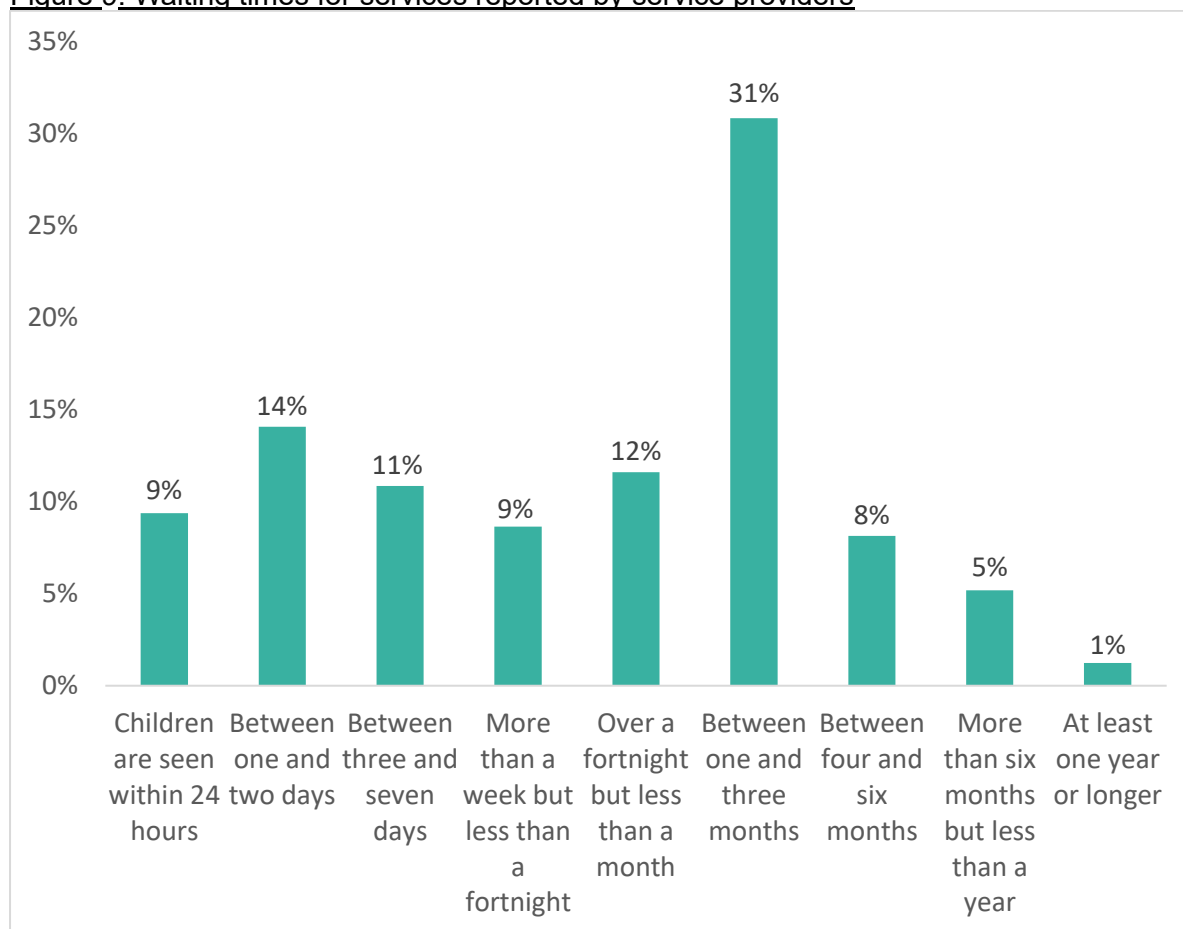


Recognising the problems reported by parents about getting support for their children, both surveys included questions about children's access to domestic abuse support services, including:

- the length of time children wait to be seen
- whether service providers manage additional waiting lists
- whether referrals are turned away due to lack of capacity or funding
- access for children with additional or intersecting needs.

Of those organisations who were able to report length of waiting times, the most frequently reported wait for accessing a service was between one and three months (31%). Six per cent of responding organisations said that they did not know the length of waiting time for children to be seen by their service. Figure 9 presents the waiting times for services who were able to respond to the question. Children were seen within 24 hours for 9% of services. Over a third of services (34%) were able to see children referred within a week. Over half of services were able to see the child within a month (55%).

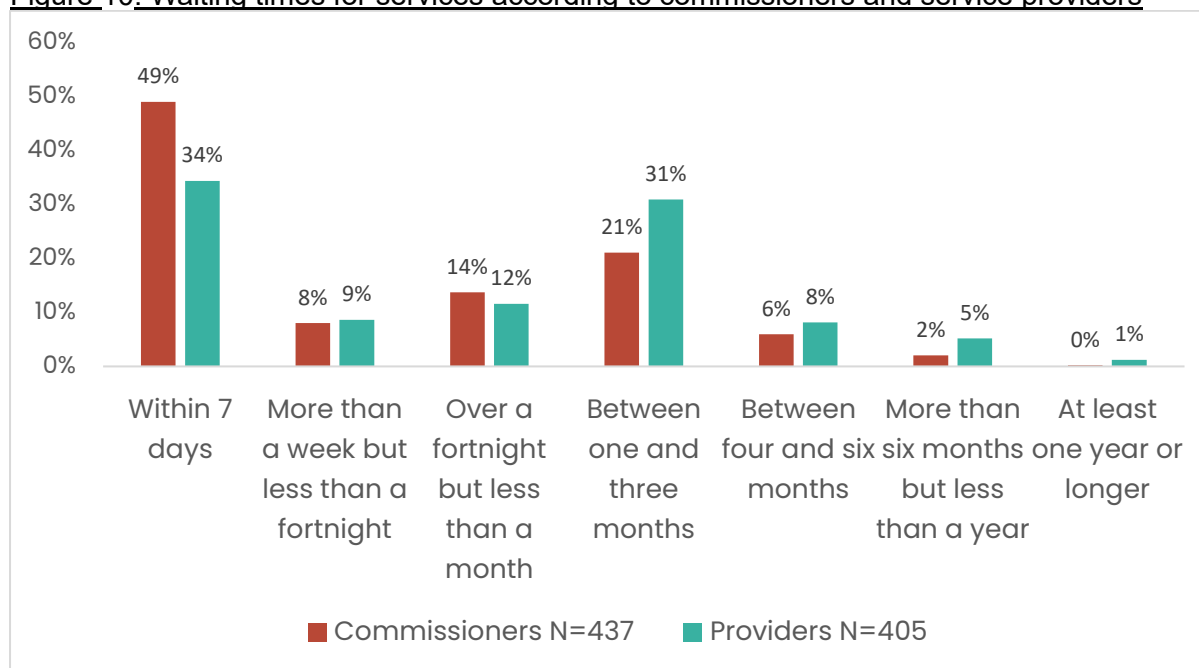
Figure 9: Waiting times for services reported by service providers



2.24 Commissioners more likely to report waiting times within seven days

Waiting times reported by commissioners and service providers were compared. While the distribution across the different waiting times for both sets of respondents are similar, commissioners were more likely to report that the service providers would see children within a shorter waiting time. It is unclear whether this is due to the differing perspectives of commissioners and service providers or due to the timing of the two surveys. Commissioners were surveyed before the end of the financial year so their reporting to some extent anticipated what should happen, whereas the service providers, who were surveyed later in the year, could report on what had actually happened during the previous financial year, where it appears that children had to wait longer. Figure 10 presents the percentage of services that would see children within specific waiting times reported by each group of respondents.

Figure 10: Waiting times for services according to commissioners and service providers



2.25 Over a quarter of services have to turn some referrals away

In addition to the length of waiting times, organisations were asked whether their service held waiting lists or ever have to turn away referrals. Half of services (51%) said that they have to place children on reserve or additional waiting lists because they receive more referrals than they have the capacity or funding to support. Over a quarter of services (27%) said that they had to turn away referrals because they received more referrals than they had the capacity or funding to support.

2.26 Access to services according to the type of service

Information on waiting times, waiting lists and whether services had to turn referrals away were analysed according to the type of service. Accommodation-based services usually accept referrals within a short time frame, but many of these services report having to turn referrals away because their services do not have the capacity or funding to accept them. Meanwhile, when compared with other services, recovery services reported that children are often having to wait longer to be seen, and are more likely to be put on a waiting list or be turned away.

2.27 Access for children with additional and intersecting needs

Organisations were asked to indicate how their service was able to support children with additional or intersecting needs. Respondents could choose from the following options that best described what happens within their service:

- Service is specifically tailored for this population
- Service is accessible to this population and is used by them regularly
- Service can be accessed by this population but is not used by them regularly
- Another organisation provides a service tailored for this population, so we tend to refer people there
- Service is less suitable for this population of children and young people
- Don't know

We defined populations that most services were most confident to support as those where over 60% of responses were either (1) the services were specifically designed for the populations or (2) was

accessible to them and used by them regularly. Only three groups of children met these criteria: Girls and Young Women (79% of services), Boys and Young Men (69%), and Children and Young People with Mental Health Needs (64%). Using the same criteria, the majority of services can confidently support Black and minoritised children and young people (55%) and children and young people with special educational needs including learning disabilities and/or neurodivergence (59%). However, there were also several services reported that were not used regularly by these populations of children. The survey did not ask respondents to explain why this was the case.

2.28 Which children are less likely to be supported?

The populations that most services appeared to be less confident to support were 'd/Deaf children and young people' and 'Young people needing support for spiritual abuse' (both less than 10%). Nearly a third of organisations either said "Don't know" or did not answer the question about young people needing support for spiritual abuse and very few respondents (7%) said they referred children needing this type of support elsewhere. Only one-in-10 organisations referred d/Deaf children to other support services tailored for their needs. Approximately half of services said that their service could be accessed but were not regularly used by the following groups: Physically disabled children and young people (51%), Non-binary Trans young people (48%) and d/Deaf children and young people (47%). These figures suggest that more could be done to explore joint working and publicising specialist domestic abuse support for children with these particular intersecting needs within the wider domestic abuse sector.¹⁵⁵

2.29 The Commissioner's recommendation:

As reflected throughout the entirety of this chapter, specialist services offer essential support to adult and child victims and survivors but are facing a significant funding crisis. This is particularly the case for 'by and for' services, which must be recognised for their expertise, funded adequately and not seen as a 'mop up' overburdened service.

These findings demonstrate that it is paramount that children are able to access the support that they need for their experiences, which is in such high demand. The upcoming Spending Review (SR) presents an opportunity to build capacity in the domestic abuse sector and children's sector and strengthen the availability of support for children subject to domestic abuse. Therefore, the Commissioner recommends that the Government:

Introduces a statutory duty and pools funding for community-based services for all child and adult victims and survivors of domestic abuse, based on local needs assessment, taking into account increased referrals as a result of the recognition that children are victims in their own right.

This funding should ensure that **every** child victim of domestic abuse, can access much needed support, which is right for them, at the right time. This support must be flexible – and include options like group work, advocacy support, therapeutic support, one-to-one work, therapeutic support, or joint work with the child and non-abusive parent, as examples. This support must include provision for:

- Children with protected characteristics
- Children with mental health needs
- Children with special educational needs and/or neurodivergence
- Teenage boys
- Victims of teenage relationship abuse
- Support for children who are party to Family Court proceedings
- Support for children who are party to Criminal Court proceedings

¹⁵⁵ We recognise that the survey was a partial list of children with intersecting needs. Future analysis should include children in care, children out of school, male children over 14 years, all of whom face additional challenges accessing services.

- Children stepped down from children's social care
- Child victims of domestic abuse-related deaths – their access to support must be life-long.

For the 2025 multi-year Spending Review, funding must be made available immediately in year one, to fill the void in support for children and young people set out above. In considering the funding allocation for year two funding and beyond – the value of the fund should be informed by data compiled from the JSNAs, introduced through the Duty to Collaborate. The Commissioner is clear that any funding commitment should not be a pilot, given the clear necessity of support services for children subject to domestic abuse.

Alongside this, the Commissioner recommends that **the Home Office updates the guidance on commissioning services to support victims and survivors of Violence Against Women and Girls, to significantly strengthen the content related to child victims of domestic abuse and consider their individual, intersectional needs.**

For any funding injection to represent best value for money, it is imperative that its roll out is considered, and that there is a commitment to embedding specialist expertise throughout the entirety of the process. Similarly, it is critical that staff delivering interventions are given the time to meaningfully contribute to the evaluation process, for the evaluators to be mindful of the pressures placed on these services, burnout and not overwhelm services. Effective evaluation and data gathering requires appropriate resourcing and capacity building in the sector, to provide better quality evidence.

Evaluation is an important lever of work to ensure that services are effectively supporting children, and to maximise public funds. Therefore, **the Commissioner recommends a phased approach that enables capacity building, creating a shared understanding across the sector that prioritises embedding the views and needs of children, domestic abuse specialist expertise, and then evaluating interventions when they are ready.**

The Commissioner recommends phases of this work as follows:

- **Phase 1:** Based on the Domestic Abuse Commissioner's provider and commissioner survey data, officials across Government must bring together experts to consider the extent of current activity and learning from existing evaluations of services. This group should include academics, frontline practitioners, and be jointly coordinated by the domestic abuse sector representatives and children's sector representatives. Members of this group should be funded to work on this project.
- **Phase 2:** Following this phase, this same group should convene to consider lessons learned from previous evaluations and agree on the appropriate measures of evaluation, how to include children and young people's voices, principles of evaluation and if possible, a required dataset. These components must be decided by multiple people, to create a shared understanding. The voice of victims and survivors of abuse must inform the evaluation strategy and process.
- **Phase 3:** Once the above has been agreed by the parties listed above, services are evaluated. By laying the groundwork to ensure that evaluation principles are agreeable with localised, specialist domestic abuse support, the evaluation process would not be too onerous on services.

Funding should also be put aside for a Technical Assistance Fund. There are high levels of variability across the country when looking at the response to children subject to domestic abuse, but also pockets of excellent practice and expertise. The most efficient way for the Government to contribute to levelling the playing field would be to bring together experts from different organisations and fields, with different areas of expertise, to work together to build capability and capacity, dependent on local need.

PART 2 – UNIVERSAL PREVENTION

A note to the reader

Part 2 of this report begins at the start of a child's journey and considers prevention activity, with a focus on the RSE Curriculum, and the role that every school and education setting has in the response to domestic abuse.

As set out in the introduction of this report, children and young people experiencing domestic abuse in their own intimate relationships is out of scope. However, the Commissioner is clear that RSE, and the day-to-day access that schools have to children and young people, are a vitally important tool in response to this type of harm and provides a much-needed space for young people to disclose their experiences, recognise when their own relationship is abusive and get help.

Moreover, the Commissioner points out that RSE and education settings serve all children and young people, not just those who are experiencing domestic abuse – therefore, this section of the report speaks to a subsection of the overall cohort that schools support. Despite this, given the prevalence of children experiencing domestic abuse, schools and education settings are a fundamental service in the Coordinated Community Response (CCR).

Within this section, you will find:

- Chapter 3 – Prevention and RSE
 - Attitudes of Children and young people and changing public perception
 - Relationships and Sex Education
 - Confidence, Training and Time
 - The Views of Children and Young People
 - The Vision for Change
 - Improvements to the Curriculum and at a Local Level
- Chapter 4 – The Whole School Approach
 - What is a Whole School Approach for domestic abuse and VAWG?
 - Current Practice
 - Education's involvement in the wider local response
 - Children Not in Education

3.0 CHAPTER THREE – PREVENTION AND RSE



Children thought that all children needed to have basic information about domestic abuse, how to recognise that something is abusive and who to tell if it is happening to you. Information on consent and healthy relationships should be provided at a younger age.

“Children need to know what is happening so they can understand things better which can help them not getting as angry and frustrated” Group Session, children aged 11–16 years

Prioritising prevention activity within the response to domestic abuse has been well established in academia¹⁵⁶ and recognised for some time in national¹⁵⁷ and local government strategies. The World Health Organisation has defined domestic abuse as a “major public health issue”, citing that “to achieve lasting change, it is important to enact and enforce legislation, develop and implement policies that promote gender equality, allocate resources to prevention and respond and invest in women’s rights organisations.”¹⁵⁸

Despite a public health approach¹⁵⁹ being promoted on the world stage, the perception of frontline practitioners participating in the DAC roundtables was that there were few examples of prevention activity with children and young people actually taking place. In the current fiscal environment, prevention activity has mostly been deprioritised at both a national government level and in local commissioning decisions, with funding being directed towards the risk-based, crisis response.

Although prevention was one of the key pillars of both the VAWG Strategy and Domestic Abuse Plan, the majority of the Home Office’s specific prevention activity is focused on addressing reoffending, as opposed to preventing VAWG in the first place.¹⁶⁰ The National Audit Office found that a quarter of commitments relating to prevention were allocated to the Department for Education – yet the department only spent £0.52 million across all outputs related to the VAWG Strategy or Domestic Abuse Plan between 2021/22 and 2023/24 and most of this funding was spent on supporting victims, rather than prevention.¹⁶¹ Similarly, in 2022/23, in an exercise to reallocate funding, the Home Office considered 23 activities, but only two referenced prevention activity.¹⁶²

Underpinning all prevention activity must be the understanding that domestic abuse and other types of gender-based violence are rooted in gender inequality and this must be taught through a human rights and intersectional lens.¹⁶³ As such, it is key that differential power relations, and dynamics of power and control are addressed and understood. In turn, interventions that prioritise this understanding may also reduce other forms of violence, such as youth violence and hate crime.¹⁶⁴

In 2019, Action for Children undertook a survey to understand the provision of services for children subject to domestic abuse, finding that “domestic abuse support for children is inconsistent across the country. Where services are available, they are often focused on protecting children, which is crucial, but there is insufficient preventative and recovery support.”¹⁶⁵ Five years on, it is disappointing to find a similar picture (See Chapter 2).

¹⁵⁶ Wolfe, D.A. and Jaffe, P.G. (1999).

¹⁵⁷ Home Office (2021).

¹⁵⁸ World Health Organization (2024).

¹⁵⁹ SafeLives (2023c).

¹⁶⁰ National Audit Office (2025).

¹⁶¹ National Audit Office (2025).

¹⁶² National Audit Office (2025).

¹⁶³ UN Committee on the Elimination of Discrimination Against Women (1992).

¹⁶⁴ Welsh Women’s Aid (2023).

¹⁶⁵ Action for Children (2019).

Prevention is a whole community endeavour. Communities can be the first to know about domestic abuse taking place, but due to a lack of skills, knowledge and confidence, individuals can be reticent to reach out and offer help to victims and survivors.¹⁶⁶ As a result, at a national and local level, efforts must be made to engage and work with children, their families, the wider community and organisations across the population and life course to build a culture of equality and respect.¹⁶⁷ In building this society, there are a broad range of different types of prevention activity that can take place across community settings to stop domestic abuse happening before it occurs. These can include:

- universal communications campaigns
- social-emotional development programmes for children and young people (that focus on developing empathy and prosocial types of behaviour)
- prevention programmes for men and boys (that may focus on individual behaviour change, supporting skills for healthy relationships, consent or active bystandership)
- community outreach programmes and peer groups for marginalised communities that promote universal values around equality and challenge harmful social norms
- reducing gender inequalities programmes and critical challenge of harmful gender norms

This chapter will not discuss all the different kinds of domestic abuse prevention activity that can take place in a community. Instead, it will focus on the provision of prevention activity that relates specifically to children and young people, or the earlier identification of potential child victims and survivors of domestic abuse, specifically relationships and sex education.

3.1 Attitudes of young people and changing public perception

There is a fundamental need to challenge beliefs: Women's Aid found that 23% of young people disagreed/strongly disagreed with the statement "You should always have consent from your partner to have sex when you are in a relationship."¹⁶⁸ Moreover, at a time where children are increasingly online, and can be exposed to harmful material online, the risks of children and young people consuming harmful, misogynistic attitudes is unprecedented. The same Women's Aid study found that "Those exposed to misogynistic social media content, like Andrew Tate, were almost 5x more likely than those not exposed to view hurting someone physically as acceptable if you say sorry afterwards."¹⁶⁹ Similarly, children exposed to misogynistic content are more likely to think there should be a more dominant person in the relationship.¹⁷⁰

In this context, all children and young people must have routine, easy access to education that dispels dangerous myths and beliefs and provides them with the skills and knowledge to form respectful relationships. Schools and other education settings are the opportune environment for this education to take place and these settings must recognise their pivotal role in the response to domestic abuse. The Domestic Abuse Commissioner's recent response to the Ofcom 'Protecting Children from Online Harms' guidance consultation¹⁷¹ contains further information on online harms, which is beyond the scope of this specific report.

¹⁶⁶ Welsh Women's Aid (2021).

¹⁶⁷ Welsh Women's Aid (2023).

¹⁶⁸ Women's Aid (2023a).

¹⁶⁹ Women's Aid (2023a).

¹⁷⁰ Women's Aid (2023a).

¹⁷¹ Domestic Abuse Commissioner (2024a).

3.2 Relationships and Sex Education (RSE)



Children thought that all children needed help to recognise domestic abuse. They thought that schools can help by including more discussion of domestic abuse through assemblies and the RSE/PSHE curriculum.

“Fearmongering around parents’ rights to know about what is being taught in RSE – this may prevent schools from teaching about domestic abuse so children and young people may not recognise it.” Online Youth Board Members, aged 18–24 years

Conceptualisations of abuse and relationships are culturally shaped.¹⁷² Children’s first teachers are their parents/carers, grandparents and siblings and they will learn through each of these people’s social interactions, some of which may be harmful. Universal RSE provision must be the first step in ensuring children understand what an abusive relationship looks like, offer an opportunity to disclose and teach children how to get help.

In recognition of this, the previous Government committed to prioritising prevention through an improved RSE curriculum and support for teachers in both the Tackling Domestic Abuse Plan and the VAWG Strategy.¹⁷³ However, these aims failed to come to fruition in practice. RSE delivery in England remains inconsistent, and the current guidance fails to give sufficient weight to domestic abuse and other types of VAWG.¹⁷⁴

In 2024, the previous Government published draft guidance on RSE to replace the current guidance, which the Commissioner had considerable concerns about, as set out in full in her consultation response.¹⁷⁵ The proposed draft guidance imposed age restrictions on content and in relation to domestic abuse, directed schools to “not teach the details of violent abuse before Year 9 as it is important that pupils are not introduced to distressing concepts when they are too young to understand them.” That many children will have already been exposed to this abuse before Year 9 appears to have been lost.

In roundtables held by the Commissioner, teachers were clear that the draft guidance, alongside the heightened media interest in the RSE curriculum, created considerable confusion for teachers. This persists, as the guidance can still be found online and there has been no direction from the Department for Education about next steps. Strategic leadership from the Government is needed to develop the future of RSE curriculum and delivery.

The current Government made manifesto commitments to reset the system and “ensure schools address misogyny and teach young people about healthy relationships and consent.”¹⁷⁶ While this is a positive indication, the new Government must commit to a wholesale reform of RSE, in collaboration with the specialist sector, and give teachers and education providers the resources, support and confidence that they need to deliver it. Alongside this, the introduction of a Whole School Approach is critical to preventing this type of harm and intervening early – this will be discussed in further detail in Chapter 4.

¹⁷² Stanley, N. et al (2015).

¹⁷³ Home Office (2022a).

¹⁷⁴ Equality and Human Rights Commission (2024).

¹⁷⁵ Domestic Abuse Commissioner (2024b).

¹⁷⁶ The Labour Party (2024).

3.3 Many teachers lack confidence, training and time to deliver RSE effectively



“Teachers need more training. Teachers should have training on domestic abuse, mental health and other fields to do with children aged 4–16.”

Notes from poster created by secondary school aged children.

Given the daily proximity to children and young people, schools are an opportune site for learning about healthy relationships and domestic abuse, but unfortunately, teachers have limited confidence and skills on abuse-based topics.¹⁷⁷ In a survey of secondary school teachers in 2022, over 46% were not confident to deliver sex and relationships education.¹⁷⁸ More specifically, 40% of teachers do not feel confident teaching lessons on pornography, less than a third feel confident delivering lessons on consent, and just 19% feel confident delivering lessons on harmful sexual behaviour and sexual harassment.¹⁷⁹

Underpinning this lack of confidence is insufficient training for teachers and education staff in delivering this type of content. SafeLives found that only 58% of teachers agreed with the statement that “I have had sufficient training to teach RSE effectively,” and one-in-seven reported receiving no training on RSE at all.¹⁸⁰

Alongside poor training provision, RSE teaching has also suffered from insufficient time in the school curriculum. For many schools, RSE has not been situated within the wider PSHE curriculum, despite it being one of the mandatory components. Where schools are delivering the content, half of teachers report being expected to deliver RSE in tutorial time,¹⁸¹ ‘drop down days’ or one-off assemblies.¹⁸² As such, there are significant inconsistencies as to how schools and education leads in local authorities prioritise and resource RSE, which reduces the impact of this prevention activity across the school population.

This is extremely disappointing, as when RSE is delivered well, there are proven benefits, with evidence to show that RSE can inform children on what is acceptable in relationships and spot domestic abuse.¹⁸³ Good quality RSE ‘breaks the silence’ surrounding domestic abuse, informs children and young people of their rights and where to access support.¹⁸⁴ Where schools teach about healthy relationships and implement structures for disclosure, children feel more able to talk to staff and seek help.¹⁸⁵

3.4 Views of Children and Young People on RSE provision



“More education around abuse in schools to allow understanding and to stop future abusers.”

“PSHE should be used better in school and should be talked about in more detail.”

Notes from posters created by secondary school aged children.

Many children and young people report that RSE is inadequate, with just over a quarter of young people reflecting that RSE provision at their school was poor due to the fact it was rushed and

¹⁷⁷ Stanley, N. et al (2023).

¹⁷⁸ NSPCC (2022b).

¹⁷⁹ NSPCC (2022b).

¹⁸⁰ SafeLives (2022).

¹⁸¹ Ofsted (2021).

¹⁸² End Violence Against Women Coalition (2023).

¹⁸³ Stanley, N. et al (2023).

¹⁸⁴ Chantler, K. et al (2023a).

¹⁸⁵ Stanley, N. et al (2023).

awkward.¹⁸⁶ Children also have concerns about the content that they are taught. In the 2024 Young People's RSE Poll, nearly half of children and young people reported learning insufficiently about pornography, power imbalances or attitudes towards women, and 40% said they did not learn enough about how to tell if a relationship is abusive.¹⁸⁷

Similarly, SafeLives' 2022 RSE report found that the topics covered least consistently were so-called 'honour'-based abuse, Female Genital Mutilation (FGM) and coercive control. Just under a quarter of students reported being taught these topics, of which only 13% reported it was taught well.¹⁸⁸

Given that 137,000 women and girls are living with the consequences of FGM in the UK, and 60,000 girls under the age of 15 are at risk of FGM in the UK, this is extremely concerning, and key prevention opportunities will be lost.¹⁸⁹ Only half of young people surveyed agreed that RSE classes gave them a good understanding of toxic and healthy relationships.¹⁹⁰

3.5 Turning to alternative sources

In 2021, the Office for Standards in Education, Children's Services and Skills (Ofsted) reported that children found RSE content unreflective of their real life experiences, and that "it was too little, too late...not equipping them with the information and advice they needed to navigate the reality of their lives."¹⁹¹ As a result, children and young people often turn to their friends for information about relationships, and particularly concerns about domestic abuse.¹⁹²

Alternatively, children choose to educate themselves about relationships, sex and sexuality, with the NSPCC finding that over 42% of children educate themselves 'all' or 'most' of the time, and 30% reporting they educate themselves 'sometimes'.¹⁹³

While it is inevitable that education about relationships "fits within an eco-system that spans far beyond the classroom", there are obvious risks to this, which could be mitigated with effective RSE¹⁹⁴ that reflects the realities of children and young people's real-life experiences. In the absence of this, children may turn to harmful sources of information, which can be misleading, incorrect, misogynistic and/or condones domestic abuse and abusive behaviour. Children have reported turning to online sources like social media, going to peers who they assume to have expertise or experience, or having no access to advice at all.¹⁹⁵ A clear example of this is pornography, with recent research finding that sexual violence is a normative sexual script in mainstream online pornography, which poses significant implications at a social level in the understanding of the difference between sexual pleasure and sexual harm.¹⁹⁶ As a result, harmful messages can spread quickly, and if children are vulnerable to misinformation, this can significantly impact on their belief system, behaviours and attitudes as they grow older.

Unfortunately, the consequences of poor RSE combined with rampant misinformation is reflected in young people's understanding of domestic abuse and knowledge of how to get support if they need it. In 2023, Women's Aid found that under half of the children within Key Stage 2 that they surveyed could select the correct definition for 'unsafe relationship'.¹⁹⁷ For older children, while 70% said that they would be likely to seek support if they were worried that domestic abuse was affecting them,

¹⁸⁶ Women's Aid (2023a).

¹⁸⁷ Sex Education Forum (2024).

¹⁸⁸ SafeLives (2022).

¹⁸⁹ Macfarlane, A.J. et al (2014).

¹⁹⁰ SafeLives (2022).

¹⁹¹ Ofsted (2021).

¹⁹² Barter, C. et al (2009).

¹⁹³ Renold, E. et al (2023).

¹⁹⁴ Barter, C. et al (2009).

¹⁹⁵ Sex Education Forum (2024).

¹⁹⁶ Vera-Gray, F. et al (2021).

¹⁹⁷ Women's Aid (2023a).

worryingly, 61% of these children were unsure or did not know where to go for that support.¹⁹⁸ Children are not receiving adequate information on where to access help, nor are they secure in the knowledge that they will be taken seriously – thereby inhibiting potential disclosures and the ability to intervene and support.

3.6 Vision for Change

The call from young people is clear – there must be fundamental reform to the current provision of RSE for it to be effective in preventing domestic abuse. The Department for Education must listen to young people and recognise its pivotal role in the response to domestic abuse, by implementing sustainable change to RSE provision. The Commissioner recommends that:

To kickstart a robust government prevention agenda, the Government commits to stronger governance and coordination in the response to child victims and development of an RSE taskforce, which:

- a. includes children and young people, teachers, and the specialist domestic abuse and VAWG sector
- b. replaces the current Review Panel
- c. co-produces updated RSE guidance with the Department for Education
- d. provides clear direction and a strategic framework for local stakeholders on how RSE must be delivered in every school
- e. considers what is age appropriate, based on intelligence and data from the local level and evidence
- f. conducts regular consultation with children about their experiences and the efficacy of the RSE curriculum at their school, using insights from localised feedback groups, to ensure that changes to the curriculum are rooted in children's experiences
- g. provides an oversight lens to the quality and standard of the Whole School Approach and RSE delivery, by directing the development of a Whole School Approach and RSE network of best practice providers

3.7 What do children and young people want from RSE?



The Acorns Youth Panel submitted their 'Frequently Asked Questions' document, which includes a section on prevention and awareness around domestic abuse and toxic relationships:

The Acorns Youth Panel emphasised the following points:

- Educating children on consent from a young age
- Providing discussion and activity-based workshops on relationships within schools
- Those working with young people needing to take the time to update their knowledge about young people's relationships
- Schools needing to pay more attention to young people's relationships and provide opportunities to explore the topic with safe trusted adults
- Talking to young people about healthy boundaries, and their rights and responsibilities within relationships
- Avoiding victim blaming by balancing education on avoiding abusive relationships with an emphasis on helping to prevent harmful behaviours
- Making sure strategies are relevant and inclusive and that boys are included

¹⁹⁸ Women's Aid (2023a).

First and foremost, the RSE curriculum must recognise children as individuals and not as a homogenous group, be child-led and genuinely reflect the realities of children's lives and experiences. Children and young people want to be listened to and consulted on what they would like to learn, how they learn it and how to access support.¹⁹⁹ Moreover, it is vital that they have 'control and choice' over what they are open about, what is shared, who it is shared with and what is kept private.²⁰⁰ In her led 'by and for' professionals roundtables, the Commissioner heard from those working closely with children with additional needs that RSE needs to be consultative and co-created with children and young people, to ensure that the curriculum can be tailored to all key stage groups, is available in accessible formats and intersectional.

Therefore, the Commissioner recommends that Ofsted captures local information about the RSE curriculum and share the findings with the Department for Education, to ensure the curriculum and statutory guidance remains as relevant as possible.

At a local level, schools should conduct regular consultation with children about their views on the quality and efficacy of the RSE curriculum at their school. This can be done by implementing feedback loops to ensure that the RSE curriculum is meeting children and young people's needs and is relevant to their experiences. This must go beyond pupils in mainstream public education and also include those in private education, alternative provision, special schools and those not in education and those in home education.

3.8 Teaching RSE

RSE is a potential vehicle through which to address the root causes and cultures of domestic abuse and broader forms of violence against women and girls (VAWG). It is imperative that the curriculum links discussions about gender and intersecting forms of inequality, gender stereotypes and discussions about power and abuse.²⁰¹ There has been extensive debate about the 'age appropriateness' of the RSE curriculum, and concerns around teaching children subjects that they are not ready for. In reality, children are unfortunately experiencing a number of harms from a very young age and must be given the tools to talk about such experiences and address the harm that is already occurring.^{202, 203}

There are a number of organisations that provide specialist RSE lessons in both primary and secondary schools to teach content about domestic abuse and other types of VAWG in a way that is appropriate, but also enables children to understand domestic abuse, identify abusive behaviour and seek support where needed. Information can be provided at a level that a child can understand, as done in the NSPCC's well established 'PANTS' campaign.²⁰⁴ Such programmes create a safe space for disclosure and opportunities for children to recognise and voice what they are experiencing.

Despite their value, schools have limited funding to invest in specialist services to support the delivery of sensitive RSE content on matters like domestic abuse and FGM.²⁰⁵ Moreover, specialist services also report challenges getting 'buy-in' from senior school staff and are often only invited into schools to do 'one off' sessions, or in response to a high-profile events,²⁰⁶ or an identified concern within the school. The value that external specialist services can add to the delivery of RSE must be recognised both nationally and locally.

¹⁹⁹ Renold, E. et al (2023).

²⁰⁰ Renold, E. et al (2023).

²⁰¹ End Violence Against Women Coalition (2023).

²⁰² Maitra, D. et al (2023).

²⁰³ Chantler, K. et al (2023a).

²⁰⁴ NSPCC (2020).

²⁰⁵ Tender (2024).

²⁰⁶ SafeLives (2022).



Children felt that information on domestic abuse or healthy relationships needed to come from workers with specialist knowledge in these topics – not their regular teachers.

Specialist domestic abuse services are best placed to teach certain aspects of the RSE curriculum, in particular on consent, domestic abuse and coercive control, and children were clear that they would also prefer specialists. However, due to the capacity and funding crisis that the specialist sector is currently in, this may not always be possible.

RSE is a potential vehicle through which to address the root causes and cultures of sexual and gender-based violence if it is framed through an equity and rights lens. It is imperative that the curriculum is sequenced to understand societal factors of domestic abuse and other VAWG-related crimes, and link discussions about gender and intersecting forms of inequality, gender stereotypes and discussions about power and abuse.²⁰⁷ The RSE curriculum must be sequenced from foundation stage through to Further Education, responding to the needs of children and young people through carefully designed lessons. This must be a continuous process, to embed learning as children grow older.

Therefore, with the help of the proposed RSE taskforce, the Commissioner recommends that:

- **The Department for Education creates a clear, evidence-based, framework that sets out how to sequence and order RSE topics. This would help to model what age-appropriate teaching involves, but with added flexibility where necessary to meet the needs of children.**
- **The Department for Education funds the specialist domestic abuse sector to support prevention activity work with schools in every local area, in addition to carrying out their other roles to support victims and survivors.**
- Until funding is made available for specialists to teach RSE, the Domestic Abuse Commissioner recommends that all teaching/pastoral/safeguarding staff delivering RSE must be comprehensively trained to do so. **The Department for Education ensures that where external, specialist experts are not available to deliver quality RSE, that teachers (or other school staff) are funded to access high quality RSE training, as part of their core teacher training, as one part of the overarching effort to professionalise RSE teaching.** The standards of this training must be set by the RSE taskforce. This is in addition to a wider recommendation that every professional engaging with children be trained on domestic abuse, which can be found on page 91.
- **The Department for Education commits to funding a Whole School Approach and RSE practitioner network,²⁰⁸ the direction of which is set by the proposed RSE taskforce.** This network will develop practice, pool resources and drive the formulation of better standards. For the benefit of this to reach every child, each school must have a member of its leadership team responsible for embedding the learning from the network.

²⁰⁷ End Violence Against Women Coalition (2023).

²⁰⁸ The Commissioner's intention is that this would be similar to the Institute for Addressing Strangulation. The Practitioner Network would be a hub for professionals to share a library of best practice resources in delivering high-quality RSE. This would be different to the RSE Taskforce – the RSE Taskforce is an informed group to set the direction of RSE improvements, by working directly with the DFE to develop the curriculum and guidance.

- **The Department for Education develops updated RSE guidance**, which includes:
 - Guidelines for strengthening the links between schools and the multi-agency response to domestic abuse locally, to ensure children are taught sensitive topics by experts, and understand where to seek help.
 - Learning about respectful relationships from primary school, to address the harm that children are already experiencing, and ensure they grow up with healthy expectations about relationships and free from harmful attitudes.
 - Content to give children an in-depth understanding of gender inequality, the root causes of misogyny and intersectionality.
 - Critical thinking, analysing information and online sources.
 - Content on how power and control dynamics underpin domestic abuse and other forms of abuse noted in the continuum of VAWG.
 - Content on recognising coercive and controlling behaviour (CCB).
 - The legislation and harm behind strangulation in sex.
 - Content on challenging harmful gender norms.
 - Content to enable children to learn strategies to avoid or prevent the circulation of 'misinformation'.
 - Content on technology-facilitated abuse, and online harms.
 - Teaching children to understand how to stay safe (including online) and how to seek help and identify a trusted adult to confide in.
 - How to act with respect, and what constitutes abusive behaviour both on and offline.
 - Content to ensure that children are taught about and are aware of their rights under the Victims' Code.
 - Content on understanding intersectionality related to vulnerability and risk and hidden harms, particularly so-called 'honour'-based abuse and FGM.
 - Content to engage children and young people in addressing blame and responsibility and how to recognise harmful situations.
 - The need for domestic abuse/VAWG leads and education leads in local authorities to coordinate together with schools in the local area to deliver effective RSE content on domestic abuse, with input from local specialist services.

3.9 Improvements to the RSE curriculum must be accompanied by other measures

Without broader measures, the impact of strengthened RSE guidance can be severely limited.

Feedback from practitioners, including teachers, was that schools needed to be equipped to respond to the increase in disclosures that would inevitably arise if RSE is improved. Roundtables with the Commissioner demonstrated that schools need significantly more support in order to respond. They found that:

- teaching staff lacked the skills to respond appropriately
- there was a lack of safe spaces to handle disclosures
- students needed confidence in their teachers and in non-teaching staff across the school to disclose and trust that appropriate action would be taken

For RSE to truly transform the response to domestic abuse, it must be embedded into a 'Whole School Approach', which is explored in more detail in the next chapter. This should reflect the education sectors efforts to implement a whole school approach to bullying – which research has found to be the most effective approach to tackling bullying in school.²⁰⁹

²⁰⁹ Farrington, D.P. and Ttofi, M.M. (2009).

Beyond the RSE curriculum, consideration of domestic abuse should be embedded into the whole curriculum. Research by UCL and the NSPCC found that young people describe the benefits of learning about RSE topics in other areas of the curriculum (such as Sociology, History, English Literature and Drama) and want what they are learning to be located within the wider contexts of equalities, social justice and rights, and across the curriculum and across the school.²¹⁰ Moreover, research by End Sexism in Schools found that just 2% of students in England studied a whole text written by a female author at GCSE in 2022.²¹¹

3.10 Improving RSE at a local level

In addition to national Government, it is also vital that, at a local level, RSE provision is made more of a priority and is meeting the needs of children in the locality. To create consistency between schools:

- All local multi-agency partners should ensure that RSE and children's experiences of domestic abuse are a priority and review this at least quarterly. This includes through Designated Safeguarding Lead Networks, Heads groups, Local Safeguarding Children Partnerships, SEND meetings, School Pastoral Support Teams, leadership groups and Domestic Abuse Partnership Boards.
- Strategic leads and commissioners should develop localised understanding of intersectional needs based on the demography of their area and specific schools, to determine areas of additional focus within the curriculum and work to facilitate 'by and for' delivery of lessons. This should be based on local needs assessments as required under the Victims and Prisoners Act 2024.
- Domestic abuse leads in local authorities should coordinate with schools in the local area to deliver effective and consistent RSE content on domestic abuse, with input from local specialist services.

²¹⁰ NSPCC (2022a).

²¹¹ Hollis, V. et al (2022).

CASE STUDY

Spectrum Plus, Wales

Spectrum Plus is an enhanced offer of RSE support, specifically targeted to children who have been identified via Operation Encompass notifications in Wales. When police are called to a domestic abuse case, they send a Domestic Incident Notification (DIN) to local safeguarding teams, who then inform schools so they can implement immediate support strategies for affected students. Spectrum Plus was established in October 2020, funded by VAWDASV Mid and West Wales, to support pupils in the Dyfed Powys Police area who have been subject to domestic abuse.

The programme includes a training offer for all staff to identify the signs of domestic abuse, understand its effects, and implement strategies to promote healthy relationships among students. Recognising that children are often subject to domestic abuse for a long time before police involvement, Spectrum Plus does not single out affected pupils but instead includes their peers in support sessions. Spectrum Plus collaborated with experts in various fields, including attachment theory and emotion coaching, to enhance its training materials and approaches. For younger children, particularly in Nursery and Reception, a resource pack was created to facilitate self-led interventions by key adults in schools.

The Spectrum Plus curriculum is delivered to all key stages and has evolved to incorporate a Trauma-Informed Approach. It includes 18 additional sessions tailored for Foundation Phase (Years 1 and 2), and Key Stages 2, 3 and 4 students. Key practices established by Operation Encompass are integrated throughout the sessions and providing safe spaces for students to express their feelings. Schools are encouraged to create nurturing environments, facilitating coping tools and promoting positive relationships among students and staff. The programme is firmly centred on the rights of the child, incorporating principles like “connection before correction” and “every behaviour is a communication”. Spectrum Plus focuses on helping pupils to recognise their right to feel safe and supported in school. Children are encouraged to identify trusted adults within the school environment, and resources are provided to assist parents in supporting their children’s emotional wellbeing.

4.0 CHAPTER FOUR – THE WHOLE SCHOOL APPROACH



Children thought schools should intervene at an earlier stage. This could be done through:

- training teachers to update their knowledge on trauma and the impact of domestic abuse on children, and signs of abuse, including within young people's relationships.
- teachers and school staff taking an active role by being flexible in their response to children affected by domestic abuse and regularly talking about support that could be available.

As Chapter 3 set out, RSE in schools offers a fundamental opportunity to assist the prevention of domestic abuse and future harms but cannot be implemented in isolation. As such, the Domestic Abuse Commissioner calls for a Whole School Approach to domestic abuse and VAWG across every primary, secondary and higher education setting in England and Wales.

In this section, the Commissioner uses the term 'schools' or 'education settings' for ease, which should be read to include all settings – including primary and secondary schools, Alternative provision, special schools, faith schools, private schools, academies, pupil referral units and Further Education settings.

A 'Whole School Approach' to domestic abuse and VAWG is when schools develop an ethos and environment that supports learning and promotes the health, wellbeing and safety of all pupils, staff and the wider community across the whole learning environment.^{212, 213} This was recommended in the 2021 Ofsted Report, in response to the brave testimonies of thousands of children across England who reported staggeringly high rates of sexual violence and harassment experienced in schools.²¹⁴

Since then, the End Violence Against Women Coalition (EVAW) have set out clearly the components of a Whole School Approach for domestic abuse and other types of VAWG.²¹⁵ Moreover, the Welsh Government has recommended the implementation of a Whole School Approach in Guidance,²¹⁶ and the Scottish Government has set out a framework for schools in preventing and responding to Gender Based Violence.²¹⁷

Despite calls for implementation from a variety of organisations, there is little evidence of a Whole School Approach being embedded in schools across England and Wales. The rest of this section will discuss the current provision of domestic abuse support in schools and make recommendations for change.

The Commissioner, therefore, recommends that:

- **The Department for Education rolls out and embeds a Whole School Approach across England, accompanied by clear guidance and the strategic investment.**
- **Ofsted adds criteria to school inspections to assess:**

²¹² The Bristol Ideal (n.d.).

²¹³ Firmin, C. (2020).

²¹⁴ Ofsted (2021).

²¹⁵ End Violence Against Women Coalition (2023).

²¹⁶ Welsh Government (2018).

²¹⁷ Scottish Government (2024).

- **The components of a Whole School Approach to domestic abuse and other types of VAWG**
- **How Operation Encompass notifications are addressed, what support is offered within school and onward referrals**
- **How domestic abuse disclosures are handled, and support is offered within school (not as a result of an Operation Encompass notification)**
- **How safeguarding referrals for domestic abuse are handled**
- **What training is offered on domestic abuse and VAWG, and to which staff**

At a local level, all schools should review the Whole School Approach²¹⁸ and consider how they can strengthen the culture and policies within their schools and Trusts to ensure that misogynistic attitudes and behaviours are challenged, young people feel safe to report inappropriate behaviours, and staff feel equipped to respond.

4.1 What is a Whole School Approach for domestic abuse and VAWG?

While the current iteration of RSE guidance refers to a whole school approach, it does little to encourage senior school leaders to implement this, nor offers any guidance as to how that might be done in the context of domestic abuse and other types of VAWG.

EVAW's model of a Whole School Approach "addresses the needs of pupils, staff and the wider community across the entire school environment, from the curriculum or learning environment to addressing the school's physical environment and what actions are taken to prevent VAWG and ensure safety for both students and staff."²¹⁹ As with RSE, for a Whole School Approach to be effective it must have a gendered and intersectional lens and be rooted in a human rights framework.

4.1.1 Key principles of a Whole School Approach²²⁰

In addition to a holistic school curriculum (including but not limited to effective RSE teaching), a Whole School Approach includes:

Institutional and policy development

A Whole School Approach starts by influencing the school culture to build a positive ethos of equality, respect and trust. Every person in the school community is included: parents, care givers, family members, students, all school staff, and senior leaders in education authorities. Every individual must play their role in recognising domestic abuse and VAWG, contribute to an understanding of healthy relationships and challenge harmful views.

School leaders should recognise their role in promoting a positive school culture as well as modelling behaviour and equality.²²¹ As part of encouraging cultural change, senior leaders should instil a behavioural approach and codes of conduct, with sanctions where appropriate, to reinforce that domestic abuse and harmful attitudes are not tolerated or accepted. School leaders should be consistent in their enforcement but ensure that this is not a punitive-only/zero tolerance approach, which can inhibit disclosure²²² and disproportionately impact students from minoritised communities²²³ or students who face multiple disadvantage.²²⁴

²¹⁸ End Violence Against Women Coalition (2023).

²¹⁹ End Violence Against Women Coalition (2023).

²²⁰ End Violence Against Women Coalition (2023).

²²¹ Scottish Government (2024).

²²² Lloyd, J. and Bradbury, V. (2023).

²²³ Giroux, H. A. (2003).

²²⁴ Losen, D. et al (2014).

Training and support for staff

Given their contribution to building the culture and values of a school, all staff must model respectful, positive and appropriate behaviour and attitudes. Clear expectations and regular training on identifying and responding to domestic abuse and other types of VAWG equips staff with the knowledge and skills to challenge harmful attitudes and behaviour. School staff should also be able to access additional support in the area where they work, for their own experiences of abuse, or for help in supporting students.

Support, safeguarding and signposting to specialist services

Schools must have an ethos and a range of policies to build a culture of safeguarding for students, staff, parents and care givers. These include a child protection policy, a behaviour policy, a staff behaviour policy, an HR policy and safeguarding measures to respond to children who are absent, all informed by a strong understanding of domestic abuse.²²⁵ Schools must have in place comprehensive and visible disclosure and response systems.²²⁶ This must include routine record keeping, to help identify patterns and intervene early to better support students.

Finally, working with statutory and specialist partners is also a key part of a Whole School Approach. Schools must have good links with specialist services to ensure that children and young people who need support can get the right referral and be supported to recover from their experiences.

²²⁵ Welsh Government (2022).

²²⁶ Universities UK (2016).

CASE STUDY

The Limes College, London Borough of Sutton

The Limes College is an Alternative Provision in the London Borough of Sutton that sits within the Alternative Learning Trust.

As an educational setting, The Limes College has mapped out that over 90% of the young people attending the school have domestic abuse in their life, either currently or historically. The school employs 16 Intervention Workers to work directly with families to support young people to attend and engage at school, and to liaise between various agencies to ensure support is in place when needed and that safeguarding is paramount.

The Limes College is one of four partners within the Local Authority's integrated domestic abuse service, 'Transform', which includes safe accommodation, community-based advocacy and support work, prevention activity, recovery work for both children and adults, and behaviour change work for perpetrators.

The Limes College delivers an evidenced recovery programme for children aged nine–16 who have experienced domestic abuse within the home or family. They also deliver targeted prevention work to teenage boys and girls. All schools across the borough can refer into any of these programmes. A self-esteem and a survivors group are run for female parents/carers who have experienced domestic abuse and whose child/ren may be going through one of the above programmes.

The Limes College delivers specialist domestic abuse training to other schools and groups across the borough and on the Local Safeguarding Children's Partnership's (LSCP) learning and development programme about the impact of domestic abuse on children and how to respond safely and in a child-centred way. The school's policies and wider curriculum subjects are domestic abuse informed. Regular work focuses on healthy relationships and consent.

Senior leaders at the school are part of a local Heads network of headteachers within the borough, which is represented by The Limes College and other schools at the Domestic Abuse Partnership Board, the LSCP, and the Community Safety Partnership (CSP).

4.2 Current Practice

4.2.1 Guidance

Working Together to Safeguard Children²²⁷ is the statutory guidance for agencies with safeguarding responsibilities for children to follow. The Working Together guidance and the Domestic Abuse Act Statutory guidance²²⁸ both point education settings towards the Keeping Children Safe in Education guidance²²⁹ for how schools should fulfil their safeguarding duties. However, despite the numbers of school children experiencing domestic abuse, this guidance falls significantly short in setting out to education settings how they should respond. Nor does it present domestic abuse as a priority issue, as the first mention of the full definition of domestic abuse, and the fact that children are now considered as victims in their own right, is in Annex B, on page 153. Moreover, the guidance does not clearly stipulate if a child being subject to domestic abuse is grounds for a safeguarding referral.

While the guidance does state that if a child is at risk of significant harm then a referral should be made, not all teachers will consider a child subject to domestic abuse to be at risk of significant harm and opt to not make a referral, due to a hampered understanding of the impact of domestic abuse on children.

This creates a significant lack of clarity for education settings on how they should respond to children as victims in their own right, and their duty of care towards these victims. Throughout the entirety of the guidance, there are missed opportunities to make clear that children are victims in their own right, that they are at risk of significant harm, and that domestic abuse and other types of abuse co-occur.

The lack of clarity is translated in practice, with teaching roundtables evidencing the varied and often inadequate response to children subject to domestic abuse. This guidance should be detailed enough to provide clarity for teaching staff on how they should respond in cases of domestic abuse.

4.2.2 School culture and a safe space as a protective factor

A school's culture is an important component of their response to domestic abuse. While children may identify education as a 'potential' source of support, not all of them will feel able to turn to school staff. A Welsh Women's Aid survey held in 2021 indicated a disparity between Black and minoritised young people and their white peers, with the latter more likely to select schools as a potential source of support.²³⁰ Without the right culture, schools can become a risky environment, where abuse can be trivialised, controlling behaviour continues and goes unchallenged, and children do not feel safe to disclose their experiences.²³¹

4.2.3 Teacher's recognition of potential signs of domestic abuse

Some children subject to domestic abuse will have difficulties adjusting at school.²³² Trauma responses to abuse may be interpreted as poor behaviour, 'acting out', poor mental health or SEND. This is less likely to happen if teachers develop good relationships with children and understand what a trauma response might look like. Participants from the roundtables discussed how some education staff rely too heavily on children directly telling someone about the abuse they have experienced, instead of being curious about changes in behaviour or difficulties with regulation. Moreover, evidence suggests that some Black and minoritised children can be adultified in school settings – for example, Black and minoritised girls can often be viewed as complicit in violence

²²⁷ Department for Education (2023C).

²²⁸ Home Office (2022c).

²²⁹ Department for Education (2024e).

²³⁰ Welsh Women's Aid (2021).

²³¹ Children's Commissioner (2024b).

²³² SafeLives (2014).

towards them and less likely to be seen as legitimate victims.²³³ One participant told the Commissioner that “Children who exhibit challenging behaviour are labelled as Anti-Social Behaviour (ASB) children or those that are badly behaved and can be excluded from the school’s safe environment.”

4.2.4 Teacher confidence and need for training



Children recognised the stresses involved in teaching, and how insufficient training made it difficult for teachers to respond appropriately:

“Teachers haven’t got it easy either, students insult [them], and [they] put up with a lot of stuff. Teachers in the mainstream [schools] don’t maybe get enough training.”

Group discussion, children aged seven–19 years

Recognising and understanding domestic abuse in children is complex. Many teachers lack confidence in handling disclosures, spotting signs of abuse, including so-called ‘honour’-based abuse and harmful practices, and supporting children, despite usually being the most present professionals in children’s lives. Teachers told the Commissioner that many feel unsure how to support children, particularly when a perpetrator is still living in the family home. Where this is the case, children can often be discouraged from disclosing, out of fear of teachers not maintaining confidentiality and acting on the disclosure – which in the children’s view could make things worse. Teachers also reported that while training on domestic abuse was embedded in Level 3 Safeguarding Children training, the domestic abuse training was rarely repeated. Some teachers reported never having had any specific domestic abuse training.

Training and support for all school staff is an essential component of the Whole School Approach.²³⁴ The HALT²³⁵ project’s review of DHR recommendations found that a large proportion of reviews recommended training for schools and education providers on domestic abuse to fill knowledge deficits, including the development of training on the impacts of domestic abuse on children.

Therefore, the Commissioner recommends that the Department for Education funds, develops, and rolls out specialist training for all education staff in every school and in early years, included as part of the Commissioner’s specialist training ask for all professionals interacting with children (See page 91) and training for RSE teachers (See section 3.8).

4.2.5 Education’s involvement in the wider local response

Professionals told the Commissioner that partnerships with schools must be strengthened, and that education settings should be better integrated into the local response to domestic abuse. The National review into the murders of Arthur Labinjo-Hughes and Star Hobson recommended that there must be full involvement of schools and education services at both the strategic and operational level.²³⁶

There were a number of factors that contributed to this lack of engagement and limited partnership working:

- Schools’ capacity: a common theme was schools’ lack of resources and inability to find time to adequately engage with local partners. School staff emphasised their difficulties in

²³³ Thiara, R. and Roy, S. (2020).

²³⁴ End Violence Against Women Coalition (2023).

²³⁵ Chantler, K. et al (2023a).

²³⁶ The Child Safeguarding Practice Review Panel (2022a).

delivering the specified 1,265 hours per year of ‘directed time’²³⁷. This ‘magic number’, as one teacher described it, has to include all teaching, inset days, training, parents’ evenings and additional events throughout the school year, and teachers reported their lack of capacity to do much else.

- Lack of a dedicated Designated Safeguarding Lead: Designated Safeguarding Leads (DSL) within schools usually cover multiple roles so dedicated time for safeguarding comes at a premium, as does collaboration with LSCPs. Often, the DSL role is one tiny part of their day-to-day work, particularly where they are also the Head/Deputy Head Teacher, a curriculum lead, assessment lead, learning and development lead and teaching – to name a few. DSLs participating in roundtables estimated that at least 30% of their caseloads were domestic abuse related (some said 100%); however, they acknowledged that they are not specialists in risk management or safety planning and must work in collaboration with specialist domestic abuse service and the necessary statutory services to ensure the safety of the children. Roundtable participants, therefore, strongly recommended *dedicated* safeguarding roles within schools.
- Information sharing: The previous joint targeted area inspection (JTAI) of the multi-agency response to children living with domestic abuse identified problems with data and information sharing between other agencies and schools. Information is often missing from school nurse records, because school nurses do not always have access to information from other areas of the health service.²³⁸ Teachers reported not receiving key information, such as non-recent experiences of abuse that would have provided a better understanding of a child’s situation.²³⁹ This was both as a result of education not being represented at multi-agency meetings, but also due to poor information sharing outside of these meetings. Domestic homicide reviews report instances where information about domestic violence and abuse was not shared once those incidents became known. Where good practice was noted in domestic homicide reviews, examples included that *Communication within schools was efficient and effective (DHR 244, HALT study)*.
- Inconsistent relationships with Local Safeguarding Children’s Partnerships (LSCPs): Roundtable participants also discussed schools’ relationships with LSCPs. Some LSCPs work closely with schools to understand children’s and teacher’s needs and put protocols for information sharing in place. For others, LSCPs only included education on an ad-hoc basis and only in response to individual cases that have reached crisis point. As such, opportunities to share information about attendance, suspension, exclusion, concerns about abuse and other wider social factors that could pose a risk to children are missed.²⁴⁰
- Capacity of local specialist services: Another component of the Whole School Approach is partnership with local specialist services.²⁴¹ However, despite the value of their work in schools, the specialist sector remains chronically underfunded.²⁴² Roundtables held with social care and education professionals highlighted the clear value of specialist services, with recommendations made to fund co-located workers and specialist roles in schools. This would provide easier access to support for children and young people, and build relationships, pathways and joint working between schools and specialist services.

Roundtable participants across all education roundtables agreed there should be a role that supports senior school leaders, Designated Safeguarding Leads and governing bodies to follow local safeguarding arrangements and put in place systems and procedures to collect and share

²³⁷ Department for Education (2024f).

²³⁸ McBride, E. (2018).

²³⁹ McBride, E. (2018).

²⁴⁰ Youth Endowment Fund (2024).

²⁴¹ End Violence Against Women Coalition (2023).

²⁴² Domestic Abuse Commissioner (2022a).

information. School senior leaders in the roundtables also told the Commissioner that where domestic abuse specialists are in place, their school is much better equipped to respond to domestic abuse and training is of a much higher standard and frequency.

Despite these challenges, there is a compelling argument for Education's inclusion as a Safeguarding partner.

4.3 Recommendations

Therefore, the Domestic Abuse Commissioner recommends that:

- **The Department for Education makes education settings the fourth statutory safeguarding partner through the Children's Wellbeing and Schools Bill.** This will go a significant way in encouraging join-up locally and improve the whole system response to child victims and survivors of domestic abuse.
- **The Home Office and Department for Education funds the introduction of Education Domestic Abuse Advisor roles, as part of the Local Safeguarding Children Partnership, who can provide training and guidance to schools and share best practice across local areas.** This role would entail:
 - taking a strategic role in the coordination of the local Education sector's ability to respond effectively to child victims of domestic abuse
 - representing the education sector at Domestic Abuse Partnership Boards (DAPB), Multi-agency Risk Assessment Conference (Marac) steering groups and other relevant fora
 - collating and analysing key data from safeguarding referrals, to feed into joint strategic needs assessments
 - monitoring the provision of RSE and share best practice in the delivery of this curriculum across an area
 - providing or sourcing domestic abuse training and guidance to education staff
- **The Department for Education introduces dedicated safeguarding provision in every school. The Department for Education should fund a two-year pilot of 'Dedicated Safeguarding Leads', whose role is solely safeguarding (across all harm types) and family liaison and support work within schools and building effective partnerships.** This role would be independent of children's social care, and act as an independent seat, of equal importance, in the multi-agency response. A pilot would cost approximately £5m, across 100 schools in three local authority areas.

If introduced, these roles could take on oversight of domestic abuse (and wider VAWG) training for all school staff, supporting the wider Whole School Approach, and enable the effective implementation of education as a statutory safeguarding partner.

At a local level, the Commissioner recommends that schools and other education settings record domestic abuse specifically for any children where safeguarding concerns are raised and that this data is shared with school leadership and governors on a regular basis, with a view to implement improved responses.

4.4 Children not in education

While the Commissioner has set out the role that the education system can and should play to effectively prevent and appropriately respond to children and young people subject to domestic abuse in school, it is vital that we speak to the experiences and needs of those not in education

settings; often referred to as the ‘invisible children’.²⁴³ A recent report from the Education Policy Institute identified 400,000 children as not being in school. This includes a 100% increase of registered home-educated children from 2017 to 2023; amounting to 95,000 children and young people.²⁴⁴

It is essential that the Department for Education considers the role that local authorities should take in relation to safeguarding all babies, children and young people subject to domestic abuse, including those not in school. Local authorities must be funded and equipped to comprehensively record all children and young people in elected home education and those out of school for other reasons, adequately maintain ongoing direct contact with children and young people and regularly assess and respond to concerns of domestic abuse. The Department for Education must also work collaboratively with partner agencies and universal services, particularly health and youth services, in recognition that these are critical safe spaces for this group to be reached. Work must be done to establish a robust referral pathway to identify and support children and young people subject to domestic abuse who are not in school.

4.5 Conclusion

In order to reduce domestic abuse and children’s victimisation to it, significant investment in universal prevention is needed. Without universal prevention measures, including the delivery of the RSE curriculum and expanding the role of education, gender inequality and misogyny will remain, providing an environment for high levels of domestic abuse to continue for decades to come. With a greater commitment to prevention activity, children are more likely to realise that what is happening at home is domestic abuse and will be able to disclose and seek help. While the criminal justice system is an important lever that must be strengthened to deter potential perpetrators from domestic abuse, it is mostly reactive, only responding where domestic abuse has already taken place. To truly influence change, prevention activity must happen at the very outset of a child’s life and continue into adulthood to enable continuous learning. Prevention must also be prioritised at a national and local level. The recommendations set out by the Commissioner in this chapter are the starting blocks, and the Commissioner urges the Government to consider them in full. By investing in prevention, we reduce the costs to society and the demand upon the other elements of the system: from early identification to supporting recovery from domestic abuse.

²⁴³ Children’s Commissioner for England (2023).

²⁴⁴ Education Policy Institute (2024).

PART 3 – OPPORTUNITIES TO IDENTIFY AND INTERVENE EARLY

A note to the reader

Part 3 focuses on the response to child victims of domestic abuse in the home – the victims covered by Section 3 of the Domestic Abuse Act 2021, who are now considered as victims in their own right.

Unlike Part 1, the agencies and services discussed in this section have a wholly different response to child victims of abuse in their own relationships, in comparison to children who experience domestic abuse in the home. Therefore, given the sizable scope of this report, the Commissioner has chosen to focus on the latter and will release a report specific to the former in due course.

This section will set out the need for early intervention services in the response to child victims of domestic abuse, and then spotlight the health response, as an example of a universal service with a role to play. Moving on, the section will consider the work Early Help services and Family Hubs, and then look specifically at the Reducing Parental Conflict (RPC) Programme. This section will highlight that children and families can access services at any point, and that universal services can end up doing more targeted work, due to capacity constraints and resourcing at a local level – which is why multi-agency working is absolutely paramount to ensuring that child victims of domestic abuse access the support that they need.

At the end of Part 3 is a focused section on the overlap between domestic abuse and serious violence, and why a multi-agency approach is so important.

In this section, you will find:

- Chapter 5 – The Role of Health Services
 - Funding for Early Intervention Services
 - Pregnancy and Health Visiting
 - The Role of Wider Health Services
- Chapter 6 – The Multi-Agency Response in Universal and Targeted Support
 - The Importance of Multi-Agency working
 - Early Help Response
 - Role of Family Hubs
 - Future Programmes of Work
 - Reducing Parental Conflict – A missed Opportunity
 - Domestic Abuse and ‘Serious Violence’

Funding for Early Intervention Services

For early intervention to work effectively in the response to domestic abuse, every universal and frontline service must recognise their role in providing early identification opportunities – from education, housing, health services, welfare services and children’s centres. Frontline services must be skilled in recognising the signs that a child may be subject to domestic abuse and be clear on the pathways to alerting the responsible services to assure the provision of quality support.²⁴⁵ The purpose of early intervention is to reduce risk and escalation of harm, reduce repeat referrals and reported incidents, increase confidence for child and adult victims and survivors and lessen the potential for immediate harms to result in longer term impacts.

Services that intervene as soon as domestic abuse or harmful behaviour is identified can provide education and family support to children and their non-abusive parent. Recognising the harmful impact of domestic abuse on both adults and children, there will be some interventions that are seen as recovery services for adults post-abuse, such as programmes that give children and their parents the chance to strengthen their bond and heal together but are in fact also early intervention support for a child who may not have accessed any support up until that point, and are able to prevent further harm.

Despite the value of early intervention services, due to sharp funding cuts and years of austerity, combined spending on early intervention for children has significantly decreased. Between 2010/11 and 2022/23, expenditure on early intervention services fell by 44%. As a result, early intervention spending made up less than one-fifth (18%) of total spending on children’s services, down from over one-third (36%) in 2010/11.²⁴⁶ By comparison, spending on late intervention services and the crisis response has increased by 57% during this time.²⁴⁷ As a result, what are meant to be universal support offerings, like Family Hubs and family support services, have to prioritise working with children in higher risk circumstances, due to a lack of funding, and missed opportunities for earlier intervention.

It is critical that Government commits to funding a wide range of early intervention services. Without funding, the costly and harmful cycle of abuse and crisis response will continue.

²⁴⁵ Dodaj, A. (2020).

²⁴⁶ Probono Economics (2024).

²⁴⁷ Probono Economics (2024).

5.0 CHAPTER FIVE – THE ROLE OF HEALTH SERVICES

Health care settings are often trusted environments, and so are a key partner in the response to child victims of domestic abuse. The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the National Health Service (NHS), and it is imperative that professionals are confident to identify domestic abuse in all its forms and respond appropriately and proportionately.

Health care settings are typically used by everyone throughout their lifetime – adult and child victims and survivors, as well as perpetrators, and tend to be less associated with a punitive state response (such as children’s social care or policing). That said, there can still be significant barriers to trusting health services for individuals from marginalised communities, such as those with insecure immigration status, or Black and minoritised women.²⁴⁸

5.1 Pregnancy and Health visiting

Pregnancy is a prime opportunity for early intervention as it is at this time that mothers are most likely to have regular contact with health services, including multiple appointments with a range of professionals before and after birth. Maternity care, therefore, provides a crucial setting for robust routine inquiry and professional curiosity.

Midwives often serve as one of the first points of contact for pregnant women and can offer a non-judgemental space that helps establish trust, creating a safe environment for women to disclose abuse. Despite prevalence of domestic abuse in pregnancy, detection and facilitation of disclosure of abuse by maternity services is comparatively low with just 0.5% of maternity patients recorded as disclosing domestic abuse.²⁴⁹

As set out in the introduction, despite being pre-verbal, the experience of domestic abuse during pregnancy can also impact babies as they become toddlers, as their development has already been impacted by the domestic abuse experienced by their mothers.

5.1.1 Health Visiting

Health Visiting services are designed to systematically and proactively reach all children before the age of five to promote their health and wellbeing.²⁵⁰ The Children of the 2020 cohort survey found that 97% of families had seen a health visitor by the time their child was nine months old.²⁵¹

However, despite their unique access to the youngest children most at risk, health visitors are hindered by a lack of capacity to respond effectively to domestic abuse. In roundtables held by the Commissioner with social workers, it was acknowledged that health visitors have the knowledge and expertise to support non-verbal children. However, social workers were concerned that health visiting services are stretched. This sentiment is shared with surveyed health visitors, with less than half of health visitors being confident that their service was able to meet the needs of vulnerable babies and children where a need is identified²⁵² and 60% of health visitors reporting further increases in child safeguarding concerns over the last year.²⁵³

²⁴⁸ MBRRACE-UK (2024).

²⁴⁹ Spedding, R.L. et al (1999).

²⁵⁰ Institute of Health Visiting (2024).

²⁵¹ Bernardi, M. et al (2023).

²⁵² Institute of Health Visiting (2024).

²⁵³ Institute of Health Visiting (2023).

Many health visitors report struggling to intervene early to safeguard babies and children as they are ‘firefighting’ with much of their work involving families in crisis.²⁵⁴ Data published in 2023 by the Office for Health Improvement and Disparities found that 1-in-4 children missed their 2–2.5-year review.²⁵⁵

To embed an effective public health approach to domestic abuse, early intervention activity must be given greater weight at all points of decision making. All practitioners must be given the tools to do this effectively, by way of knowledge, skillset, capacity and resource.

Therefore, at a local level, the Commissioner recommends that any community health strategy or approach recognises children as victims of domestic abuse in their own right, recognising the impact on children and that this prompts the convening of a response to meet their individual needs. Building capacity to ensure that community health services can identify and intervene early must be a core pillar of this work.

5.2 The Role of Wider Health Services

While pregnancy represents a high-risk point, all universal health care professionals play a fundamental role in keeping children safe; through prevention, early intervention and addressing the physical and psychosocial needs of children subject to domestic abuse.²⁵⁶

In many cases, GPs are the first place where non-abusive parents will go for help if they are experiencing domestic abuse.²⁵⁷ In the Domestic Abuse Commissioner’s mapping report, a Patchwork of Provision, 44% of victims and survivors told the Commissioner that health professionals were the first professional they told about their experiences.²⁵⁸ Due to the long-term relationships and continuity of care that primary health care professionals, such as GPs and nurses can provide, this can create a supportive, safe environment in which disclosures of domestic abuse are made.²⁵⁹ As such, primary care settings offer a key opportunity to intervene early, and provide crucial specialist support for both adult and child victims.²⁶⁰

Despite this, there are many barriers that mean that children subject to domestic abuse are not being routinely identified or receiving the required support. These barriers can be faced by both parents and professionals, but ultimately impact on the child or young person. Research has shown that adult victims and survivors feel hesitant accessing support for their children from their GP, fearing professional intervention would lead to child removal, creating a lack of trust.²⁶¹ This is consistent with children’s perspectives from *Tell Nicole* and their fears that disclosure could lead to a lack of control as to what happens next to themselves, the non-abusive parent and perpetrator. Moreover, adult victims and survivors fear that the perpetrator may find out, and so to manage their own risk might opt out of support for their children at that time.²⁶² A further barrier is the short time windows given in consultations, which can inhibit mothers from opening up and disclosing abuse, thus preventing children and young people from being identified and supported.²⁶³

²⁵⁴ Institute of Health Visiting (2024).

²⁵⁵ Office for Health Improvement and Disparities (2023).

²⁵⁶ Lines, L.E. et al (2020).

²⁵⁷ Roy, J. et al (2022).

²⁵⁸ Domestic Abuse Commissioner (2022a).

²⁵⁹ Roy, J. et al (2022).

²⁶⁰ Szilassy, E. et al (2024).

²⁶¹ Heron, R.L. and Eisma, M.C. (2021).

²⁶² Kelly, U. (2006).

²⁶³ Bacchus, L. et al (2003).

5.2.1 Poor identification

Many primary care practitioners also struggle to identify and support children and young people.²⁶⁴ Despite the success of the Identification and Referral to Increase Safety (IRIS)²⁶⁵ model in identifying more adult female survivors, “children and young people who witness/experience domestic abuse are rarely identified in primary care and referred for specialist support.”²⁶⁶ Similarly, children and young people are not always considered by adult mental health professionals. Often, where adult mental health services are involved, the risks to children from adults is not embedded in practice²⁶⁷ and adult mental health services often lack the expertise and time to respond effectively to perpetrators of domestic abuse.²⁶⁸ As such, the mental and physical impact of domestic abuse on children remains neglected in the primary care response.²⁶⁹

5.2.2 Lack of routine enquiry

It is well established in research and practice that screening for domestic abuse is effective in promoting disclosure, particularly in some health settings.²⁷⁰ Despite its value, in a roundtable of health professionals, only half noted that they felt comfortable asking about domestic abuse.²⁷¹ Research has found that there is uncertainty among GPs about how to ask, record and support children subject to domestic abuse, and that professionals are reluctant to talk directly to children about their experiences of domestic abuse.²⁷² Moreover, professionals report fears that asking about domestic abuse could be retraumatising or offensive, as well as lacking confidence on their role or responsibilities regarding domestic abuse.²⁷³ Concerningly, some mental health professionals report that domestic abuse is sometimes perceived as a ‘social issue’, beyond the scope of mental health treatment, impacting significantly on their response.²⁷⁴ As a result, the denial and/or dismissal of trauma can mean that diagnosis and treatment of their presenting issue could be inaccurate.

5.2.3 Referral

Due to the different types of care that primary health care professionals give to children and young people who have been subject to domestic abuse, it is critical that they are aware of the different types of interventions available for managing their care.²⁷⁵ Research has shown that where health settings were integrated into the whole community response, as in Iris+, a substantial number of children were referred to specialist support and benefited from that referral.²⁷⁶ Moreover, where mothers were referred for support by health settings, the additional indirect support for children was noticed.²⁷⁷

Despite the benefits of systems like Iris+, unfortunately this has not been rolled out on a national scale, and is instead being evaluated across three sites. Although health professionals are often the first contact with children who have been subject to domestic abuse, they do not make the top five list of professionals who take action.²⁷⁸ Moreover, findings from a Patchwork of Provision show that

²⁶⁴ Roy, J. et al (2022).

²⁶⁵ IRIS is a model to identify and support women affected by domestic abuse in health settings. IRIS+ builds on the IRIS model and aims to fill the gap in health settings in the identification and referral processes for men, children and young people subject to domestic abuse.

²⁶⁶ Szilassy, E. et al (2024).

²⁶⁷ McBride, E. (2018).

²⁶⁸ Calcia, M.A. et al (2021).

²⁶⁹ Szilassy, E. et al (2024).

²⁷⁰ Stanley, N. (2011).

²⁷¹ Maternal Mental Health Alliance (2023).

²⁷² Szilassy, E. et al (2017).

²⁷³ Maternal Mental Health Alliance (2023).

²⁷⁴ Maternal Mental Health Alliance (2023).

²⁷⁵ Cilar Budler, L. et al (2022).

²⁷⁶ Szilassy, E. et al (2024).

²⁷⁷ Roy, J. et al (2022).

²⁷⁸ Cilar Budler, L. et al (2022).

despite high levels of disclosure to health services, just 19% of survivors found out about domestic abuse support available to them from healthcare workers.²⁷⁹

Poor referral data may be in part as a result of practitioner uncertainty as to what information can be shared, and what information is required to act. Research has shown that practitioners are often unsure if patients are aware that their information has been shared across agencies, and the ethics around this.²⁸⁰ This lack of coordination and collaboration between services means that continuity of care for the child is disrupted and access to support lost. These barriers in referral to specialist services must be rectified and addressed to ensure that children get the support that they need, as early as possible.

²⁷⁹ Domestic Abuse Commissioner (2022a).

²⁸⁰ Roy, J. et al (2022).

CASE STUDY

GP Referral Pathway and Multi-Agency Working, Safer Cornwall

Safer Cornwall (Cornwall's Community Safety Partnership) commissioned a Primary Care Domestic Abuse and Sexual Violence (DASV) service in March 2021 for a two-year pilot, part funded by the ICB. As a result of its success, they now continue to fund delivery of this service.

The service provides three full-time Domestic Abuse specialist practitioners situated across the mid, west and east of Cornwall in keeping with the three Integrated Care Areas. Practitioners act as a single point of contact (SPOC) for GPs for a direct referral pathway into the specialist domestic abuse and sexual violence service and other safeguarding support services, for adults, children and young people. They are instrumental in delivering training, drop-in clinics and case discussions within the remit of their local areas; and represent their location-specific GP cluster groups at multi-agency DASV meetings for adults and for children, including the Multi-Agency Risk Assessment Conference (Marac).

Embedding the Domestic Abuse Support Advisors has provided specialist tailored training to the GP practices, which has improved understanding of domestic abuse and the signs of abuse. This in turn has significantly improved GP's and practice staff's confidence in routine enquiry and risk identification. Babies, children and young people who are or have been subject to domestic abuse and/or sexual violence in their own intimate or familial relationships receive age-appropriate and trauma-informed support through the service, and practice staff and GPs are able to make immediate specialist DASV and child safeguarding referrals through the SPOC. In addition, children and young people at risk due to their parent being subject to domestic abuse are identified and captured in the referral and a support offer is made for their non-abusive parent.

The Domestic Abuse Practitioner provides a vital resource of expertise and dedicated additional engagement time, which facilitates GP practices to respond more effectively to the needs of children and young people in a way that is non-threatening, supported and trusted, without the time pressure felt in the health service that so often contributes to missed opportunities to prevent harm.

Feedback from GP surgeries has been overwhelmingly positive, including increased understanding and identification of DASV, increased confidence in routine enquiries, and contributing more effectively to multi-agency working.

Since the start of the contract, there has been a huge and sustained increase of referrals, for both adults and children, into specialist services (both domestic abuse and sexual violence) from GP surgeries. The service demonstrated an 81% increase in referrals over the first year of delivery, and 55% of those accessing the service had never reached out for support before, highlighting how victims and survivors increasingly overcome barriers to disclosure and access vital, lifesaving support through domestic abuse-informed GP pathways.

5.3 Conclusion

What is clear is that the health response to children experiencing domestic abuse must improve. One lever to making such change is through improved NICE guidelines – the current guidelines relating to domestic abuse have not been updated since 2016, and fail to recognise children as victims in their own right.²⁸¹ As such, practitioners struggle to identify child victims, and even where they do, lack understanding in how to respond, or lack capacity to do so effectively. The Iris+ programme highlighted that where clinicians received training on domestic abuse and the impact on child victims, had a direct referral pathway to a specialist service, access to one-to-one advocacy support for children and young people and a medical prompts system, more children were identified and accessed support. It also improved clinical practice.²⁸²

Moreover, improvements can be achieved as demonstrated through The Pathfinder Toolkit, a three-year pilot working across health settings in England to transform the health response to domestic abuse, funded by the Department of Health & Social Care (DHSC) and Department for Culture, Media & Sport (DCMS). Pathfinder and its Toolkit promoted a holistic, trauma-informed approach that is strengths-based and grounded in an understanding of the impact of trauma across all departments and within the culture of the NHS from governance, interventions to routine enquiry and referrals. Evaluation findings²⁸³ have shown an increase in high-risk referrals by 10.9% and early interventions for standard-risk cases by 33.6% for both children and adults, highlighting better detection and support across health systems.

5.4 Recommendations

Therefore, to bolster the health response to children subject to domestic abuse, the Domestic Abuse Commissioner recommends:

- All staff working in health settings and community health services should access specialist training on domestic abuse, and the impact on children and young people, which goes far beyond what is included in core Child Safeguarding Training. The specific details of what this includes is detailed in the Commissioner's wider training recommendation, on Page 91.
- **The Department for Health and Social Care invests in embedding domestic abuse and other types of VAWG expertise and specialism into health settings – by funding the provision of specialist domestic abuse services within health settings to support prevention activity and response work to child victims of domestic abuse.**
- **The Department for Health and Social Care holds ICBs accountable for the representation of health professionals at Domestic Abuse Partnership Boards (DAPB) and Multi-Agency Risk Assessment Conferences (Marac).**
- **The Department for Health and Social Care ensures Integrated Care Board (ICB) Domestic Abuse and Sexual Violence Leads, are giving adequate attention to child victims in their own right and taking a public health approach to domestic abuse across their areas.**
- **The Department consults on and publishes a 10-year strategy to implement a Public Health Approach to Domestic Abuse across England, which has a dedicated focus on the needs of children and young people, alongside the Government's stated commitment to halve VAWG in a decade.**

²⁸¹ NICE (2016).

²⁸² Szilassy, E. et al (2024).

²⁸³ Melendez-Torres, G.J. et al (2024).

Locally, the Commissioner recommends that:

- Responding to domestic abuse is a shared strategy with a public health lens, across the Community Safety Partnership, Local Safeguarding Children Partnership, Safeguarding Adult Board, Local Family Justice Boards (LFJB), and ICBs to ensure that there are shared objectives and a holistic whole-family strategy and approach across an area. This includes pooling resources to fund shared posts for the development of a strategy and implementation.
- Local multi-agency boards should share data on prevalence and demographics as well as themes from Domestic Abuse Related Death Reviews, serious case reviews, and other death reviews to inform strategy and needs assessments.
- CSPs should refresh and review local strategies in partnership with LSCP and the Safeguarding Adult Board to ensure that children are represented equally to adults. As part of this arrangement, there should be agreed information sharing protocols put in place concerning what, when and how to share information, which each are held accountable for.

CASE STUDY

Safer Places and Beacon House, Essex

Safer Places, a specialist domestic abuse charity with over 45 years' experience, developed a bespoke, nationally recognised, Level 3 qualification, accredited by Open College Network London Region (OCNLR), for professionals working with children impacted by domestic abuse. The qualification is delivered in collaboration with Beacon House, a specialist therapeutic service for young people, families, and adults, bringing together specialisms within both the domestic abuse sector and the children's sector, to equip learners with the practical skills to support children on their journey to safety and recovery from domestic abuse.

With an overall completion time of four to five months, the qualification provides learners with a range of knowledge and expertise on subjects like children's development, the legal framework of children's rights, children's unique experiences of abuse and associated risk (including child and adolescent to parent violence and abuse), developmental trauma, and multi-agency working. The course has been running for over a year and 100% of learners rated the content as excellent and reported that they have incorporated their learning into practice.

6.0 CHAPTER SIX – THE MULTI-AGENCY RESPONSE IN UNIVERSAL AND TARGETED SUPPORT

6.1 The Importance of Multi-Agency working

Collaboration across the whole statutory system is fundamental to making lasting change. At present, services for children often overlook the risks to adult victims and survivors, and similarly, services working specifically with adults often fail to consider child victims of domestic abuse. Many services fail to prioritise the relationship between the child and their non-abusive parent.

The impact of a singular, siloed, focus can be disastrous. Each agency plays its own important role in responding to domestic abuse. All agencies must have robust internal systems and pathways so that the risks and needs of the whole family are considered throughout the course of their work. In parallel to this, multi-agency procedures must be in place and followed so that all known risks to the whole family can be considered and managed. Where this is not the case, professionals will lack clarity on what is happening, as the child's story is held by multiple people, in multiple places.²⁸⁴ Multi-agency working is only beneficial if it leads to action and, ultimately, positive change for victims and survivors.

6.2 Current multi-agency response to child victims and survivors of domestic abuse

Participants in the 'by and for' services for disabled people roundtable agreed on the importance of linking up with multi-agency partners but reported that in reality, siloes made collaborative working difficult. As a result, child victims are failed, as services struggle to meet their needs, and in doing so, potentially create a future barrier to further support. The d/Deaf led 'by and for' roundtable echoed these reflections and gave an example of adult social care and children's social care offering conflicting support and advice to the adult victim, with the latter threatening to remove the child victim.

In HALT's analysis of DHR recommendations, 73% of the DHR recommendations identified ineffective multi-agency working and poor information management.²⁸⁵ Children's services needed to be better at gathering, reporting and sharing information with other services. They also needed to improve communication and coordination internally and their recording – in one case, the name of the child's birth father incorrectly recorded. Each agency needs to operate effectively, both as an individual agency, and with each other across multiple partners.

Ineffective information sharing is unsurprising, as many professionals are unsure about what information can be shared within, and across agencies.²⁸⁶ Effective information sharing not only helps to achieve the best decision for the family and an accurate assessment of risk, it also improves professional understanding and better identification of children's needs for support.²⁸⁷ Therefore, improved record keeping, information sharing and contribution to multi-agency safeguarding arrangements is absolutely central to improving the current response.

6.2.1. Differences between domestic abuse and child safeguarding multi-agency responses

At present, local safeguarding responses to domestic abuse focus solely on the 'front door', and as a result, there is no systemic response to child victims of domestic abuse in the wider safeguarding system. By shifting to focus on the response as a whole, local areas can move beyond managing demand for cases where children are victims of domestic abuse, and develop a more child-centred, effective response.²⁸⁸ This requires a considerable joint effort between child safeguarding partners,

²⁸⁴ The Child Safeguarding Practice Review Panel (2022a).

²⁸⁵ Chantler, K. et al (2023a).

²⁸⁶ McBride, E. (2018).

²⁸⁷ The Child Safeguarding Practice Review Panel (2022a).

²⁸⁸ The Child Safeguarding Practice Review Panel (2022b).

including education and domestic abuse partnerships, with clear direction from government as to the appropriate safeguarding response to child victims of domestic abuse.

Practitioners thought that while the introduction of MASH has improved risk assessment at the ‘front door’ of child protection, and improved the processing of referrals to children’s services, there is still a significant disconnect between domestic abuse and child safeguarding responses to child victims, with more to do. Practitioners also noted an inherent conflict between applying a typically risk-led domestic abuse response, and a typically needs-led response from children’s social care. High risk domestic abuse is assumed to equate to high need and, thereby, meet the threshold for children’s social care. However, a significant and complex need for a child or young person may accompany a standard or medium risk for the adult victim, leaving these children without access to support. In part, this is due to a lack of guidance and shared linguistics framework in relation to domestic abuse to set out the roles, responsibilities and duties of safeguarding partners and of the overall safeguarding response to child victims.

One reason for this fractured response is the disconnect between governance arrangements for domestic abuse and child safeguarding partnerships. More often than not, the Domestic Abuse Partnership Board sits within the local Community Safety Partnership (CSP), while child safeguarding teams will report to the Local Safeguarding Children Partnership (LSCP). In some areas, the Domestic Abuse Partnership Board will sit under other departments or agencies, such as public health, adult social care or even housing. Rarely is the Domestic Abuse Partnership Board placed within child safeguarding. As a result, there is no mutual accountability between these two partnerships, and in few cases is there ongoing communication. As such, children’s safeguarding teams and children and families teams should consider co-location with domestic abuse services where possible and identify mechanisms to increase ongoing communication to ensure that communication is not confined to formal meetings.²⁸⁹ In order to avoid co-location becoming tokenistic, it must be managed and structured in a way that values the contribution of independent domestic abuse specialists, does not place unfair attribution of blame on the non-abusive parent and prioritises the child’s needs. This will be discussed further in Chapter 7, which looks at the crisis response.

6.3 Early Help response

Unlike universal services, such as education and health, Early Help services are designed to offer help to children and families as problems emerge, where their needs cannot be met by universal services. The value of Early Help has been recognised by previous governments, with the understanding that targeted earlier intervention is more beneficial to children’s outcomes, as opposed to acting later.²⁹⁰ For children and young people subject to domestic abuse, early help can enable children not considered ‘high risk’ or on a child protection (CP) plan to remain visible to professionals. However, children’s individual risk is rarely assessed, with their risk level typically mirroring that of their non-abusive parent. This will be discussed in more detail in Chapter 7.

Early help can provide flexibility for families, tailored to the needs of both adult and child victims.²⁹¹ Research shows that where parents and children accessed early help, and they had flexibility over their support and trusted their workers, it had a positive effect.²⁹² Critically, workers felt that they could prioritise the needs of children and young people and included changes in children’s and young people’s self-confidence, physical health, risk taking, school attendance, school work, behaviour, relationships and ability to talk to their mothers.²⁹³

Despite widespread acknowledgement of their worth, Early Help Services are not statutory and as such, there is no legal requirement for them to be funded. This is compounded by the lack of data

²⁸⁹ Stanley, N. (2011).

²⁹⁰ Department for Education (2023d).

²⁹¹ McCarry, M. et al (2021).

²⁹² McCarry, M. et al (2021).

²⁹³ McCarry, M. et al (2021).

on the number of children and families accessing these services. Therefore, it is incredibly difficult to ascertain on a national scale the number of families accessing early help, disparities in provision and access, and the impact of the service on families in providing targeted, early support and the need to fund these types of services.

The most accurate data comes from a survey undertaken by the Association of Directors of Children's Services (ADCS), which estimated that, in 2022, there were 185,100 children with cases open in targeted Early Help services.²⁹⁴ Despite high levels of need, spending on these types of services is, by comparison, shockingly low. Important research by Action for Children found that over five years, 9 out of 10 local authorities spent less on early intervention/Early Help services per child – with spend more than halving for 10 local authorities and, at the sharpest end, by 39% in the West Midlands. In real terms, spend fell by 21% across the country.²⁹⁵ This is not sustainable. As noted by the ADCS, early help provision is subject to discretionary funding and the political will of local leaders and decision makers.²⁹⁶ While many local areas have adopted creative practice models to keep services open, many now report only supporting a handful of children, meaning that help is not available for many of those that need it.

²⁹⁴ The Association of Directors of Children's Services Ltd. (2022).

²⁹⁵ Action for Children (2022).

²⁹⁶ Action for Children (2022).

CASE STUDY

London Borough of Hounslow

The London Borough of Hounslow has a strategic priority around early intervention and prevention, which led them to commit to secure council funding for work in schools and early years settings to support children affected by domestic abuse, following the end of Home Office CADA funding in 2020.

Hounslow employs five unique Specialist Parent and Child Domestic Abuse Workers, four of whom are assigned across all schools in the borough, and the fifth allocated specifically to early years settings. These workers, in partnership with the police, receive notifications through Operation Encompass and liaise with schools to provide holistic, therapeutic support to children and non-abusive parents. They support parents to make informed choices and empower them to meet their child's needs. The workers collaborate with safeguarding leads in schools to strengthen the support offered to children experiencing domestic abuse.

This provision in schools and early years settings is embedded within a wider local response, including co-located domestic abuse expertise within the Multi-Agency Safeguarding Hub (MASH), age-appropriate recovery programmes for children and their non-abusive parent, safe accommodation provision, a One Stop Shop for survivors and advocacy for adults. There is specific provision for adult survivors with young children, such as baby massage courses, to encourage babies and their non-abusive parent's bonding after domestic abuse. Hounslow commissions Shewise, a specialist 'by and for' organisation for women and girls from South Asian and Middle Eastern communities. Shewise deliver youth programmes, advocacy and training, including to schools on topics like economic empowerment, healthy relationships and social media.

One programme delivered in Hounslow is 'Let's Talk', which is a free, 11-week, structured therapeutic group programme for children, young people and mothers affected by domestic abuse. Programme activities include art, stories, discussion, role play and videos to enable children to express their feelings. The adult support group offers a safe, supportive and confidential environment to help women to communicate with their children about their experiences, while building up their own support network with women who have had similar experiences. Let's Talk is for families where the perpetrating adult no longer resides in the family home.

6.3.1 Impact of varying thresholds for statutory support

Section 17 of the Children Act 1989 introduces a general duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range and level of services appropriate to those children's need. However, significant capacity issues mean rarely is this the case, with only those facing the most serious problems being managed under section 17.²⁹⁷ As a result, the Independent Review of Children's Social Care found in 2022 that Early Help services "were doing more and more work with families that need a lot of help, with only the highest levels of need where there are serious problems being managed under section 17."²⁹⁸ The extent of this differs from place to place. As a result of not being placed on a statutory footing, the scope of Early Help work is ill-defined and, subsequently, local thresholds differ across the country, creating inconsistent levels of intervention and support for children who may face similar risks.²⁹⁹

Borne out of this lack of consistency, resources are spent gatekeeping and assessing against thresholds, instead of helping families. This creates a revolving door of cases going between Early

²⁹⁷ Macalister, J. (2022).

²⁹⁸ Macalister, J. (2022).

²⁹⁹ Macalister, J. (2022).

Help and Section 17. Action for Children found that 32% of children who were selected for Early Help following the closure of their child in need assessment were re-referred for another child in need assessment within 12 months.³⁰⁰ The culture of referral between early help teams and child in need (CIN) teams is not only resource intensive and costly, but significantly impacts on children's outcomes and the consistency of support that they receive. The Child Safeguarding Practice Review Panel also notes that this is a key point of risk. Where transitions between Early Help and Child in Need plans are recurrent, this creates conflict in the level of support available, and poor oversight of that child. As a result, failure to deal with changing levels of risk is a persistent theme of serious incidents.³⁰¹ These issues are discussed further in Chapter 7, in the section on children's social care.

6.3.2 Domestic Abuse and Early Help

In roundtables held in 2024, social workers told the Domestic Abuse Commissioner that domestic abuse is a "prolific and persistent issue" in caseloads in children's social care and Early Help teams. Research by Foundations shows that 84% of Early Help practitioners reported working on cases involving domestic abuse in the last six months.³⁰² Despite high numbers of domestic abuse cases, Early Help services are not meeting the needs of children and young people subject to domestic abuse, as a result of high thresholds and a lack of resource, but also due to the fact that domestic abuse specialism is not properly embedded into teams. In addition to this knowledge gap, the proximity of Early Help services to statutory services also creates a barrier to disclosure and engagement on domestic abuse. Early Help practitioners reported that their direct link into statutory services meant that many parents and carers – fearing child removal and the potential involvement of children's social care – are reluctant to report domestic abuse to them. This is particularly the case for Black and minoritised victims and survivors and their children.

Participants in the roundtables were clear that Early Help teams needed to think creatively about engaging all victims and their children in the system, including through embedding domestic abuse expertise into every level of the response. Social workers using the Family Safeguarding Model³⁰³ told the Commissioner that to be effective, the whole system must be domestic abuse informed, not simply have individual professionals access training.

Involvement from specialist domestic abuse services is critical. It is well established that trust and confidentiality are highly valued, and both adult and child victims emphasise the importance of being able to trust those working with them.³⁰⁴ Equally, we know that independent specialist domestic abuse services are more likely to illicit this trust. This was borne out in feedback from Early Help practitioners, who told the Commissioner that where a domestic abuse service was part of the Early Help provision, parents and children were more likely to disclose abuse, when they had not previously. As will be discussed further in the children's social care section, social workers reported significant benefits of having specialist domestic abuse workers co-located in MASH and front door teams for initial assessment and screening.

Despite the positive impact of these posts in Early Help teams, it must not negate the need for other professionals to understand and respond to domestic abuse. Foundations' research found that in some areas, domestic abuse specialist roles in multi-disciplinary teams had assumed all responsibility for referrals with external domestic abuse services and liaison with the family.³⁰⁵ As a result, Early Help practitioners did not always have direct contact with domestic abuse services, impacting on referrals, confidence and collaboration with the specialist sector.³⁰⁶ This can lead to

³⁰⁰ Action for Children (2022).

³⁰¹ The Child Safeguarding Practice Review Panel (2021).

³⁰² Foundations (2024).

³⁰³ The Centre for Family Safeguarding Practice (n.d.).

³⁰⁴ McCarry, M. et al (2021).

³⁰⁵ Foundations (2024).

³⁰⁶ Foundations (2024).

non-specialist professionals feeling like they do not need to be domestic abuse informed because it is not their responsibility. Equally, research by Foundations found that 32% of Early Help practitioners did not feel that they were sufficiently trained in the impact of domestic abuse on children and young people and how to support them, and that they lacked confidence as a result.³⁰⁷ While many practitioners did engage with children, they were apprehensive about asking about domestic abuse, or seeking views of the child separately to their parents, advising them of their options, checking in on them and referring them to specialist services.³⁰⁸ This lack of knowledge and skillset is perhaps unsurprising given that recruitment is based on attitudes and values, and knowledge or understanding of domestic abuse is not considered.³⁰⁹

Moreover, the research found that there was a lack of confidence among Early Help staff in working with diverse communities and children with additional needs or who face higher barriers to support.³¹⁰ Early Help staff lacked confidence in working with children with disabilities, with a poor understanding of the different indicators of domestic abuse expressed by these children.³¹¹ As such, Early Help practitioners were much less likely to make referrals for disabled children to specialist domestic abuse services.³¹² Migrant children are also poorly served, with the Commissioner finding that statutory and non-statutory agencies often do not know about immigration routes and rights to legal advocacy and support. Evidence from the Angelou Centre shows that 70% of victims and survivors referred as 'No Recourse to Public Funds' (NRPF) to their VAWG services and Helpline in 2020/21 should in fact have access to either benefits or other public funding. The Angelou Centre described many of these cases as "revolving door cases" that involved repeat crisis calls to the police and social care.

6.4 Role of Family Hubs

Family Hubs are a mechanism for the delivery of early help, providing a universal access point to support for children and their families, currently piloted in 75 local authority areas.³¹³ Family Hubs provide varying levels of support to both families in need of statutory help, and families with lower levels of need. It is the view of the Commissioner that, in principle, Family Hubs are a good concept. If rolled out as intended, Family Hubs could provide children and their families with access to a variety of different services, trusted professionals, open door access to early help support, peer support, and a range of other types of help, support and services. However, this is currently far from universal and critical opportunities to intervene earlier with children and families subject to domestic abuse have been missed. Throughout the development of this report, the Commissioner has visited Family Hub across the country and has held roundtables with Family Hubs practitioners and managers. While there are good examples, unfortunately the planning and rollout of Family Hubs means that the critical opportunity to prioritise domestic abuse, and child victims of domestic abuse, has been missed.

Under the previous Government, the Department for Education published minimum expectations of Family Hubs in their response to domestic abuse – setting out both minimum expectations and where services could go further to exceed expectations (for example, co-locating an independent specialist domestic abuse worker on-site).³¹⁴ Through the course of the Commissioner's engagement with Family Hubs practitioners and managers, it became abundantly clear that many Family Hubs were not meeting the basic criteria set out by the Department for Education. In a roundtable with frontline practitioners working in a Family Hub, 66% of respondents were unaware of the minimum service expectations for domestic abuse. Perhaps even more worryingly, in a

³⁰⁷ Foundations (2024).

³⁰⁸ Foundations (2024).

³⁰⁹ Foundations (2024).

³¹⁰ Foundations (2024).

³¹¹ Foundations (2024).

³¹² Foundations (2024).

³¹³ Department for Education (2023b).

³¹⁴ Department for Education (2022).

roundtable with Family Hubs Managers, just 54% of respondents were aware of the document, while 30% did not know about the minimum expectations, and 16% were unsure.

Despite this, many of the Family Hubs gave positive reports about pockets of domestic abuse provision at their hub. For example, practitioners reported links with local specialist domestic services, referral pathways, safe confidential spaces in the hub, posters, web-based information on local pathways and perpetrator programme referrals where available – all of which are components of the basic expectations. However, while 100% of the practitioners responded that they clearly knew referral pathways for children and young people and adults subject to domestic abuse, there were very few examples of co-located specialist domestic abuse services in hubs – which is part of the ‘go further’ criteria.

6.4.1 Access to specialist support for children through Family Hubs

Concerningly, many practitioners reported that specialist pathways for children are only available for those residing in safe accommodation settings, speaking to the emphasis on high-risk provision and the chronic lack of availability of community-based services. While this is a result of commissioning and the dearth in funding of services for children, this means that Family Hubs staff cannot signpost children and young people to much needed further support, which is a minimum expectation, unless they are residing in safe accommodation. Given that most children who have experienced domestic abuse will not access safe accommodation, this is inadequate.

As discussed in the introduction, pregnancy and the postnatal period is a high-risk time for escalation of domestic abuse, and its negative impact on newborn and children under five can be lifelong. This is reflected in the primary risk indicator tools used by professionals in cases of domestic abuse – such as the Domestic Abuse, Stalking and Harassment and Honour-based violence risk identification, assessment and management model (DASH) – which includes pregnancy as a determinant of risk.³¹⁵ Despite this, the roundtables exposed that in most Family Hubs there was no routine enquiry about domestic abuse for pregnant women, unless they were already living in safe accommodation. This is not effective prevention or early identification activity and shows that staff are not aware of key risk points, such as pregnancy and ending an abusive relationship, which is a minimum requirement set by the Department for Education. Family Hubs practitioners reflected that at their hub, routine enquiry was ad-hoc, and dependent on the proactiveness of professionals. They also reflected that varying levels of understanding of domestic abuse among other professional partners, such as children’s social care, the police, and education settings, created barriers to a coordinated approach and whole system support.

6.4.2 Lack of understanding of domestic abuse

To meet minimum expectations in the Family Hubs service expectations, Family Hubs practitioners should receive specialist training on domestic abuse, routine enquiry and referral pathways. Unfortunately, this is not the case. Practitioners in the Commissioner’s roundtables reported receiving up to one day of training in the role, or no training at all. In the few cases where domestic abuse services were co-located, training was described as being much more comprehensive. Eighty-five per cent of practitioners’ recommendations to the Commissioner focused on the need for training – with specific asks for training to focus on practical approaches, an understanding on impact for child victims, and trauma-informed induction training on domestic abuse.

The lack of understanding of domestic abuse provision was especially apparent in Family Hubs’ response to parental conflict. Some Family Hubs spoke about parental conflict provision as a domestic abuse response, which is inappropriate and potentially dangerous. Several practitioners lacked clarity and were ambiguous about the difference between domestic abuse and parental conflict. Some practitioners spoke about parental conflict “escalating” into domestic abuse and how

³¹⁵ SafeLives (2023b).

“parental conflict programmes have ways to track escalation, where domestic abuse referrals are then made.” This is an unsafe assessment of the programme, which lacks the integral understanding that parental conflict and domestic abuse are distinctly different, and require different pathways, based on risk assessment and an understanding of power and control. It is a minimum expectation that “staff in the family hub...can distinguish between parental conflict and domestic abuse,” but this is far from being achieved.³¹⁶ The Reducing Parental Conflict Programme will be discussed in further detail later in Chapter 6.

It is imperative that Family Hubs must not only meet the minimum expectations currently set by the Department for Education, but each and every Family Hub should meet the ‘go further expectations’ set out in the criteria. Family Hubs must be more ambitious in their response to domestic abuse and their partnerships must be strengthened. This includes working with the Domestic Abuse Strategic Lead in the area, to enable domestic abuse services to influence the work of the Family Hub and solidify their involvement in the Coordinated Community Response.

Therefore, the Commissioner recommends:

- **The Department for Education invests in specialist domestic abuse work in Family Hubs as a priority and ensure co-locations and opportunities for domestic abuse support services to play more of an active role in each Family Hub.**
- **The Department for Education makes implementing both the ‘Minimum expectations’ and the ‘Go further’ sections of the Family Hubs Service Expectations document in responding to domestic abuse mandatory and hold Family Hubs to account in the implementation of these.**
- **All Family Hubs practitioners are comprehensively trained in an understanding of domestic abuse, its distinctions from parental conflict, and how to best identify and support child victims. This is linked to the wider recommendation on training on Page 91.**

At a local level, the Commissioner recommends that:

- Family Hub managers should ensure that both the ‘Minimum expectations’ and the ‘Go further’ sections of the Family Hubs Service Expectations document are adhered to, and there is oversight of this through relevant governance arrangements in the local area.
- Universal access points for families, such as Family Hubs, GP surgeries and other health and education settings, should display signposting information to specialist domestic abuse and broader VAWG services, including ‘by and for’ services.
- Local Commissioners should ensure that services they commission can take self-referrals and be as accessible and flexible in their referral pathways as possible.

6.5 Future Programmes of work

In 2024, the Government published its plan to improve children’s social care. A core part of this strategy was to build a seamless, non-stigmatising offer of support delivered by multi-disciplinary community-based teams. This will bring together targeted Early Help and support for children in need, based on the findings from the Families First for Children Pathfinder, Strengthening Families, Supporting Children Programme, and Supporting Families.

While efforts to minimise repeat referrals between targeted Early Help and Child in Need provision is welcome, it must be accompanied by significant investment. Without this, the reforms risk raising

³¹⁶ Department for Education (2022).

thresholds for the new service even higher, and children could be locked out of that earlier intervention support. Moreover, for many families, Section 17 serves as a distinct intervention for families, and clear indicator of risk - without that clarity, there may be practitioner confusion as to the level of risk of the children and missed opportunities for further intervention and assessment.

Lessons from previous programmes must be learnt. While Supporting Families strived to embed whole family approaches, it did not embed domestic abuse expertise in practice. Despite investment in partnerships being one of the four key enablers of the programme, the Commissioner heard consistently that funding for independent domestic abuse services was not valued in local decision-making forums, while some even had their funding cut.

The lack of understanding of domestic abuse by Supporting Families teams brings significant risks. Multiple examples of perpetrators manipulating professionals have been reported to the Commissioner, resulting in poor outcomes for children and adult victims, and in some cases increased harm. The Commissioner's team heard multiple stories of perpetrators of domestic abuse manipulating professionals, taking advantage of their lack of confidence in working with perpetrators and overall understanding of domestic abuse, specifically controlling and coercive behaviour. As a result, this leads to worsened experiences for children subject to domestic abuse, and further instances of abuse going undetected.

As such, the Commissioner recommends that:

- **The Department for Education funds co-located independent specialist domestic abuse services in the new Family Help and Multi-Agency Child Protection Teams.**
- **The Department for Education implements learning into the new Child Protection and Family Help Offer, including models that partner with the non-abusive parent and hold the perpetrator to account, such as Safe and Together.**
- **The Department for Education publishes guidance setting out the expected response that child victims of domestic abuse will receive as part of the new Child Protection and Family Help offer.**
- **The Department for Education ensures every Early Help professional is trained in understanding and response to domestic abuse, as set out in the Commissioner's training recommendation on page 91.**
- **The Ministry of Justice includes Early Help data in its requirements for Joint Strategic Needs Assessments under the Duty to Collaborate in the Victims and Prisoners Act. This should include the number of children subject to domestic abuse referred into, and accessing, Early Help services.**

At a local level, areas should develop robust and comprehensive referral pathways and information sharing processes, with specialist domestic abuse services, to ensure a whole family approach is available to any child referred to Early Help in the context of domestic abuse.

In addition, local areas must report on early help data, and the number of children subject to domestic abuse accessing, or turned away from, Early Help services, fulfilling the requirement to submit data as part of Joint Strategic Needs Assessments.

6.6 Reducing Parental Conflict – A Missed Opportunity

The previous Government funded multiple programmes under the umbrella of Early Help support, one of which is the Reducing Parental Conflict (RPC) Programme, which received £83m from the Department of Work and Pensions (DWP) from 2018–2025.³¹⁷

Domestic abuse is wholly distinct from parental conflict, and yet the RPC programme frequently conflates the two. One is about two parents feeling able to express their feelings and wishes (albeit not always in a constructive or positive way), but the other is about one partner exerting power and control over another – even where a victim may attempt to resist that control. Through the course of her engagement, the Commissioner has noticed an alarmingly high number of public materials implying that parental conflict is something that can escalate into domestic abuse. To understand abuse in this context risks victim blaming – that somehow the conflict became ‘too much’, and one parent lashes out at another. It also limits frontline professionals’ ability to recognise the early signs of coercive control, provide an appropriate risk assessment and intervene early to safeguard and support adult and child victims. In a worst-case scenario, this can lead to significant further harm.

Concerningly, the third evaluation of the Reducing Parental Conflict Programme made reference to levels of conflict having “passed the domestic abuse thresholds”, that “the RPC programme seeks to address conflict below the threshold of domestic abuse”, and that “parents came to interventions with varying levels of conflict, from no conflict through to accusations of domestic abuse.”³¹⁸ This significant misunderstanding is engendering confusion among frontline professionals, limiting their ability to spot the signs of coercive control and take action to keep families safe. This was clearly and overwhelmingly evidenced in social workers’ and Family Hub professionals’ responses in the Commissioner’s roundtables where they mentioned it was easier to engage perpetrators if conflict was mentioned rather than abuse, and thus domestic abuse pathways were only considered beyond a certain ‘threshold’. This could be extremely dangerous in cases of coercive and controlling behaviours and also risks strengthening pervasive victim-blaming that prevents access to support for victims and survivors or holding perpetrators to account.

In the Final Evaluation of the programme, evaluators contended that “a key early challenge local authorities reported was working out at what point conflict in a relationship becomes abusive. They appreciated that conflict in relationships was very common, but were struggling to find mechanisms to help distinguish between acceptable and unacceptable conflict. Knowledge and understanding of the three key elements of domestic abuse (power imbalance, fear and control) was not widespread.”³¹⁹ This evaluation also found that for onwards referrals from RPC to another service, 10% accessed domestic abuse support, rising to 20% between six–12 months after programme completion.³²⁰ Moreover, the third evaluation of the programme found that among participants in parental conflict programmes were those who had experienced domestic abuse, mentioning physical assault, coercive control and stalking.³²¹

The significant presence of domestic abuse across the two evaluations is alarming, as is the scale of confusion among frontline practitioners and strategic leaders, whose role it is to safeguard against domestic abuse victims and survivors being wrongfully signposted to one of these programmes. This was also established in the evaluation, which found that due to a lack of specialist training, practitioners felt “some confusion around eligibility for different interventions. In particular, they were sometimes unsure about the provision available for parents experiencing domestic abuse.”³²² Clearly, inappropriate referrals are being made, and domestic abuse screening prior to enrolment on the programme is ineffective or not taking place. The programme lacks the

³¹⁷ Department for Work and Pensions (2024b).

³¹⁸ Department for Work and Pensions (2022).

³¹⁹ Department for Work and Pensions (2023).

³²⁰ Department for Work and Pensions (2023).

³²¹ Department for Work and Pensions (2022).

³²² Department for Work and Pensions (2023).

necessary input from specialist domestic abuse services, in providing training to practitioners on recognising coercive and controlling behaviour and also identifying cases of domestic abuse.

If domestic abuse is responded to through a conflict reduction programme or lens, this can cause significant harm, emboldening and facilitating further control and abuse over a victim, and making them feel responsible for the abuse that they are experiencing. The lack of value placed on specialist services is evident at both a local and national level. The Government's own evaluation did not even include input from specialist domestic abuse organisations.

There are some pockets of better practice. The Commissioner has visited some areas that have convened an appropriate response to domestic abuse and parental conflict, treating them as two distinct entities. However, this is the minority, and when this distinction is not made, it puts victims and their children at risk. For RPC to work, practitioners must have substantial training on domestic abuse, especially coercive and controlling behaviour, and issues that may commonly come up in RPC work, such as child contact discussions and children's Reluctance-Resistance-Refusal (RRR)³²³ responses to this. Professionals should be taking steps to recognise the signs of coercive control and safeguarding and supporting victims and survivors to access the help they need to keep themselves and their children safe.

After years of considerable investment, the Government has the opportunity to reset the boundaries of the programme to ensure that, going forward, the issues set out in the evaluation are addressed. Domestic abuse specialist services must now be included in the steering and decision making of this programme nationally and locally, and that on a local level, domestic abuse specialist services must be resourced to screen referrals and advise throughout the parent's intervention journey. This ensures that risk is identified and managed appropriately. Every RPC practitioner must have a strong understanding of domestic abuse and know how to signpost specialist support safely, especially if domestic abuse comes to light during the course of conflict.

Therefore, the Commissioner recommends that:

- **The Department for Work and Pensions creates flexibility in funding to allow local areas to use RPC funding as needed for domestic abuse services, as well as any RPC programme that is needed.**
- **The Department for Work and Pensions instigates extensive training on understanding and responding to domestic abuse for RPC practitioners, as part of the recommendation on page 91.**

At a local level, Multi-Agency Safeguarding Arrangements and Partnerships must ensure that social care and RPC teams should have mandatory screening tools to rule out domestic abuse and coercive and controlling behaviours before any assessment of parental conflict. The sequencing of tools is crucial for safeguarding as any assessment of conflict where domestic abuse is present is likely to be inaccurate and misleading in determining risks. This can cause escalation and serious harm to victims and children.

6.7 Domestic abuse and 'Serious Violence'

While most children who experience domestic abuse do not engage in anti-social or problematic behaviour as young people or adults, there is a growing body of evidence that does show a co-occurrence between serious youth violence and experiences of domestic abuse. From an analysis of Case Reviews undertaken by the Children's Commissioner, researchers found that 37% of children involved in serious violence experience this overlap.³²⁴ Equally, research has found that 42% of young people who were involved with gangs had experienced domestic abuse in

³²³ Domestic Abuse Commissioner (2023).

³²⁴ Children's Commissioner (2019).

childhood.³²⁵ While CAPVA does not fall directly within the scope of this report, there are also links to note between children and young people using harmful behaviours towards parents and caregivers, and their historic or ongoing experiences of domestic abuse.³²⁶

Given these connections, there are opportunities to develop responses that address different types of harm holistically, including understanding shared underlying structural factors and adverse childhood experiences. This is especially important to consider in the context of the Government's Safer Streets missions on halving both VAWG and knife crime in a decade. These opportunities are undermined by ringfenced funding pots and siloed policy and practice development. In particular, boundaries have been drawn between domestic abuse, young male child victims and serious youth violence policy, resulting in policies that do address the totality of a young person's needs.³²⁷

Given the high prevalence of domestic abuse in family homes, there needs to be a national policy drive towards ending the territorial limitations of youth and domestic abuse sectors. Collaboration between the two sectors is far from common practice and needs to change if we want to see young people safe and supported in their recovery from domestic abuse. Evidence from SPACE,³²⁸ a youth centre for children experiencing domestic abuse in Bedford, shows that young people value domestic abuse-informed provision that is coproduced, flexible and provides physical safety and opportunity to connect with those in similar circumstances. The National Youth Strategy announced by the Department of Culture, Media and Sport, backed by £85 million funding is a huge opportunity for cross-government working to bring the youth and domestic abuse sectors closer.³²⁹ This can be further strengthened in the scope of the Government's overall VAWG strategy. The Commissioner would like to see optimisation of resources in the National Youth Strategy to include specialist training for youth workers on domestic abuse and supporting creativity and innovation in youth-led programmes that pool in the vast expertise of both domestic abuse and youth sectors. The National Youth Strategy's ambition of ending the postcode lottery of youth services should be aligned with tackling the high prevalence of domestic abuse in young people's lives.

6.7.1 Serious Violence Strategy and Duty

Since 2018, there has been a public health approach to 'serious violence', which encompasses youth violence, knife crime and gang associated exploitation activities like drug trafficking. This was embedded through the Serious Violence Strategy. The public health approach to serious youth violence has received lots of public attention, yielded funding for prevention and early intervention activity and has been at the top of successive Governments' agendas. In 2022, the Government introduced the Serious Violence Prevention Duty, which requires specified authorities in a local area to work together and plan to prevent and reduce serious violence, identify the kinds of serious violence that occur in the area, the causes of that violence, and to prepare and implement a strategy to address this.³³⁰ Following extensive campaigns through the Police, Crime, Sentencing and Courts Bill, the Government accepted an amendment to the definition of 'Serious Violence' to specifically outline that serious violence can include domestic abuse, sexual violence and stalking, which was a welcome departure from previous strategies and informed the prevention duty.

Despite the inclusion of domestic abuse in the legal definition of 'Serious Violence', in practice, this has still not translated into a joined-up strategic response – serious youth violence and domestic abuse are still convened at separate partnerships and boards. Moreover, not all Violence Reduction Units deal with both domestic abuse and serious violence – where Violence Reduction Units do cover both types of harm, it appears that this is done at separate forums. There is a lack of

³²⁵ Croydon Safeguarding Children Board (2019).

³²⁶ Baker, V. and Bonnick, H. (2021).

³²⁷ Levell, J. (2022).

³²⁸ CAFADA (2025).

³²⁹ Department for Culture, Media and Sport (2024).

³³⁰ Home Office (2022b).

collaboration between serious violence and domestic abuse professionals, limiting coordination and common understanding as to best practice.

Creating an artificial boundary inhibits the understanding of the interconnectedness of domestic abuse and serious violence, meaning that genuine preventative solutions are missed,³³¹ as well as opportunities to ensure children's access to support that meets their needs.

6.7.2 Masculinity, vulnerability and violence

Looking specifically at boys who have experienced domestic abuse as a child or young person, there is a wealth of research that shows that early experience of domestic abuse can impact on boys' sense of masculine identity.³³² Dr Jade Levell's research has found that boys can be overwhelmed by the "pressure to protect, provide, and be strong, against the experience of being victimised and subordinated through abuse."³³³ This experience can create complex conflicts for some boys, where vulnerability and violence coexist. Of course, this is not the case for all young boys, but there is a correlation that must be acknowledged in policy and practice.

For many young boys who experience domestic abuse, education settings can be the first place where they begin to use violence themselves. In order to meet their needs, it is absolutely critical to understand this as a specific masculinity-related coping strategy, especially when those young people have experienced domestic abuse.³³⁴ With this understanding, professionals should consider support needs first, as opposed to prioritising punitive measures. These issues reinforce the need for effective RSE provision, which also meets the needs of young boys who have experienced domestic abuse, as set out previously in Chapter 3.

Looking to specialist support, we know there is a dearth in support services for children who have experienced domestic abuse. There is an even wider gap in support for teenage boys specifically. In the HALT findings commissioned by the Domestic Abuse Commissioner, one DHR recommended that the Local Safeguarding Children Board "consider identifying working with adolescent boys as a thematic priority in its strategic plan," in response to a gap in provision, where teenage boys were not viewed as "children who might need a safeguarding or other protective response."³³⁵

6.7.3 Adultification

Taking an intersectional lens, adultification can widen this support gap even further. Adultification is a form of racism and bias, where children from Black and minoritised communities are perceived as being more 'streetwise' and less innocent and vulnerable than other children. These children may even be viewed primarily as a threat themselves, rather than as a child who needs support. When adultification is present, child welfare is not the immediate concern and professional inquiries and interactions can actively cause harm.³³⁶

Children living in homes where domestic abuse is present are also more likely to be adultified.³³⁷ With limited support from services, the child may feel a sense of responsibility to take care of their siblings, and even the non-abusive parent. As such, professionals may view this child as being more resilient. The vulnerability of the child may, therefore, be overlooked, leaving them at greater risk. It was reflected in the Commissioner's 'by and for' roundtables that children from Black and minoritised communities are again disproportionately affected, due to institutional bias and the potential additional burdens on them to translate for their parent or support other practical needs.

³³¹ Levell, J. (2022).

³³² Levell, J. (2022).

³³³ Levell, J. (2022).

³³⁴ Levell, J. (2022).

³³⁵ Chantler, K. et al (2023a).

³³⁶ Davis, J. (2022).

³³⁷ Haselschwerdt, M.L. and Tunkle, C. (2024).

Many examples were shared of the police asking a child to translate explicit information from their parent, regardless of the age of the child.

6.7.4 Serious Violence: connecting the dots

Therefore, the Commissioner recommends that:

- **The Home Office, with the Department for Education, develops and publishes practice guidance and a shared linguistics framework to ensure that every person working with children and young people subject to domestic abuse understands their role in the response. This guidance must be underpinned by the principle that children should be referred to in a gender-specific way, in recognition of their different support needs.** This should be linked with the guidance recommendation on page 90 to create a shared linguistics framework for responding to child victims of domestic abuse.
- **The Home Office and Safer Streets Mission Board funds the scoping, development and roll out of gender-specific and masculinity aware interventions for male child victims of domestic abuse.** This must not convey future perpetration as inevitable for male children but recognise that exposure to domestic abuse can impact on boys' identities and their own use of violence.
- **The Department for Culture, Media and Sport ensures that the Youth Strategy includes improving joint working between domestic abuse and youth organisations, at both a policy and practice level, to acknowledge the overlap between childhood exposure to domestic abuse, and involvement in serious youth violence.**

CASE STUDY

Northumbria Police and Crime Commissioner's Office (OPCC)

In 2021, Northumbria OPCC mapped existing provision for children and young people affected by domestic abuse. The exercise flagged a significant variation in the services available and gaps across the six local authority areas that it covered, including:

- Very little one-to-one counselling provision for children aged over eight in four out of six areas
- A near absence of play therapy/counselling for children aged four–seven years
- Limited therapeutic group work for children and young people affected by domestic abuse

Following a successful bid to the Home Office's Children Affected by Domestic Abuse (CADA) Fund, the OPCC has used this funding to enable local independent specialist organisations to develop and deliver the following services across all six local authority areas:

- One-to-one and group-based therapeutic services for children and young people aged four–18 years
- One-to-one and group work programmes for children and young people and their non-offending parent as a means of addressing the impact of domestic abuse on their relationship
- Parental engagement work to enhance parental support for/involvement in their child's recovery.

Since October 2022, the six specialist local services have delivered counselling, play therapy and therapeutic groupwork to a total of 783 children and young people and delivered parent-child interventions for a further 475 children and young people (and their non-offending parents) and individual support for 570 parents.

In this time, the OPCC have used additional Ministry of Justice funding to further support these services as a complement to wider victim support pathways and worked with the six local authorities to support their involvement in commissioning local services for children and young people affected by domestic abuse.

6.8 Conclusion

A Coordinated Community Response can only thrive if all its components are resourced sufficiently. It is the Commissioner's hope that the upcoming Duty to Collaborate in the Victims and Prisoner Act 2024, will play a crucial role in addressing these harm types holistically. This should also address other gaps, such as the overlap between child sexual abuse, serious youth violence and domestic abuse,³³⁸ for example.

The current financial landscape of local government, however, remains a potential obstacle in achieving this vision. On top of imminent financial demands, local areas have faced significant levels of uncertainty around the future of existing funding streams with last minute, short-term decisions, which has led to the loss of expertise within the domestic abuse sectors, and the cutting of some domestic abuse services.

The Commissioner is clear that for the requisite multi-agency work to be done in the response to child victims of domestic abuse, the funding crisis that local areas face must be resolved. By not funding this work, it inevitably means that more children become known to services at a crisis point, and opportunities to intervene earlier have been lost. This is at significant detriment to the child.

³³⁸ The Child Safeguarding Practice Review Panel (2024b).

The Commissioner's recommendation for guidance

Throughout the report, the Commissioner has set out the need for guidance and training for frontline practitioners who work with children experiencing domestic abuse. Guidance and training are absolutely paramount and will lay the foundations for each and every service to be able to identify, intervene early, and provide much needed support.

For training to be informed, it is critical that there is refreshed, clear practice guidance. **Therefore, the Commissioner recommends that every Government Department contributes to ensuring that the new statutory guidance accompanying the forthcoming Child and Wellbeing Act includes substantial detail for frontline practice on what Section 3 of the Domestic Abuse Act means in practice, alongside a child-friendly version of this guidance.**³³⁹

The guidance must set out:

- That children are victims in their own right, and the long-term impact of experiencing domestic abuse.
- The roles and responsibilities and expected response of every statutory service, including education, and how they must work together to implement effective referral pathways and support systems for children.
- A shared linguistics framework on domestic abuse, co-produced with children, complete with definitions and terms related to children's experiences of domestic abuse, to create a more consistent national understanding across the multi-agency response.
- Expectations as to how to gather children and young people's views, experiences and needs safely and meaningfully.

This must be much more detailed in scope than the children and young people specific content in the Domestic Abuse Act and represent at least a chapter in the Statutory Guidance for the Bill.

Shared Linguistics Framework: This should take the form of guidance that defines shared language to outline key terms and definitions relating to children as victims in their own right. The process to reach and agree shared language must be collaborative and involve children and young people in its development. The result will enable strong communication, clear guidance and policy making, effective frontline practice, and ultimately lead to the most helpful support for victims and survivors of domestic abuse. This should include language that describes children's experiences of domestic abuse and its impact, teenage relationship abuse and child and adolescent to parent violence and abuse (CAPVA), as well as other terms relating to children's intersecting experiences.

This guidance must be underpinned by the following principles:

- The notion of 'failure to protect' and that the inappropriate attribution of responsibility on the non-abusive parent to protect a child is victim blaming.
- That practitioners should consider the needs of the adult victim, and how that impacts on their ability to protect the child.
- That non-abusive parents are not responsible for the behaviour of the perpetrator.
- Empowering the non-abusive parent is important in supporting children, but there is a balance to strike with also giving children space to recover individually if they so wish.
- Maintaining confidentiality for children and young people, as far as possible within safeguarding legislation, is important in building trust and how this can be done in the context of Mandatory Reporting.
- Speaking to children directly and separately from their parent is critical at every visit.
- Children should be referred to in a gender-specific way, in recognition of their different support needs. This would help create more targeted support services for children subject to domestic abuse and create more focused interventions on boyhood in the youth justice/youth violence sector.
- The most diligent approach to child welfare and safeguarding is for statutory services to consider a child who is averse to contact with a parent post-separation through a lens that

is child-centric and abuse-informed, in order to maximise safeguarding in relation to domestic abuse.

The Commissioner's recommendation for training

In addition to guidance, the report has set out the critical need for each and every person working with children and young people to access specialist training.

Therefore, the Commissioner recommends that:

Government:

- **Funds the development and delivery of comprehensive and specialist training for every frontline professional who may work with babies, children and young people, including identifying domestic abuse and responding safely through a tiered, building block approach** (for example, anyone training at the higher levels must first have completed the lower levels chronologically). The training must ensure that professionals can achieve all of the points below within the training they undertake.
- The development and delivery should be co-produced between the independent specialist domestic abuse sector and the independent specialist children's sector.
- Where possible, local organisations, local knowledge and local context should be prioritised in the delivery of training.

Level of Training:	Content of Training must cover:
Universal for all professionals that have contact with children and young people	Exercise professional curiosity and confidently spot the signs of all forms of domestic abuse (including coercive and controlling behaviour, technology-facilitated abuse, so-called 'honour-based' abuse and harmful practices) for all children.
	Respond appropriately to children who are experiencing domestic abuse. This includes demonstrating trauma-informed practice, age-appropriate communication methods, understanding barriers to engagement, and best responses for children with diverse identities and needs, and protected characteristics, recognising the importance of intersectionality.
	Refer children (and associated adults) to relevant services. This includes knowledge of local specialist services and understanding both organisational and statutory safeguarding systems and local protocols for all levels of need, including early help. Professionals should be confident navigating local and interagency referral pathways.
Tailored for professionals who have contact with children and young people in the context of their experiences of abuse	Understand children and young people's experiences of domestic abuse as complex trauma, including the challenges faced by children and families.
	Understand the impact of domestic abuse for children, young people, their families, and wider relationships and the coping mechanisms they may use in the context of

³³⁹ This must be in addition to existing guidance (such as Working Together to Safeguard Children and the new guidance for Family Help reforms), incorporate children's voices, and be done in consultation with frontline practitioners, domestic abuse specialists, the children's sector and specialist academics.

	(including commissioners of domestic abuse services)	intersectionality, recognising the diverse nature of identities and need.	
		Understand the importance of information sharing and multi-agency working when working with children and young people with lived experience of domestic abuse.	
		Understand the link between domestic abuse and other forms of risk and harm, including serious violence.	
		Understand the dynamics of domestic abuse, including recognising 'victim blaming' and placing responsibility on perpetrators using harmful behaviours.	
		Competent in documenting interactions with children, being mindful of appropriate terminology.	
		Recognising the protective role and strengths of the non-abusive parent and the importance of protective relationships.	
		Understand typologies of perpetrators (including various forms of presentation).	
		Understand effective strategies for prevention, identification and intervention that ensure children and their non-abusive parent/guardian receive appropriate and timely support.	
	Specialist for professionals supporting children and young people affected by domestic abuse/professionals providing interventions for individuals using harmful behaviours	Competent in assessing risk and need and tailoring support for children experiencing domestic abuse.	
		Competent in planning focused support sessions with children that are appropriate for children's age and development and align with their individual and intersecting needs.	
		Understand how to tailor support for children bereaved by domestic abuse-related deaths.	
		Understand how to deliver domestic abuse content in an RSE setting for various age ranges.	
		Understand how to engage with perpetrators, supporting them to engage in behavioural change programmes while holding them to account.	
		Understand how to advocate for children, both on an individual and institutional level.	

PART 4 – THE CRISIS RESPONSE AND ONGOING SUPPORT FOR CHILDREN AND YOUNG PEOPLE

A note to the reader

This section of the report concerns the crisis and recovery response to domestic abuse from statutory agencies – namely the police, family courts, and children’s social care. The Commissioner uses the term ‘crisis response’ as this is a term widely used by frontline practitioners to describe the immediate response to domestic abuse. However, that does not mean that for the children and young people who are subject to domestic abuse, but not in obvious nor immediate distress, that the abuse is any less impactful or serious.

Moreover, although specialist services, refuge provision and ‘by and for’ services are fundamental to the crisis response, this chapter purposely focuses on the statutory services in place to support child victims. The Commissioner is clear throughout the report of the value that these services have and has sought to recognise their pivotal role. For a dedicated chapter on specialist services to support children subject to domestic abuse, please see Chapter 2.

In part 4, the Commissioner will cover:

- Chapter 7 – The Crisis Response
 - Specialist Services Providing Crisis Support
 - Emergency Financial Help
 - Policing and Criminal Justice
 - Operation Encompass
 - Children’s Social Care
 - Marac
 - Accommodation-Based Services
- Chapter 8 – Recovery and Ongoing Support
 - Children and Adolescent Mental Health Service (CAMHS) Support
 - Community-Based Therapeutic Support
 - Interventions for the child and non-abusive parent
 - Behaviour Change Interventions
 - The Family Court
 - Support for children bereaved by domestic abuse-related deaths

7.0 CHAPTER SEVEN – THE CRISIS RESPONSE

Where universal or early help services fail to effectively intervene or are unable to reduce harm, families may come to the attention of criminal justice agencies or children's social care (CSC) and require intervention. While it is important to recognise that this is not always the case for many families that find themselves in crisis, this chapter will consider the support available through the statutory response.

The crisis response to domestic abuse tends to receive the most attention, funding and scrutiny. Yet, even here, statutory services responsible for delivering domestic abuse crisis support routinely fail to recognise children as victims in their own right. The Statutory Guidance, 'Working Together to Safeguard Children',³⁴⁰ is intended to guide statutory safeguarding partners (local authorities, police and health) in their responsibilities to safeguard and promote the welfare of children. Despite this, there is a lack of emphasis on domestic abuse, coercive and controlling behaviour, and the impact of domestic abuse on children in the guidance. While the guidance does reference that children who witness domestic abuse are victims in their own right, there is no clarity within the guidance as to what this means in practice, where the duty of care sits, and what that duty of care actually is. It also offers no practice expectations on safeguarding partners, specific to domestic abuse, and little direction for frontline practitioners.

As a result, children's experiences, needs and the risks posed to them are missed, leaving children and young people subject to domestic abuse vulnerable.

7.1 Specialist services providing crisis support

From the Commissioner's surveys, the most frequently reported interventions following a point of crisis (such as a non-abusive parent coming to the attention of statutory services or through seeking help via a support service) were:

- children and young people's domestic abuse support workers (31%)
- children and young people's advocacy and support (25%)
- children and young people's IDVAs (19%)

Other support services that were reported less frequently included children and young people's outreach workers, family support workers, children and young people's drop-in support, children and young people's resettlement work and children and young people's first response crisis support.

Median costs reported by services that responded to our survey per year were £60,000 for children and young people's domestic abuse support workers, £56,000 for children and young people's advocacy and support, £70,000 for children and young people's IDVAs and £83,000 for family support workers. Large differences in reported funding amounts for IDVA services and family support workers suggests that some service providers have one or two workers at the most while others have much larger teams.³⁴¹ These differences in the extent of provision are also reflected in the median number of children who are seen by crisis support services during the previous financial year. While some services reported helping over a thousand children per year, the median averages were 134 children seen by family support workers, 121 seen by children and young people's IDVAs, 115 children seen by advocacy services and 67 children seen by domestic abuse support workers.³⁴²

³⁴⁰ Department for Education (2023c).

³⁴¹ Domestic Abuse Commissioner (2025b).

³⁴² Domestic Abuse Commissioner (2025b).

While some children in specific circumstances have a statutory right to independent advocacy support, the majority of child victims of serious crimes, including domestic abuse, do not and specialist advocacy support for child victims of domestic abuse is much needed.³⁴³

7.2 Emergency financial help

Emergency grants given to families at point of crisis provide an insight into the needs of child victims at this stage of intervention. Two-thirds of all grants awarded by the charity Buttle UK are to families where domestic abuse was a key factor in the crisis they experienced.³⁴⁴ Typical scenarios include:

- Families in a refuge or entering a new home, who fled abuse with little or no possessions
- Children waiting for a school place or have started in a new school, often in a new area
- Perpetrators holding the bank accounts and benefits, including child benefit payments, while the non-abusive parent with the children is carrying debt, caused by economic abuse

Grants are needed to enable children to start again after everything has been taken away by the abuse. Payments are for basic needs (such as furniture, bedding, home appliances, footwear and clothing, carpeting and flooring), psychological and educational needs (such as toys, books and games, IT equipment, travel costs, school trips, therapy) and self-fulfilment (such as afterschool activities, leisure activities).

7.3 Policing and Criminal Justice



“Police should be more attentive to young people when there is an incident and seek their views – ask them what happened.”

Children aged 11–16 years

“When police attend a domestic abuse call...children are often pushed to one side and not viewed as victims in their own right. They are not spoken to with the same level of concern as adults despite new domestic abuse legislation considering children as victims too.”

Secondary school group

“I would like for the police to come and speak to me alone without my parents there.”

Child receiving one-to-one support

The criminal justice system plays a pivotal role in the response to domestic abuse and has changed markedly since the first legislation dedicated to tackling domestic abuse was passed in 1976.³⁴⁵ Nevertheless, there is much that needs improving and the Commissioner recognises that there are considerable problems with policing as set out in the Commissioner’s criminal justice report *Shifting the Scale: Transforming the criminal justice response to domestic abuse*.³⁴⁶ It is absolutely critical that the response is improved to ensure that no child fears reporting to the police, and to ensure that where reports are made, it serves the child’s best interests and recovery. In addition, there must be better recognition and response to the risks and needs of child victims, alongside those of adult victims. Roundtable participants discussed how many children and young people lack trust in the

³⁴³ Children’s Commissioner for England (2024a).

³⁴⁴ Buttle UK (2024). Unpublished data shared with the Domestic Abuse Commissioner.

³⁴⁵ *Domestic Violence and Matrimonial Proceedings Act 1976 (repealed 1.10.1997)*.

³⁴⁶ Domestic Abuse Commissioner (2025a).

police, which inhibits disclosure. This echoes findings from *Tell Nicole* and surveys of young people undertaken by the domestic abuse sector.

This mistrust is further compounded for Black and minoritised young people by experiences of racist police conduct, as highlighted in reports like Dame Louise Casey's, which found the Metropolitan police force to be institutionally racist.³⁴⁷ Practitioners in the Black and minoritised led roundtable reported that bias from some police officers affects decision making around child victims. Previous experience of discrimination makes many parents fearful that police involvement may result in their own criminalisation and child removal. This makes disclosing domestic abuse, or risks of so-called 'honour'-based abuse or harmful practices a much more difficult decision. Practitioners reflected that the police often do not understand the scope and enforcement of Forced Marriage and FGM protection Orders and, therefore, do not adequately understand risk when developing safety plans.

Similar to adult victims, another barrier facing children in reporting to the police is the fear that doing so may get the perpetrator into trouble. Child victims will often have complicated feelings towards a perpetrator of domestic abuse, who is also usually a family member. Moreover, the police must have the sensitivity and skillset in navigating what may be different views between an adult and child victim, between siblings, and with the perpetrator. Therefore, the police must take extra care to ensure that all communication and action with children contributes to building a trusting, safe space, which assures children that disclosing is the best course of action and that they, and the rest of their family, will be protected from any further harm.³⁴⁸

Clearly, significant work must be done by forces and national policing leaders to strengthen children and young people's trust in the police and their confidence to report domestic abuse. The Commissioner has made a full suite of recommendations in her criminal justice report³⁴⁹ which, if implemented holistically, would make significant progress in building trust in the police for both child and adult victims and survivors of domestic abuse.

7.3.1 Initial response

Feedback to the Commissioner from practitioners in both statutory and specialist agencies highlight that the policing response to children often lacks understanding of the harm and impact of domestic abuse, particularly regarding controlling and coercive behaviour and post-separation abuse. This still includes a failure to consistently consider children as victims in their own right. For example, police MERLIN reports³⁵⁰ often state that because "children were not present for the incident, or not in the same room, they were not harmed." This approach is hugely problematic as it focuses on individual incidents and risk in isolation, rather than a holistic understanding of both child and adult victims' daily lived experience of domestic abuse and the continuing impact. Equally, it does not reflect the definition of children as victims as set out in the Domestic Abuse Act.

Social workers participating in the roundtables reported that police officers tended to look for signs of neglect in children, on the understanding that this was more likely to reach thresholds for social care intervention. They also thought that police attending domestic abuse callouts were often reluctant to engage directly with children and tend to focus on the demeanour of the child, rather than gathering intelligence and speaking to the child directly – especially if the children are said to be "asleep". The Child Safeguarding Practice Review Panel also found that most children subject to domestic abuse had been seen by the police but were not spoken to directly as they "seemed well", which the Panel has taken to mean they were calm and in no obvious distress.³⁵¹ Mistaken beliefs

³⁴⁷ Casey, L. (2023).

³⁴⁸ Children's Commissioner (2024b).

³⁴⁹ Domestic Abuse Commissioner (2025a).

³⁵⁰ **Merlin** (Missing pERsons Linked INdices) is a database run by the Metropolitan Police that stores information on children who have become known to the police for any reason. In cases where domestic abuse is reported, a MERLIN report is created for every child connected with the household (whether present or not during the incidence). This is used for referral to local authority safeguarding teams.

³⁵¹ The Child Safeguarding Practice Review Panel (2022b).

that children may be too young to give a view, as well as an underestimation of the potential impact of domestic abuse on children can result in the views and needs of children being absent from initial police assessments. Consequently, critical information is missing from the information shared in referrals to children's social care and Marac.

Inconsistent practice across the country and a poor understanding of the impact of domestic abuse on child victims is unsurprising, given the current practice guidance that is available to officers. The Approved Professional Practice (APP) published by the College of Policing is the official source of professional practice for policing. The guidance should enable a consistent policing response to adult and child victims and survivors, if consistently applied by local forces. The College of Policing updated its content in the summer of 2024 to have a specific section on responding to children and young people subject to domestic abuse in the 'Risk and Vulnerability' section of the guidance. While the update was a positive step, ambiguity remains with regards to children being victims in their own right. Although the guidance acknowledges the change in legislation, children are not referred to as victims throughout the guidance and there are significant inconsistencies in the language. It also includes a harmful and unhelpful differentiation between children as witnesses, and children as direct victims, which minimises the experience of children who are not obviously experiencing physical assault and contradicts the legislation.

Moreover, the legislative change to recognise children as victims should be a route to support, safeguarding referrals and offender management. Yet the APP guidance makes no reference to the importance of referral pathways to specialist children's domestic abuse support. Instead, the guidance advises officers to refer child victims to other agencies, like children's social care, to meet their safeguarding duties. This is also a failure to meet child victims' rights under the Victims' Code, namely, 'To be referred to services that support victims and have services and support tailored to your needs' (Right 4).³⁵² More positively, the Association of Police and Crime Commissioners (APCC) refreshed their commissioning guidance in 2024³⁵³ referring to the specific needs of child victims.

In the absence of robust national guidance, individual police forces have contacted the Commissioner seeking clarification as to whether child victims should be reported as a victim or as a witness, with some explaining that their recording systems have not been updated to recognise children as victims. This significantly undermines national data collection, the understanding of prevalence within police recorded crime, and the recognition of children as victims. The Commissioner has, therefore, recommended in her recent criminal justice report that data must be accurately gathered and recorded, by police force area, on the number of domestic abuse victims and survivors who reported to police, by demographic, including children.³⁵⁴ The report also recommends APP guidance should be amended to provide clarity on what children as victims means, and that every part of the CJS should be fully trained in understanding domestic abuse – including the impact on children.

7.3.2 Wider Investigation



"Did interview but did not hear anything back."

Young person talking about their experience with the police

It is not just the initial policing response to children than needs improvement, but also in longer-term investigation. The Children's Commissioner found that, following disclosure and initial reporting,

³⁵² Ministry of Justice (2023).

³⁵³ Ministry of Justice (2024).

³⁵⁴ See Recommendation 1, Domestic Abuse Commissioner (2025a).

child victims of crime can feel a sense of powerlessness and loss of control. This is particularly acute when updates are communicated to parents as the default and children themselves are not consulted nor updated³⁵⁵ Children expressed dissatisfaction with long waits for updates in the case, and limited communication as to the reasons for these delays.³⁵⁶ Long delays are unfortunately a symptom of a criminal justice system in crisis, which cannot be alleviated without significant system-wide resourcing and funding. The experiences of child victims of domestic abuse could nonetheless be significantly improved by the effective and routine delivery of their Victims' Code Rights and in their access to special measures, as set out in Achieving Best Evidence (ABE) guidance.³⁵⁷

Under the Victims' Code, victims of crime are entitled to certain rights, which the police and wider criminal justice system should deliver. Children under 18 who are victims of crime are automatically entitled to 'enhanced rights,' in recognition of their vulnerability due to their age. These enhanced rights include provisions to create the conditions for children to give their best evidence, such as video recorded interviews to avoid repeating evidence, having a needs assessment in advance of interviews and having a registered intermediary present at interview. However, these enhanced rights are not consistently upheld for child victims of domestic abuse.³⁵⁸ Moreover, where police forces continue to record children as witnesses of domestic abuse as opposed to victims, their access to Victims' Code rights is impeded. Research by the Children's Commissioner's has revealed the shocking extent of this failure:

- Across 12 police force areas, 122,818 total incidents of crime were recorded involving a child victim of serious violence, sexual violence or domestic abuse. However, only 1,491 requests for registered intermediaries to be present for the interview were made, equating to just 1.2% of the child victims.³⁵⁹
- Average referral rates, across the four police forces that provided data, for child victims of domestic abuse to specialist advocacy support was just 8%, ranging from 1% in one police force area to 15% in another. This was equivalent to 109,000 incidents involving child victims of domestic abuse leading to no recorded referral to specialist advocacy support.³⁶⁰
- Only four police force areas were able to report on the number of referrals they made to children's mental health services. These forces recorded 36,596 total incidents of crime involving a child victim of serious violence, sexual violence or domestic abuse – yet only 216 (0.6%) referrals to children's mental health services were reported.³⁶¹
- Most police forces (80%) do not collect centralised data on whether a needs assessment was undertaken prior to interviewing with child victims of crime (as mandated in the Victims' Code). In the two police force areas that could provide this data, just 11% of child victims received a needs assessment.³⁶²
- Only 19% of police forces who were able to respond could confirm that they record whether a child victim has had a video-recorded interview. Only three forces were able to provide the number of child victims interviewed in the 2022/23 financial year.³⁶³ Only very small proportions of policing staff were trained to interview child victims on video in the same year.

These figures indicate that child victims of domestic abuse are not receiving the necessary provisions they are entitled to, significantly affecting their experience of an already daunting system,

³⁵⁵ Children's Commissioner (2024b).

³⁵⁶ Children's Commissioner (2024b).

³⁵⁷ Ministry of Justice (2022).

³⁵⁸ Children's Commissioner (2024b).

³⁵⁹ Children's Commissioner (2024b).

³⁶⁰ Children's Commissioner (2024b).

³⁶¹ Children's Commissioner (2024b).

³⁶² Children's Commissioner (2024b).

³⁶³ Children's Commissioner (2024b).

and their ability to give quality evidence. Many children find being interviewed in a police station “retraumatising”, “bewildering” and “not child-friendly”. It is, therefore, imperative to make the process as supportive and simple as possible. Despite this being set out clearly in the Achieving Best Evidence guidance, and made mandatory through the Victims’ Code, it is not happening in practice.

7.3.3 Recommendations

The Commissioner, therefore, recommends that:

- **The Ministry of Justice (MOJ) develops a national framework for pre-interview preparation and needs assessment of all children and vulnerable witnesses, with regular training, monitoring and quality assurance to ensure that children can be supported to have a voice in their own cases.**
- **The Ministry of Justice develops a specific Victims’ Code for children and statutory guidance for professionals who are key to supporting children to access their rights under the Victims’ Code and best practice in Achieving Best Evidence.**
- **The College of Policing amends their APP Guidance, to ensure consistency and clarity as to what children as victims in their own right means, and the roles and responsibilities of police officers and forces.**

As recommended in *Shifting the Scales*, data gathering across the criminal justice system must be overhauled and include accurate recording of children as victims, rather than witnesses of domestic abuse.

To complement these recommendations, at a local level, the Commissioner is clear that forces should ensure that Officers are professionally curious and confident to identify and respond to safeguarding concerns to protect victims and survivors, including any associated adults or children, and should be adequately trained.

In addition, every child victim of domestic abuse should be assessed by police and consequently referred into the most appropriate form of specialist support, alongside appropriate safeguarding referrals, as required. This assessment should include how children want to be updated about their case. The Commissioner urges the Government to look at developments in Scotland, where children who experience domestic abuse are interviewed, provided with an advocate and supported through the legal process via the Bairns Hoose Model.³⁶⁴

Criminal justice activity in response to domestic abuse is far wider than the initial response and investigation stages, with agencies holding statutory responsibilities to manage the risk posed by perpetrators. It encompasses a range of public bodies, from the courts to prison and probation services and wider organisations working in communities to hold perpetrators to account and mitigate the risk perpetrators pose to victims and survivors, including children. The Commissioner is clear that all criminal justice agencies, and wider organisations working to mitigate the risk of perpetrators in the community, have a role to play in response to child victims of domestic abuse. The Commissioner urges all of these agencies to holistically centre the needs of, risks to, and impact of domestic abuse on children and young people in their decision making across assessments, safety planning and risk management.

³⁶⁴ Bairns’ Hoose. (n.d.).

7.3.3 Operation Encompass

Operation Encompass is an early information partnership whereby police forces notify a child's school when it becomes apparent that they are a child victim of domestic abuse, a process that was placed on a statutory footing in the Victims and Prisoners Act 2024.³⁶⁵ This could be following a police call out, or following a referral to the police from another service. Between February 2023 and April 2024, there were, on average, 2,000 notifications a day in England and Wales. To date, the Operation Encompass free online training for key adults has been accessed by over 28,000 people.³⁶⁶

However, unfortunately, the Act did not place any duty on education settings to act upon the notification, beyond existing safeguarding responsibilities. It is vital that an effective response happens as soon as possible and that relevant actions follow any notification, such as documenting and assessing the child's wellbeing, assessing any risks and providing emotional support to the child. This response must be led by trained staff who understand the nuances of domestic abuse and coercive and controlling behaviour and feel confident to speak to parents and caregivers safely.

Feedback from the Commissioner's roundtables was that while Operation Encompass notifications are useful, they are inconsistent, can lack key information, or are sent late. Designated Safeguarding Leads reflected that competing demands limit their ability to pick up notifications quickly, and that police do not always know where to send notifications. As a result, there is inconsistency in the quality of the notifications and how often they reach the relevant Designated Safeguarding Lead.

Evidence from Scotland shows that without clear guidance or a structured framework to follow, many school staff adopted a 'watching brief' or 'wait and see' approach rather than implementing supportive measures following an Operation Encompass notification.³⁶⁷

This is unfortunately, unsurprising. Guidance on the process of Operation Encompass states that:

"Operation Encompass does not replace statutory safeguarding procedures. Where appropriate, the police and/or schools should make a referral to local authority children's social care if they are concerned about a child's welfare."³⁶⁸

This is an insufficient response following a notification. Child victims of domestic abuse should always be considered through a safeguarding lens, and exposure to domestic abuse should always raise concerns about a child's safety and wellbeing. Failing to do so risks minimising children's experiences of domestic abuse.

Roundtable participants reported that Operation Encompass is only effective in areas where there is a strong coordinated response to domestic abuse, multi-agency engagement and capacity to provide support following a notification. In practice, this means that the police, schools and social care must work together to agree appropriate referral pathways to specialist support, in addition to support provided within the school environment. It is concerning that publication of the Home Office evaluation of Operation Encompass has been delayed; this should be prioritised, and learning embedded into future work.

Another concern of the Commissioner is that the statutory footing for Operation Encompass does not extend to early years settings – despite being piloted in some areas. There is, however, a provision for it to be amended to apply to childcare providers, at the discretion of the Secretary of

³⁶⁵ *Victims and Prisoners Act 2024*.

³⁶⁶ Carney, E. et al (2023).

³⁶⁷ Ash, D.P. et al (2024).

³⁶⁸ Department for Education (2024e).

State.³⁶⁹ Roundtable participants thought that Operation Encompass should be available and mandated beyond just school-aged children, recognising the high prevalence of domestic abuse occurring during and immediately after pregnancy.

Therefore, the Commissioner recommends that:

- **The Ministry of Justice places a duty on education settings to act on Operation Encompass notifications and put in place support for the child that best suits their needs and takes their views into account. This support should include a referral to a specialist domestic abuse service, additional support in school and be backed by guidance.**
- **The Ministry of Justice expands the statutory duty for Operation Encompass to early years provision.**

7.4 Children's Social Care

The role of children's social care is to give families extra support and guidance, with further intervention where necessary to ensure the best interests of the child and enable them to live a safe, fulfilling and happy life. Yet for too long, children's social care has itself been in crisis. In 2022, an independent review into children's social care shone a stark and uncomfortable light on a system "under extreme stress", delivering "unacceptably poor" outcomes for the children it is supposed to support.³⁷⁰ This reflects the continued challenges, weaknesses and frustrations raised by professionals working both inside the system, and alongside it.

This section will explore the wide range of issues contributing to this crisis, the impact on children subject to domestic abuse, and solutions to address them.

7.4.1 Legislation

In England and Wales, the legislative frameworks containing the statutory duties of local authorities in safeguarding and promoting the welfare of children are contained in the Children Act 1989³⁷¹ and the Children Act 2004.³⁷² There are a number of duties, in particular:

The Children Act 1989

- Section 17 places a duty on local authorities to provide services to safeguard and promote the welfare of children who are considered 'in need'
- Section 31(2) sets out the duty to make care or supervision orders if the Court is satisfied that Section 43, below, is established
- Section 43(1)(b) sets out that section 31(2) orders may be made following concern and assessment that establishes 'that the child is suffering, or is likely to suffer, significant harm'

³⁶⁹ Section 20 of the Victims and Prisoners Act 2024 amended the Domestic Abuse Act 2021, introducing Section 49B 'Power to extend section 49A to childcare providers'.

³⁷⁰ MacAlister, J. (2022).

³⁷¹ *Children Act 1989*

³⁷² *Children Act 2004*

The Children Act 2004

- Section 11 places a duty on a range of public bodies, including local authorities, health and local policing bodies, to ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children.³⁷³

*The Children and Social Work Act 2017*³⁷⁴

The Act establishes duties towards looked after and previously looked after children, as well as the regulation of social workers. The Act was intended to improve joined-up work at a local level to safeguard children as a way to improve national practice. As part of the Act, Relationships and Sex Education was made compulsory.³⁷⁵

Significant harm: a developing meaning

Significant harm is defined as “ill-treatment or the impairment of health or development”, which was extended in the Adoption and Children Act 2002 to explicitly include “impairment suffered from seeing or hearing the ill-treatment of another”.³⁷⁶ This wording was also inserted directly into the Children Act 1989 in section 31(9)³⁷⁷ and should now be informed by Section 3 of the Domestic Abuse Act 2021, which directs that a child who “sees or hears, or experiences the effects of, the abuse” is a victim in their own right.³⁷⁸

While the Domestic Abuse Act 2021 has taken the landmark step of recognising children and young people as victims of domestic abuse in their own right, the Domestic Abuse Commissioner is yet to see this culminate in changes to social work practice. While there are many authorities that have built a system of robust, specialist support for children subject to domestic abuse, there are many places that fall far short. Tragically, this can be seen in many Serious Case Reviews involving children and domestic abuse, where the persistent theme has been that risk to the child was not fully considered by practitioners.

7.4.2. Prevalence, Identification and Risk Assessment

Data and identification

Domestic abuse is core to the day-to-day business of children’s social work. The Commissioner has repeatedly heard from social workers that domestic abuse is a factor in over half of their caseload. Domestic abuse is present within 55% of cases subject to a Child Safeguarding Practice Review, held when abuse or neglect of a child is known or suspected, and either the child has died or has been seriously harmed.³⁷⁹ It is also the most common family-level risk factor featuring in Serious Incident Notifications relating to a child death.³⁸⁰

Yet, it is currently impossible to accurately understand on a national scale how many families in touch with children’s social care have domestic abuse as their presenting, primary need. At the initial assessment, social workers identify a child’s primary need by choosing one from the following

³⁷³ Section 11 of the Children Act 2004 incorporated a duty on Local Authorities through the Local Education Authorities and Children’s Services Authorities Order (Integration of Functions) 2010. Section 11 of the Children Act 2004 also establishes a duty of care on the NHS through the Health and Care Act 2022.

³⁷⁴ This Act builds on s22 of the Children Act 1989.

³⁷⁵ Please see Chapter 3 of this report for more on RSE.

³⁷⁶ *Children and Adoption Act 2002* (SI 2004/3203)

³⁷⁷ *Children Act 1989*, S31(9)

³⁷⁸ *Domestic Abuse Act 2021*, S3.

³⁷⁹ Dickens, J. et al (2022).

³⁸⁰ Dickens, J. et al (2022).

categories: abuse or neglect, family dysfunction, family in acute stress.³⁸¹ Crucially, ‘domestic abuse’ is not a specific category. Data is collected at the end of the assessment on other further ‘factors’ that may contribute to a child being in need of children’s social care. Domestic abuse is identified at the end of assessment for approximately half of children in need. Apart from the mental health of the child or other adults, it is identified far more often as any other factor.³⁸²

For some child victims, categorising their primary need as neglect can mask the root cause of the problem, and risks victim-blaming responses, as it frames the non-abusive parent as responsible alone, or together with the abuser.

In order to improve understanding of the prevalence of domestic abuse in children’s social care cases, and respond accordingly, it is imperative that domestic abuse is first identified in an accurate and timely manner. There is often an overreliance on physical abuse as a means of assessing risk to the child and adult victim, and social workers are often not provided with necessary detail and information from other agencies who refer cases to them.³⁸³ This is important for all agencies to consider. Social workers have highlighted that referrals that they receive from other agencies lack detail on history, frequency, escalation, and patterns of behaviour – which can then impact on the initial assessment.

Frontline practitioners reported a lack of understanding of coercive and controlling behaviour (CCB) among all professional groups working with families. Even where CCB is identified, it is predominantly with regards to the adult victim, with little acknowledgement of the impact on children.^{384, 385, 386}

Therefore, the Commissioner recommends that the Department for Education:

- **Amends the Child in Need categories to ensure that children who are victims of domestic abuse are categorised as so, and not just as experiencing ‘neglect’, to understand the prevalence of child victims and to ensure that their needs are properly identified.**
- **Commits to analysing outcomes for children and young people on a Child in Need Plan, to understand the impacts the plans are making by area, and reasons for case closure.**

Risk assessment

A further challenge identified by practitioners is fully exploring the risks posed to the child. The Child Safeguarding Practice Review Panel found evidence of poor assessment and understanding of domestic abuse risk in multi-agency meetings, plans and case records.³⁸⁷ Similarly, a thematic review of domestic homicide reviews found instances where risk assessments by children’s services focused on single incidents, did not engage wider family members to develop a comprehensive picture of risk or seek the views and include the voice of the child.³⁸⁸ Moreover, practitioners reported an overreliance on DASH, as a risk assessment tool, as opposed to a risk indicator checklist.

Risk assessment by practitioners can be undermined by stereotyping and uninformed judgements, for example, considering separation of partners as a resolution of the situation rather than a

³⁸¹ Department for Education (2024b).

³⁸² Department for Education (2024b).

³⁸³ The Child Safeguarding Practice Review Panel (2022b).

³⁸⁴ Katz, E. (2016).

³⁸⁵ Katz, E. (2022).

³⁸⁶ Katz, E. (2016).

³⁸⁷ The Child Safeguarding Practice Review Panel (2022b).

³⁸⁸ Chantler, K. et al (2023a).

potential escalation in risk (DHR 149). The HALT study recommended that risk assessment focuses on the importance of capturing the needs of the whole family and moving from heavy ‘monitoring’ of risk to the addressing of risk, including safety planning with both adult and child victims separately.³⁸⁹ These practices are in part a reflection of the administrative pressures faced by social workers, of whom 40% believe too much time is spent case recording,³⁹⁰ and also a reflection of the responsibility placed on non-abusive parents to manage the risk posed by the perpetrator.³⁹¹

Practitioners reported that despite children’s needs and risk being seen as separate to those of the non-abusive parent, assessments lack dedicated risk assessment for children. The Child Safeguarding Practice Review analysis found that children were often categorised as experiencing “emotional harm” or “neglect” – thus minimising their experiences of domestic abuse and the direct harm they have been subject to.³⁹² This demonstrates that domestic abuse must be considered a child protection issue, otherwise assessments will be focused on the needs of the non-abusive adult and the need to take action and leave the relationship.³⁹³ Assessments must ensure that they reflect that the non-abusive parent and the child victim are both at risk from the perpetrator, and ensure that there is no undue attribution of responsibility on the protective non-abusive parent.

Further limitations in assessment of risk in cases of domestic abuse include:

- a lack of insight into the risk posed by child contact arrangements
- failure to link the risk to non-abusive parents and the risks to children
- assumptions that the non-abusive parent and child are at the same risk level as determined by the DASH
- harmful framing of mothers as ‘uncompliant’ and incompetent
- an assumption of a linear continuum of abuse
- not recognising the potential for increased risk at particular timepoints.

This latter point is illustrated starkly in the HALT report:

“...the fact that [perpetrator] had left the matrimonial home and [victim] had taken legal steps to prevent contact provided a misleading sense of safety that influenced how some professionals, such as children’s social care and the police, approached risk assessment and managed their contact with [victim] and [perpetrator]. Rather than seeing separation from a controlling and coercive relationship as signifying loss of control on the part of [perpetrator] and therefore potential for an escalation in the risk to [victim], the separation was seen as a resolution requiring no further substantial input.”³⁹⁴

7.4.3. Training

Issues in identifying, assessing and understanding the risks of domestic abuse point to a training need for practitioners of children’s social work. One training need, previously highlighted by the Commissioner, is how to support migrant victims and survivors and their children who are being let down by children’s social care and not accessing the support they are entitled to.

The Commissioner’s *Safety Before Status*³⁹⁵ report detailed the experiences of migrant victims and survivors and the barriers they face in accessing support available via Section 17 of the Children Act 1989, which requires local authorities to safeguard and promote the welfare of children in need in their area.³⁹⁶ This statutory duty includes the provision of support like accommodation and financial

³⁸⁹ Chantler, K. et al (2023a).

³⁹⁰ What Works Centre for Children’s Social Care (2021a).

³⁹¹ Featherstone, B. et al (2014).

³⁹² The Child Safeguarding Practice Review Panel (2022b).

³⁹³ NSPCC (2020).

³⁹⁴ Chantler, K. et al (2023a).

³⁹⁵ Domestic Abuse Commissioner (2021).

³⁹⁶ *Children Act 1989*

assistance to destitute children, together with their families. The report was prompted because Section 17 is not always adhered to.³⁹⁷ Research with specialist Black and minority led VAWG services undertaken on behalf of the Commissioner found that all 12 of the services consulted said that they regularly observed Local Authorities failing to uphold the duty.³⁹⁸ The limited capacity of these services is often spent advocating to local authorities or submitting legal challenges to local authorities who do not adhere to Section 17. The services also reported spending considerable time informally training social workers on the rights of children under the Children Act 1989.

Sadly, four years on from *Safety Before Status*, the situation is largely unchanged. Roundtable participants from 'by and for' services reported that, generally, social workers and the police know very little about immigration pathways and frameworks, and as a result, fail to uphold their statutory duties or make referrals to 'by and for' services. Gatekeeping practices within children's social care affect children of migrant survivors directly, and put them at significant risk – for example, asking for proof of domestic abuse before supporting adult and child victims. Practitioners described a constant battle in advocating for these children and the need for more accessible and free legal aid to help these families to secure their rights and safety through protection orders, child custody, and immigration status. Casework time and the length of engagement with survivors is significantly higher in these complex cases and is often not accounted for within service commissioning. The response to migrant victims and survivors of domestic abuse is not only impeded by a lack of knowledge, but wider societal factors, immigration policy and legislation. More detail on the Commissioner's recommendations for change can be found within her two reports: *Safety before Status*³⁹⁹ and *Safety Before Status: The Solutions*.⁴⁰⁰

Given the specific role that children's social care play in safeguarding children and making lifechanging decisions for them, it is paramount that these practitioners have specialist knowledge of domestic abuse, and CCB in particular, delivered with input from domestic abuse specialists who have recently been in frontline practice. Practitioners recounted to the Commissioner that the 'front door' of children's services are not always specially trained in domestic abuse, despite its prevalence in caseloads, and that it is critical to have trained practitioners with specialist knowledge screening referrals to ensure that the right referrals are progressed to the appropriate level of support.

This training should begin (but not end) with the training that social workers receive as part of the social care curriculum. Social workers participating in the roundtables felt that the curriculum has surprisingly limited content on domestic abuse and CCB, particularly given the scale of incidence and skills required to responding effectively. There needs to be more detailed content on working with perpetrators and holding them to account, identification of abuse, dynamics, pathways and a better understanding of the impact on children. Of the universities that deliver social work courses who responded to a freedom of information request last year, 37% said that they did not carry out any specific training on CCB, despite it being almost a decade since legislation passed to make this a specific crime. In addition, less than 10% of higher education accredited social work courses in England offered students a standalone course on CCB.⁴⁰¹ The Joint Universities Social Work Association responded to this research by saying that university social work courses should not cover "highly specialist practice", such as domestic abuse and CCB, which suggests that the extent to which social work practice is dominated by domestic abuse cases is not recognised.⁴⁰²

'By and for' roundtable participants said that social work degrees should include specific modules on domestic abuse and intersectionality so that social workers are equipped to understand the intersecting needs of survivors and their children. One practitioner reflected that in her recent social

³⁹⁷ Dexter, Z. et al (2016).

³⁹⁸ Domestic Abuse Commissioner (2021).

³⁹⁹ Domestic Abuse Commissioner (2021).

⁴⁰⁰ Domestic Abuse Commissioner (2022b).

⁴⁰¹ Collinson, A. (2024).

⁴⁰² Samuel, M. (2024).

work degree there was no training for domestic abuse within the whole course, and that training focused on critical theory, which was not as directly applicable to caseloads.

There is existing good practice in training to learn from and build on. Roundtable participants who had enrolled and participated in 'Safe & Together'⁴⁰³ training described how the training and principles enabled them to better identify domestic abuse, hold perpetrators to account for their actions, and partner with the non-abusive parent to better support child victims, and keep the child and non-abusive parent together. Implementation of the model can create significant culture change throughout children's social care and in the whole multi-agency response, in particular due to its embedding of strong collaborative working with specialist domestic abuse services.

Domestic abuse training needs to be continuous in order to incorporate new and emerging threats to safety, best practice responses, and updates to legislation and guidance. Reflective supervision could form a valuable part of this continuous learning;⁴⁰⁴ however, for many social workers this is not happening or not on a sufficiently regular basis.⁴⁰⁵

In the Commissioner's training recommendation, seen on page 91, the Commissioner is clear that, given the important role that social workers play, they should be in receipt of specialist training. In addition to this, the Commissioner recommends that:

- **The Department for Education mandates specific curriculum and assessment criteria about domestic abuse, including coercive and controlling behaviour, through the 2025 Early Careers Framework and develop practice directions to accompany this.**
- **Social Work England commits to a rigorous inspection of Social Work degrees and the domestic abuse content in degree programmes and ensures that those delivering this curriculum are themselves trained in domestic abuse. The inspection criteria should be developed in close collaboration with the specialist domestic abuse sector and the Domestic Abuse Commissioner.**
- **Social Work England reviews the Knowledge, Skills and Behaviours standards through a domestic abuse-informed lens to ensure that course providers understand what must be done to achieve the standards.**

7.4.4. Increasing Demand and Cost

Challenges of training, poor understanding and assessment are only exacerbated by the increasing demands faced by children's social care, and in turn, the individual social workers working within this system. Dedicated individuals who want to work with children and their families to achieve the best possible outcomes find themselves in an impossible situation, simply unable to meet demand. Three years ago, the Association of Directors of Children's Services reported that since 2007/8, referrals to children's social care have increased by 21%, with the primary reason for referral being "abuse or neglect."⁴⁰⁶

Social workers participating in the roundtables emphasised the sheer number of complex cases that they hold responsibility for, and the high incidence of professional burn-out and vicarious trauma. Despite recent improvements in the numbers of social workers,⁴⁰⁷ with high staff turnover, limited resource linked to the crisis in local government funding, and a high proportion of social workers employed by local authorities in managerial or non-case holding posts, an increasingly small pool of typically less experienced social workers hold responsibility for all case recording and visits.

⁴⁰³ Safe & Together Institute (2019).

⁴⁰⁴ Chantler, K. et al (2023a).

⁴⁰⁵ Johnson, C. et al (2021).

⁴⁰⁶ The Association of Directors of Children's Services Ltd (2022).

⁴⁰⁷ Department for Education (2024c).

Higher volumes and complexity of cases has led to the threshold to access children's social care support becoming increasingly high. In the year ending March 2024, there were 621,880 referrals to children's social care. Of these referrals, 6.3% were deemed as No Further Action (NFA), and 30.3% were closed after assessment. In these cases, it was decided that these children did not meet the threshold for children's social care intervention. While this may be appropriate in some cases, this is a very high proportion of children being turned away once a concern has been raised, particularly when there is no data to ascertain whether these children were referred to early help post-assessment.⁴⁰⁸ Given the prevalence of domestic abuse cases within the child in need statistics, it is highly likely that children experiencing domestic abuse are being turned away from children's social care, or subject to no further action. Families with older children may in particular be less likely to meet the threshold for a safeguarding response, with these children 'adultified' by professionals. Even where there is a response, this may include expectations of keeping themselves safe as part of Child in Need or Child Protection Plans.

Social workers participating in the roundtable reported that unless a child is shown to be actively at 'risk', they are unlikely to meet the threshold of support. This mirrors what was happening prior to the Domestic Abuse Act 2021,⁴⁰⁹ indicating again that the legislation has not changed the reality of practice on the ground. Meanwhile, for many children the trauma and impact they will experience through domestic abuse and CCB will continue without intervention from children's social care.

While capacity is a key determinant in deciding thresholds, it is further compounded by a lack of central guidance on which cases should meet the threshold. Every local authority determines its own thresholds for intervention, often set out in a 'threshold document.' Assessment of these documents has shown that there is considerable variation for initiating Section 47 enquiries and early help measures in cases of domestic abuse.⁴¹⁰ Within limited published data, there is little clarity or transparency as to why some children are deemed in need of support from children's social care and others are not. Variance in both threshold and response creates a 'postcode lottery' of support across the country. The Children's Commissioner found that in the year ending 2023, the number of children on a Child in Need plan per 10,000 ranged from 30 in Newcastle upon Tyne, to 316 in Reading.⁴¹¹

Too often, the consequence of not getting the support that they need when they initially are referred, is that children and their families are often re-referred back into children's social care with increasing concerns.⁴¹² Children in Need statistics for the year ending March 2024 show that almost one-quarter of referrals were repeat referrals from within the previous 12 months,⁴¹³ indicating that assessment and intervention is not timely or effective enough to create the lasting change that families need.

For social workers to play their role in the response to domestic abuse, their capacity to do their job effectively must be prioritised. This must include holding a reasonable caseload, so that each child and their family receive adequate attention, for proper investigation and assessment reducing the likelihood of re-referral. Realistic caseloads, in conjunction with improved working conditions and robust clinical supervision would also improve retention rates, keeping staff with important experience and skills within the workforce. For this to happen, sustainable and sufficient funding and investment must be made into the children's social care system. This funding has been the target of successive Governments' funding cuts since 2010, where spend was reduced by almost £1 billion – a 9% cut in real terms.⁴¹⁴ In the context of staff burnout and high turnover, the budget is further

⁴⁰⁸ Department for Education (2024b).

⁴⁰⁹ Action for children (2019).

⁴¹⁰ All Party Parliamentary Group for Children (2018).

⁴¹¹ Children's Commissioner for England (2024c).

⁴¹² Children's Commissioner for England (2024c).

⁴¹³ Department for Education (2024b).

⁴¹⁴ Franklin, J. et al (2023).

stretched by an over-reliance on agency social workers, which had an additional cost per worker of £26,000 per year in 2022.⁴¹⁵

Despite this harsh fiscal environment, the statutory duties placed on children's social care have increased.⁴¹⁶ Reduced resource, coupled with greater statutory responsibilities have made it impossible for local authorities to balance the books, resulting in a reduction in the service they can offer, especially in prevention and early intervention.⁴¹⁷ This is a false economy, due to the significantly higher costs later incurred at the point of crisis.

7.4.5. Improving CSC support to child victims and survivors and non-abusive parents

Listening to the Child's Voice



"Even though children are now classified as victims, their voices still feel hidden."

Comment from online group meeting

As this report has so far established, children are still too often treated as the secondary victim to their parent, and their voices not listened to. Published Case Reviews have found that professionals struggle to keep their focus on the child in cases of domestic abuse,⁴¹⁸ pushing children to the periphery of their own safeguarding systems. Within this context, some children self-silence, particularly in front of professionals, not wanting to burden their non-abusive parent with their own feelings.⁴¹⁹ When children are asked about their experiences, this is sometimes done in front of the perpetrator, creating a barrier to disclosing or detailing abuse, or talking about the impacts of that abuse on them.⁴²⁰ Children's voices are, therefore, rarely genuinely heard by services, meaning that opportunities for intervention and for giving a child a say in decisions that impact them are lost.⁴²¹

Giving a voice to and working with children subject to domestic abuse can be difficult, as children may harbour mistrust of professionals, rooted in fear, or previous breaches of confidentiality and/or poor support.⁴²² Children and young people can be articulate, strategic and reflexive communicators, and support must enable space for children and young people's voice to be heard.⁴²³ Children need time to build relationships with professionals and be able to trust them.⁴²⁴ The NSPCC briefing paper '*Voice of the child*'⁴²⁵ sets out common barriers to including the voice of the child effectively and highlighted the ways in which a child's voice can be understood, especially when working with babies, pre-verbal children and children with disabilities.⁴²⁶

We need to challenge the view that children are too vulnerable to share their experiences. Children's explanations of events should be considered equally important as the parents, as they inform understanding of how the child has been affected. Listening to and working with children subject to domestic abuse must include offering flexibility, choice and empowerment.⁴²⁷ This is especially important when the child has additional needs and vulnerabilities. Roundtable

⁴¹⁵ Kantar (2020).

⁴¹⁶ MacAlister, J. (2022).

⁴¹⁷ Franklin, J. et al (2023)

⁴¹⁸ NSPCC (2020).

⁴¹⁹ McGee, C. (2000).

⁴²⁰ NSPCC (2023).

⁴²¹ Chantler, K. et al (2023a).

⁴²² Cossar, J. et al (2013).

⁴²³ Callaghan, J. et al (2017b).

⁴²⁴ SafeLives (2017).

⁴²⁵ NSPCC (2024a).

⁴²⁶ NSPCC (2024a).

⁴²⁷ Lundy, L. (2007); Houghton, C. (2015).

participants shared best practice examples for including the child's voice, ensuring their representation and understanding their needs. These included:

- Involving d/Deaf children and their families in the design and delivery of services, ensuring their voices are central and the services provided are relevant and effectively address the specific needs of the d/Deaf community
- Considering the needs of the child in service design and access
- Inclusive materials, such as leaflets and outreach materials, often lead adult and child victims to support – this is the first step in making support accessible for disabled victims and survivors
- Co-producing service design
- Setting up Youth Hubs informed by what children have said that they want and need
- Intersectional experts by experience groups informing organisational policies
- Representation and LGBT+ leadership in consultations and multi-agency bodies, including Marac.

Overcoming barriers to engagement with non-abusive parents

Too often, in cases involving domestic abuse, children's social care's engagement with a non-abusive parent is framed through a conceptual lens of 'failure to protect'.⁴²⁸ Evidencing 'failure to protect' may include criticism of the adult victim's minimisation of the abuse, retraction of previous disclosures, or declining support from a specialist domestic abuse service. Practitioners may view this as the non-abusive parent not 'recognising' or 'accepting' domestic abuse, rather than as an indicator of the presence of coercive control and fear, and a potential survival strategy. Through this lens, the onus is placed on the non-abusive parent to protect the child from the actions of the abusive parent, and to leave the relationship. This becomes the focus, rather than the perpetrator's use of abuse and violence.⁴²⁹

This fundamentally fails to understand the barriers adult victims and survivors face in leaving abusive relationships, the potentially increased risks in doing so, and the intrinsic nature and impact of coercive control. While adult victims and survivors are active in seeking help when it comes to protecting their children, they also understand that any attempt to leave or disclose creates a risk of escalation, or of further abuse.⁴³⁰ The failure of professionals to understand this can create or intensify the adult victim or survivor's lack of trust in statutory services, including the fear of child removal. This, combined with fear of the perpetrator, can act as a substantial barrier to engagement and collaborative working between children's social care and the non-abusive parents to make safe, long-term decisions in the best interests of the child. Practitioners note that the Safe & Together Model has helped equip practitioners to pivot focus towards the perpetrator, instead of attributing blame to the non-abusive parent, which helps to reduce risk and harm to the child.

A stark reflection of the failure to understand abuse and support adult survivors is seen in cases of children being removed from their non-abusive parent. There are harrowing accounts of children in public law proceedings being removed on the basis that the non-abusive parent did not sufficiently protect them from the abusive parent when little support was given to the non-abusive parent. This outcome can be one of re-traumatisation and re-victimisation. Adult survivors of domestic abuse should not be held responsible for the actions and behaviour of their abuser. In many cases, separating adult and child survivors of domestic abuse punishes both: children's lives are turned upside down when they are most vulnerable and there is huge distress for parent and child. The Commissioner has received extremely distressing accounts of how domestic abuse survivors have been doubly abused, traumatised and impacted through this process of child removal.

⁴²⁸ Stewart, S. and Arnall, E. (2023).

⁴²⁹ Alexander, K. et al (2022).

⁴³⁰ Alexander, K. et al (2022).

It is clear that social workers have struggled to find a balance between child safeguarding and empowering adult victims. Survivor narratives describe how as their cases progress, social workers make increasing demands of the non-abusive parent and blame them for the risk posed by their abusive partner.⁴³¹ Victims and survivors describe a lack of empathy, and even a sense of secondary abuse from services.⁴³² Attempting to mandate or enforce support from specialist services is disempowering and risks mirroring controlling behaviour towards the adult victim that they have already experienced from the perpetrator. Social workers should instead be curious about any survival strategies undertaken by the victim, such as perceived minimisation or denial of domestic abuse, particularly where there is a history of abuse, or where a previous disclosure has been retracted.⁴³³

Social workers participating in the roundtables recommended replacing the idea of “failure to protect” with a strengths-based approach, which understands that the non-abusive parent can accurately perceive and act on the risks to themselves and their children. The non-abusive parent should not be seen as passive but instead be encouraged to share their insights and opinions on risk and safety, and what techniques they have already developed to manage, resist and survive domestic abuse.⁴³⁴ When subject to domestic abuse, the child’s safety is entwined to the safety of the non-abusive parent – where the non-abusive parent is supported, the child is also protected.⁴³⁵ This must be a consideration in risk assessment, safety planning and support – any plan must address both the child’s and non-abusive parent’s needs holistically.

Holding perpetrators to account

Empowering and engaging the non-abusive parent must be accompanied by effectively holding the abusive parent to account for their actions. Currently, this does not happen consistently: perpetrators of abuse are described as being routinely missing, or invisible to services.^{436, 437} Social workers participating in the roundtables discussed a reluctance and anxiety among some colleagues to use the word ‘perpetrator’ unless there has been a criminal conviction for domestic abuse-related crimes. Others lack the confidence to engage directly with perpetrators, or do not see this as part of their role, or not achievable, given the absence of resources and interventions to address the behaviour.⁴³⁸ While the abusive parent may be less accessible or willing to engage with professionals,⁴³⁹ the social worker’s own perceptions, skillset or fears for their own safety can contribute to the absence of the perpetrator within children’s social care. Equally, the adult victim and/or the social worker may reasonably fear an escalation in risk from any contact with or challenge towards the perpetrator, particularly where they remain in the family home. There is a critical need for robust training on how to approach the complex work of engaging with perpetrators with the nuance and confidence necessary (which must be underpinned by robust, regular supervision), as detailed in the Commissioner’s training recommendation on page 91.

Without an understanding of CCB, social workers are less able to spot when perpetrators are using similar coercive tactics to present themselves as non-abusive, or even as a victim themselves. Perpetrators of domestic abuse will often deny allegations made against them and complain about the victim’s behaviour to make professionals question the victim’s credibility.⁴⁴⁰ By reversing the status of victim and perpetrator, they can secure their own position as a victim and position the person who has been a victim of their abuse as the perpetrator. This is known as DARVO – Deny,

⁴³¹ Keeling, J. and Van Wormer, K. (2012).

⁴³² Empowerment Charity (2023).

⁴³³ NSPCC (2020).

⁴³⁴ Alexander, K. et al (2022).

⁴³⁵ Alexander, K. et al (2022).

⁴³⁶ Chantler, K. et al (2023a).

⁴³⁷ The Child Safeguarding Practice Review Panel (2021).

⁴³⁸ Stanley, N. et al (2010).

⁴³⁹ Heron, R.L. and Eisma, M.C. (2021).

⁴⁴⁰ Harsey, S.J. and Freyd, J.J. (2022).

Attack, Reverse Victim and Offender. This may also play into myths of ‘mutual abuse’ and be exacerbated where the social worker lacks understanding of victims’ use of violent resistance. Another tactic of perpetrators is to imply that the victim is unwell or unfit to care for the child, and that they are better placed to fulfil this role. Manipulating professionals in this way is in itself a method of maintaining control and continuing the abuse post-separation.⁴⁴¹

Frontline practitioners from a range of services recognise that much more needs to be done to understand where a perpetrator sits in a child’s life, alongside the child’s views, wishes and understanding in relation to this person. This work includes identifying the abusive parent or family member, assessing the risk they pose, and holding them to account for the safety and wellbeing of their children, their behaviour towards the non-abusive parent, and for attending behaviour change interventions.⁴⁴² For children’s social care to effectively respond to domestic abuse, social workers must have the confidence, support and resources to work with perpetrators in a way that is safe for the whole family.

There are a range of approaches and tools for working with, or responding to perpetrators, which may be aimed at disrupting or motivating change in their behaviour. Appropriate interventions must be available locally so that social workers can make onwards referrals for this specialist work as needed. However, as set out in the Commissioner’s recent report, *Shifting the Scales*,⁴⁴³ in practice, outside of statutory criminal justice frameworks, specialist behaviour-change interventions are alarmingly piecemeal. This is evidenced by the fact that fewer than 1% of perpetrators receive specialist intervention to challenge or change their behaviour.⁴⁴⁴ The Commissioner’s own mapping exercise in 2022 found that only 7% of survivors who wanted their perpetrator to receive support to change their behaviour were able to get it, despite the fact that over half of survivors wanted this.⁴⁴⁵ Where services do exist, hardly any have provision tailored to meet the needs of those from marginalised or minoritised communities, especially those with English as a second language and those who speak no English. There is a heavy reliance on group-based programmes, which do not allow for more tailored intervention according to risk and behaviour profiles. As set out in the Drive Partnership’s Call for Further Action,⁴⁴⁶ funding is precarious and insufficient, and commissioning practice is variable, including common use of short-term contracts.

However, as also highlighted in *Shifting the Scales*, there is existing good practice of managing perpetrators within the community to keep both adult and child victims safer. The two best evidenced and established are Drive and Multi-Agency Tasking and Coordination (MATAC). What they have in common is that their approach centres around multi-agency working that requires statutory agencies – including children’s social care – to come together to create strategies for intervening in a perpetrator’s behaviour.

⁴⁴¹ Katz, E. (2022).

⁴⁴² Callaghan, J. et al (2025).

⁴⁴³ Domestic Abuse Commissioner (2025a).

⁴⁴⁴ The Drive Partnership (2024)

⁴⁴⁵ Domestic Abuse Commissioner (2022a)

⁴⁴⁶ The Drive Partnership (2024)

CASE STUDY

Safe & Together

The Safe & Together⁴⁴⁷ (S&T) model enables a whole-systems approach to safety and children's wellbeing by filling gaps in knowledge and shared practice principles across the multi-agency response to domestic abuse. The focus is shifted to the choices of perpetrators as parents, as they are held accountable for their actions. S&T Implementation Leads located within partner services work closely with VAWG teams, children's services, and partner agencies, such as police, health, and education, to help embed the model in the local Coordinated Community Response to domestic abuse. This is done through training, case discussions, monitoring the progress of the project via ongoing case file audits, and by evaluating social care/agency data.

Within the wider context of the Scottish GIRFEC⁴⁴⁸ approach, the Safe & Together model has brought in a cohesive, systemic approach to the domestic abuse response in the Highlands, Scotland. Backed by a robust partnership and governance arrangement between the Highland Violence Against Women Partnership and the Highland Child Protection committee, the model has strategic and operational buy-in from statutory partners beyond social care, including Marac chairs, criminal justice, health and other multi-agency partners. There is a tiered approach to training for the general workforce, direct workforce and specialist workforce. This ensures shared language and principles across agencies, which recognises the protective parent and the needs of children experiencing domestic abuse.

In London, Respect has partnered with Safe & Together since 2019, when the project was first established in Hackney and Waltham Forest. Since then, Respect has been awarded MOPAC funding via the Home Office to continue implementation and expand the London Partnership into four further boroughs: Newham, Hammersmith & Fulham, Barnet, Barking & Dagenham. Respect Implementation Leads work in 5 other London boroughs through the Restart⁴⁴⁹ partnership; Camden, Croydon, Havering, Westminster, and Sutton.

A key element of the S&T approach is mapping patterns of abuse and coercion, rather than treating incidents in isolation. This perpetrator pattern-based approach prioritises direct interventions with perpetrators, setting high standards for the abusive parent, and ensuring that responsibility for harm remains with them. The approach also focuses on partnering with the victim-survivor through a strengths-based lens. A core principle reinforced in their case consultations is avoiding victim-blaming and mutualising language – for example, rather than stating that a “mother keeps letting the father back into the home”, practitioners are encouraged to explore the father's actions that enable him to regain access. This could include withholding child maintenance, making threats, or damaging the mother's reputation within her community. A common challenge in domestic abuse interventions is perpetrators refusing to engage, which can lead to the non-abusive parent left solely responsible for the children's safety. In their interventions with perpetrators, domestic abuse is framed as a parenting choice and its impact on children is discussed with the perpetrator. Instead of placing safety obligations on the victim-survivor, parenting and behaviour agreements are set with the perpetrator, shifting the burden of responsibility where it belongs. Victims and survivors and children are supported all the way in this journey and their voices are at the centre of creating pathways towards their safety and recovery.

“The training has been invaluable as there is a lot of emphasis on perpetrator patterns of behaviour. It is helpful for probations staff when working with families where men are convicted of non-domestic abuse crimes but can still identify domestic abuse, and also for female offenders who may be experiencing domestic abuse” (CJS S&T participant, Scotland)

⁴⁴⁷ Safe & Together Institute (2019).

⁴⁴⁸ Scottish Government (2006).

⁴⁴⁹ Restart incorporates an innovative new housing approach by seeking alternative, diversionary accommodation for the perpetrator of abuse, led by wishes of the victim, enabling child and adult victims to remain safe at home.

7.4.6. Intersectional awareness and culturally-informed practice

Language and communication

For many adult and child victims and survivors with intersecting needs, language and communication can be an additional barrier in accessing support. Considering d/Deaf victims' experiences through an intersectional lens, it is clear that they experience a double, triple, or even quadruple disadvantage.⁴⁵⁰ In the d/Deaf led 'by and for' roundtable, practitioners reflected that for d/Deaf children "life is difficult and different" as they do not have a shared language, nor know how to ask for help, or disclose their experiences in homes and at school. Moreover, for children where their non-abusive parent is d/Deaf, this can mean that there are barriers to children's social care, as often interpreters will not be invited on visits, meaning that social workers cannot meaningfully assess risk. In cases where the child is d/Deaf, this will critically impact on the ability to include the child's voice in assessments and in decision making, understand their distinct needs and experiences and provide the right support. Practitioners reflected that in these cases, it is for their specialist service to explain the jargon to families and pick up the administrative support. As such, practitioners recommended that in order to have a truly holistic service to meet the needs of the child, there should be investment in social workers for d/Deaf communities and in accessible technology and infrastructure – such as video relay services and British Sign Language (BSL) chat platforms in service delivery to make it easier for d/Deaf children and their families to reach out for help.

In the Black and minoritised led 'by and for' roundtables, practitioners reflected that language barriers can also impact on the interactions and arrangements for the child victim. For example, foster arrangements for children are often not culturally- or language-informed. There were examples in the Polish community where children's social care asked the non-abusive parent to speak in English with their children, which caused stress and affected the victim's bonding with children.

Culturally-informed practice

In each of the 'by and for' roundtables, the need for better culturally-informed responses was discussed on multiple occasions. Specialist 'by and for' services described the lack of intersectional lens in statutory services, reflecting that services needed to be much better at considering cultural issues in the experience of the child victim. For example, in cases of harmful practices, the risk to the adult and child victim can escalate without a holistic understanding of the dynamics of power and control linked with so-called 'honour', 'shame' and oppressive behaviours used by perpetrators.

Equally, there was a clear need for training around d/Deaf cultures, and that all services needed to integrate resources and access training to build that competence. In the Disabled led 'by and for' roundtable, practitioners said that there needed to be significant culture change in services, through training and consistent messaging, about the needs of Disabled communities – including those with neurodivergence and a learning disability. For disabled survivors and their children, providing practical support in navigating systems can be crucial for them fleeing domestic abuse and accessing support. Policies must be improved to be more inclusive, and domestic abuse should be named in disability policies. Neurodivergence for children is often made invisible, and as a result, children's needs are not considered. Equally, lack of accurate data on disability and neurodivergence hampers effective commissioning of services.

For LGBT+ survivors, specialist services described a systemic lack of understanding of the needs of LGBT+ communities and children. This includes confidence in supporting 16–18-year-old LGBT+ young people, addressing professional biases, and institutional homophobia and transphobia.

⁴⁵⁰ Napier, J. (2024).

For many young LGBT+ victims, by the time they have reached specialist services, they are retraumatised repeatedly by the services that do not recognise their identities, their needs and who they are. Examples included the use of dead names, wrong pronouns, or forced contact with parents and families (when they are often the perpetrators of the abuse).

7.4.7. Valuing specialist services

Children's social care benefits significantly from a careful integration of domestic abuse specialists. Family Hubs practitioners and social workers reported that where they had co-located a specialist domestic abuse worker, this had significantly improved the whole response, encouraging them to be more considerate of language, attitudes and practice. Moreover, these services provide independent advocacy for children and adults navigating the spectrum of children's social care services and help to create trust between these services and families.

The National Review into the tragic deaths of Star Hobson and Arthur Labinjo-Hughes highlighted that the practitioners in the specialist domestic abuse service showed a good understanding of the impact of domestic abuse and the potential risks to children. These cases demonstrate the importance of involving specialist practitioners to improve other agencies' practice and to ensure specialist expertise is valued and contributing to decision making, including when there are concerns about children.⁴⁵¹

The National Review also found that "there has been insufficient attention to, and investment in, securing the specialist multi-agency expertise required for undertaking investigations and responses to significant harm from abuse and neglect."⁴⁵² Similarly, the Child Safeguarding Practice Review Panel in 2022 found that there was no evidence of a coordinated multi-agency response to domestic abuse. In their domestic abuse paper, the Panel found that there were very few independent specialist domestic abuse services referenced in the reviews, and no specialist services appeared as members of review panels.⁴⁵³

It is, however, imperative that domestic abuse services maintain their independence while co-locating and engaging in a multi-agency response with statutory partners, including children's social care. The independence of a support service is of critical importance and is particularly acute for those from minoritised communities subject to structural inequality,⁴⁵⁴ and especially for migrant survivors in the absence of a firewall between statutory services and immigration enforcement.⁴⁵⁵

Therefore, the Domestic Abuse Commissioner recommends that:

- **The Department for Education funds the co-location of independent domestic abuse specialist services in children's social care.**
- **The Department for Education ensures that all multi-agency child protection teams are fully domestic abuse informed through robust guidance, strategic leadership and the funding of support services to provide clear referral pathways to independent specialist services.**
- **Ofsted, Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and His Majesty's Inspectorate of Probation (HMIP) carries out bi-annual joint thematic inspections of local areas focused on domestic abuse, which assess:**

⁴⁵¹ The Child Safeguarding Practice Review Panel (2022a).

⁴⁵² The Child Safeguarding Practice Review Panel (2022a).

⁴⁵³ The Child Safeguarding Practice Review Panel (2022b).

⁴⁵⁴ Domestic Abuse Commissioner (2022a).

⁴⁵⁵ Domestic Abuse Commissioner (2021).

- **The multi-agency arrangements for:**
 - **Responding to children who are victims of domestic abuse, at the point of identification**
 - **Assessment, planning and decision making in response to notifications and referrals of children who are victims of domestic abuse**
 - **Protecting, supporting and caring for children who are at risk, or have been victims, of domestic abuse**
 - **Preventing children from becoming victims of domestic abuse**
- **The centralisation of children's voices and experiences alongside those of the non-abusive parent across all statutory processes and multi-agency working**
- **How domestic abuse informed each agency is, including (but not limited to) the provision of independent, specialist domestic abuse services, and the training available to practitioners**
- **The governance and strategic leadership of domestic abuse within the arrangements and within each agency**
- **The quality of work with perpetrators of domestic abuse**

CASE STUDY

London Borough of Waltham Forest

The Coordinated Community Response model in Waltham Forest is strongly embedded through the coordination of the VAWG team that has eight members of staff coordinating a range of provision in response to VAWG, including domestic abuse, sexual violence, stalking and street safety for women and girls, through a robust prevention approach. There is a stark inequality in different parts of the borough, with life expectancy being seven years higher in the north of the borough. The Safe & Together and VAWG teams are informed by this in their delivery approach and work towards reducing inequalities. Specialist services are commissioned to provide advocacy for survivors at high risk of harm. There is a range of groupwork provision for parents and children of all ages.

The VAWG work in Waltham Forest sits across the Community Safety and Stronger Communities Directorates who work together to embed best practice. The Stronger Community Directorate brings together Prevention, Inclusive Economy, and Communities services to reduce inequalities, build resilience, and enhance community safety. A key focus is ending male violence against women and girls (VAWG) through preventative, strengths-based approaches that address root causes and reduce reliance on crisis interventions. By embedding relational practice and community co-design, the Directorate fosters a safer, more inclusive borough, exemplified by initiatives like training library teams to recognise and respond to domestic abuse. This Directorate brought in library teams, Early Help, VAWG prevention, refugee support, adult social care and skills teams under one umbrella to use resources effectively, generate streamlined outcomes data, and weave in VAWG messaging across all teams.

The Safe & Together model⁴⁵⁶ has brought about fundamental systems change in how social care cases are viewed and then responded to through a domestic abuse lens. Children's social care staff across all levels of management and practice complete Safe & Together training. Tools have been adapted to incorporate the components and principles of the Safe & Together model and there is consultation on a case-by-case basis by the VAWG Team that is well integrated with the social care response, with keen oversight and facilitation from the VAWG team. Practitioners have shared insights that there has been a shift in language around coercive control and perpetrator accountability.⁴⁵⁷

The VAWG team and the Safe & Together model set the tone for how other parts of the wider system interact with each other through a domestic abuse lens. The Reducing Parental Conflict (RPC) programme is deliberately and intentionally embedded within Waltham Forest's Coordinated Community Response so that risk and domestic abuse can first be identified, prior to any parental conflict work taking place, which evidences good practice and the importance of VAWG/domestic abuse-informed services for children and survivors. Similarly, Family Hubs have multidisciplinary co-located teams including specialist domestic abuse teams, and they are welcoming spaces for all parents, including those living in refugee hotels within the borough.

This convergence in practice was welcomed by children's social workers who spoke directly to the Commissioner on her visit. They highlighted the extremely high presentation of domestic abuse in their casework and lack of training in their social care curriculum on domestic abuse. The Safe & Together training and working closely with VAWG teams and specialist services ensure that they are able to identify domestic abuse and follow safe and domestic abuse-informed pathways of support for children, including internal safeguarding and child protection decision making within their social care teams.

⁴⁵⁶ Safe & Together Institute (2019).

⁴⁵⁷ Kelly, L. and Garner, M. (2022).

An independent evaluation of Waltham Forest's VAWG model⁴⁵⁸ found that there was strong evidence of the embedded Coordinated Community Response approach as residents, businesses and professionals from different walks played their roles in tackling VAWG and domestic abuse. It also commends the community mobilisation and activation model that works in making VAWG and domestic abuse everyone's business. The evaluation observes that the VAWG team plays a shape-shifting role in ensuring that responses are coordinated and that local authority teams including early help and children's social care deliver domestic abuse-informed responses.

7.4.8. Risk Identification

The Domestic Abuse, Stalking and 'Honour'-based abuse (DASH) risk identification checklist was first introduced in 2009 as a tool for practitioners across multiple agencies working with adult victims and survivors of domestic abuse, with various refreshes to date. A victim is asked a set of questions at a moment in time, and if they score over a certain number, they are deemed to be at high risk and a referral to Marac should be made and support put in place, most often by an IDVA. This scoring exercise should be informed by professional judgement and curiosity, meaning referrals can still be made even if they do not meet the set number of criteria. While the benefits of the tool help to foster multi-agency working to address the risks identified, it is too frequently used just in response to reported incidents of domestic abuse and, therefore, fails to identify the patterns of risk that a perpetrator poses.

In 2022, the College of Policing published information for stakeholders regarding a policing-specific Domestic Abuse Risk Assessment (DARA), which aims to understand patterns of domestic abuse, including coercive and controlling behaviour for adult victims.

However, both of these risk tools are focused on adult victims' experiences of domestic abuse. While the DASH and DARA should identify children within a household or family and prompt professionals to take safeguarding actions, the tools do not reflect children's lived experiences day to day. In a review of domestic abuse policies on local authority websites, 40.7% of policies only referred to the DASH risk identification tool as a means of threshold or referral criteria, with no further detail or criteria as to assessing a child's risk.⁴⁵⁹ As a result, the DASH checklist is used as a proxy to ascertain risk to the child. One DHR recommendation is the adoption of "the young person's DASH" (DHR162, p66, SCB) as a way of ensuring that all identification tools were "conducted in a therapeutic and supportive manner with children."⁴⁶⁰ In 2015, SafeLives worked in partnership with several organisations to develop a young people's identification checklist and practice guidance,⁴⁶¹ but this has not been updated since.

While the Commissioner recognises the need for child-specific tools, it is vital that any risk and safety planning tools that are developed reflect what children actually need in reality, and that they are not boxed into inappropriate adult frameworks.

7.4.9. Marac

At points of crisis, high risk and high harm, multi-agency working could not be more critical. The Marac is a key part of the multi-agency response in cases of domestic abuse. Of the 107,674 cases discussed at a Marac in England and Wales in year ending March 2024, 134,222 children and young people were living in those households, subject to high-risk domestic abuse.⁴⁶²

All statutory services and any professionals working with children have a duty to safeguard children and report any risks of harm to Marac, as well as Multi-Agency Safeguarding Hubs. Referral data

⁴⁵⁸ Vera-Gray, F. et al (2024).

⁴⁵⁹ Russell, A. et al (2022).

⁴⁶⁰ Chantler, K. et al (2023a).

⁴⁶¹ SafeLives (2015).

⁴⁶² SafeLives (2024).

shows that the police, by far, refer the most victims and survivors and their children to Marac (63.8%). Despite the high prevalence of domestic abuse within social work caseloads, just 2.9% of referrals came from children's social care, 0.6% from the Multi-Agency Safeguarding Hub and just 0.2% from education settings.⁴⁶³

Designated Safeguarding Leads in schools participating in the roundtables reported that Maracs can be a useful information sharing forum, and when run well can assist in delivering a robust safeguarding response. However, teachers are often not invited, or due to capacity, are not able to attend. As a result, their daily insight into the child or young person subject to domestic abuse is lost, as is the opportunity to take a strategic overview of the whole family.

Maracs are designed to convene a strong multi-agency response for high-risk adult victims. While the children involved in these cases will be discussed in the context of the adult victim, there is no equivalent system for children and young people as victims in their own right. Practitioners from the Commissioner's roundtables note that while Marac can be effective for an adult victim, it was not designed for children's experiences of domestic abuse. Domestic abuse specialist services should always be present at Marac, but their involvement is predominantly advocacy and representation for the adult victim, often as a result of local commissioning arrangements. The Child Safeguarding Practice Review Panel found that there are challenges with information sharing in Marac regarding children,⁴⁶⁴ and not connecting the risk to the child with the risk to adult victims.

There are particular gaps in Marac and the management of high-risk cases for those children and young people with intersecting needs. In the Black and minoritised led 'by and for' services roundtables, practitioners noted a lack of awareness and understanding of harmful practices, such as FGM and Forced Marriage, and so-called 'Honour'-Based Abuse. Practitioners recommended that specialist 'by and for' organisations are represented at multi-agency forums and included in decision making to ensure full understanding of the risk and hidden harms are addressed. An example of best practice is the work of the Asian Women's Resource Centre, which has a template for running a specialist, standalone Harmful Practice Marac in partnership with Kingston CSP. This leads to better outcomes for survivors and their children and, in the long run, enhances the competence of the full forum to reconverge the cases in the local Marac.

Practitioners also described a poor understanding of d/Deaf culture in Marac, impacting on their understanding of the entirety of the case and the decisions made. As a result, under-resourced specialist services have to pick up extra work to fill in gaps, to ensure that the adult and child victims' needs can be met. Practitioners referred to Leeds Marac as an example of best practice, as they have an interpreter, which enables better communication, flow and understanding of professionals and adult and child victims and survivors.

Due to poor representation at Marac from LGBT+ specialist 'by and for' services (as a result of poor partnerships, little resourcing and few services), the level of specialist knowledge is inadequate. Practitioners reported Marac having little competence to work with and assess LGBT+ people's needs, and as a result, they are invisible and their children and their distinct needs are missed.

To ensure that the child's voice is central to Marac, guidance must be updated to ensure that the Marac processes reflect children as victims in their own right. Guidance must have read across with child safeguarding protocols to ensure a stronger multi-agency response for the whole family. It is critical that in any safety planning the needs of the child victim are just as central as the needs of the adult victim. Safety planning should build on the child's existing coping strategies, recognise and support the child's desire to protect their non-abusive parent and themselves, and reflect their developmental stage.⁴⁶⁵

⁴⁶³ SafeLives (2024).

⁴⁶⁴ The Child Safeguarding Practice Review Panel (2022b).

⁴⁶⁵ Winfield, A. et al (2024).

*Shifting the Scales*⁴⁶⁶, identified a number of wider concerns about the effective functioning of Maracs. This includes high volumes of referrals and no underpinning statutory basis, as well as an under-representation and under-engagement of services that could provide important information concerning and support to perpetrators – critical to understanding and reducing the risk facing both adult and child victims. The criminal justice report, therefore, recommends that the Government must commit to undertaking a whole system review of the Marac model and DASH risk assessment, which includes improving its understanding of and response to child victims.

In addition, the Commissioner recommends that:

- **The Home Office conducts a full review of risk identification tools and Marac, through a whole-systems lens, including the extent to which the needs and risk to child victims are considered and have a voice in decisions that affect them. This must extend to research into, and the development of, child-specific tools and guidance to assess both risk and need alongside each other, with age-appropriate variations to cover all babies, children and young people.**

Moreover, taking on board reporting findings, at a local level, Marac partners must ensure that there is strong strategic and operational multi-agency working, governance and information sharing between Marac, Multiagency Tasking and Coordination (MATAC), Multiagency Public Protection Arrangement (MAPPA) and MASH, where these exist, and that all agencies each do their part as a result to ensure that actions are implemented to effect change for child and adult victims and survivors.

Partners must also ensure that there is regular representation at Marac meetings from children's social care, education safeguarding, children's health safeguarding, probation, police, housing and the specialist domestic abuse sector to specifically represent child as well as adult victims. These representatives must prepare for, attend, and take actions from Marac. Each agency should also record their own domestic abuse flags and case management for Marac.

7.5 Accommodation-Based Services

Fleeing home can be a traumatic experience for any victim or survivor of domestic abuse. For many child victims, there can be added complexities and confusion arising from leaving their social context and familiar environment.⁴⁶⁷ In some cases, children are a secondary consideration to accommodation services, with their needs considered behind those of their non-abusive parent.⁴⁶⁸ Studies of refuge provision have typically presented children and young people as a homogenous group, with little exploration as to the differing needs of children and young people and the need for flexible support. These issues may be particularly acute for teenage children.^{469, 470} Teenagers residing in refuge settings report that it would be helpful for them to have support from a dedicated member of staff. However, few refuges had funding for children's workers and there were no specific workers for teenagers.⁴⁷¹

The Domestic Abuse Act 2021 Safe Accommodation Duty was a landmark step forward in the response to domestic abuse. The Commissioner has, however, heard from victims and survivors, specialist services, and frontline practitioners that, in some areas, local authorities are commissioning generic providers, who are not meeting the needs of children and young people subject to domestic abuse. This is especially disappointing given that the Duty's underpinning

⁴⁶⁶ Domestic Abuse Commissioner (2025a).

⁴⁶⁷ Selvik, S. and Øverlien, C. (2015).

⁴⁶⁸ Humphreys, C. et al (2008).

⁴⁶⁹ Bracewell, K. et al (2022).

⁴⁷⁰ Bracewell, K. et al (2022).

⁴⁷¹ Bracewell, K. et al (2022).

statutory guidance is clear that the support needs of children residing in safe accommodation must be adequately met.

7.5.1 Children turned away from accommodation-based support

In the year ending March 2024, 63,950 individuals were supported via the Safe Accommodation Duty, an increase of 13,280 individuals, or 26%, from the previous year.⁴⁷² Of those individuals supported, 24,940, or 39%, were children.⁴⁷³ However, in the same year there were 26,870 households that were referred to a safe accommodation service but were turned away. Adult and child victims denied support in safe accommodation when they seek it face an increased risk of harm, as they may be left with no choice but to return to the abuser. For them to be unable to access support at this time of need is unacceptable, and places adult victims and survivors and their children in an inherently vulnerable situation. Sadly, the picture is getting worse, as the percentage of people turned away was 9% higher in 2022/23, and 30% lower in 2021/22.⁴⁷⁴

The data compiled by the Ministry of Housing, Communities and Local Government (MHCLG) shows the reasons why families were unable to be supported.

- 10,610 (39%) could not be supported due to capacity constraints
- 5,370 (20%) could not be supported as they were unable to meet the family's needs.⁴⁷⁵

Notable reasons for the family's needs being unable to be met included:

- 580 (11%) due to the No Recourse to Public Funds condition
- 530 (10%) due to drugs support needs
- 500 (9%) due to alcohol support needs
- 360 (6.7%) due to the child's age/family size.⁴⁷⁶

While 22% of accommodation-based services responding to the Commissioner's survey reported that children were seen within 24 hours, the most frequently reported waiting time for accommodation-based services was between one and two days (52%), meaning that nearly three-quarters of children were seen within two days. However, accommodation-based services were also the service type mostly likely to say that they have to turn away referrals, with nearly half of services (46%) saying that they receive more referrals than they have the capacity or funding to support.

Feedback from practitioners would suggest that the 360 households turned away due to child's age or family size is likely an undercount, and that these instances have instead been captured under the capacity constraints, or unable to meet family's needs categories. In Women's Aid's recent report, *Nowhere to Turn*, of the families included in the study, just 27.8% of families with more than three children could be accommodated in a refuge.⁴⁷⁷ There can be restrictions for teenage boys in accessing safe accommodation, with siblings sometimes separated as a result of rules regarding their placement.⁴⁷⁸ While safety of residents is paramount, this cannot come at the cost of child victims. All children, including teenage boys, who have experienced domestic abuse need a supportive and safe environment to reside in. It is critical that there is varied and flexible provision to meet all needs.

Having an accurate picture of the numbers of children who have, or have not, been supported in safe accommodation settings is critical, and so the Commissioner recommends that:

⁴⁷² Ministry of Housing, Communities and Local Government (2024b).

⁴⁷³ Ministry of Housing, Communities and Local Government (2024b).

⁴⁷⁴ Ministry of Housing, Communities and Local Government (2024b).

⁴⁷⁵ Ministry of Housing, Communities and Local Government (2024b).

⁴⁷⁶ Ministry of Housing, Communities and Local Government (2024b).

⁴⁷⁷ Women's Aid (2024b).

⁴⁷⁸ Theobald, J. et al (2021).

- **The Ministry of Housing Communities and Local Government collects better data regarding child victims of domestic abuse residing in safe accommodation.** This should include outcomes for children and families, the ages of children, reasons why children cannot be supported, and the type of child specific support service accessed in the accommodation. This must include the experiences of teenage boys, and the specific number of children who could not be supported, as opposed to just at a household level.

7.5.2 Homelessness Duties

Due to a legislative oversight, those who present to their local authority as homeless as a result of domestic abuse (and therefore in priority need), are unable to access support in safe accommodation. If the victim or survivor is assessed as having a priority need, and requiring homelessness support via the Housing Act 1996, they will instead be entitled to access temporary accommodation. This is a concern, because temporary accommodation provided by the local authority has different suitability requirements, as set out in Part 7 of the Housing Act 1996, which does not align with the standards required by the Safe Accommodation Duty. It can, for example, include Bed and Breakfast type accommodation, which is wholly unsuitable for adult and child victims of domestic abuse.⁴⁷⁹ There is also no requirement for the local authority to provide support for the adult and child victim if they are residing in temporary accommodation.

The Homelessness Code of Guidance makes clear that the homelessness legislation is independent of the Safe Accommodation Duty and only suggests that housing authorities “may wish to consider the descriptions of relevant safe accommodation.”⁴⁸⁰ There is no legal requirement on the local authorities to do this.

In the latest annual data set, for the period April 2023/March 2024, 64,960 households were found to be owed a main housing duty.⁴⁸¹ Of these, 4,900 households (8%) were in priority need as a result of experiencing domestic abuse.⁴⁸² Within the same dataset, households with children in temporary accommodation increased by 14.7% to 74,530.⁴⁸³ Given these numbers, there will be an extremely high number of child victims of domestic abuse who are living in unsuitable temporary accommodation, not accessing any support for their experiences. This is a serious oversight, which must be rectified by the Ministry of Housing, Communities and Local Government, to ensure that all child victims are able to reside in safe accommodation settings, and access support. It is the Commissioner’s view that households made homeless as a result of domestic abuse should continue to be housed under the homelessness legislation, but that any temporary accommodation that is provided meets the standards of the Safe Accommodation Duty.

Therefore, as a first step, the Domestic Abuse Commissioner recommends that:

- **The Ministry of Housing, Communities and Local Government considers plans to amend the homelessness legislation to change the definition of temporary accommodation, for households found to be in priority need because they are deemed to be homeless as a result of domestic abuse, to mirror the definition of safe accommodation as per the Domestic Abuse Act (2021).**
- **The Ministry of Housing, Communities and Local Government ensures that adult and child victims and survivors who are living in temporary accommodation are included**

⁴⁷⁹ It should be noted that the Homelessness Code of Guidance makes clear that housing authorities must not use B&Bs to accommodate families with children or pregnant women except where there is no alternative available, and then for a maximum period not exceeding six weeks. Where it is used, they should consider having a plan to reduce or eliminate its use.

⁴⁸⁰ Ministry of Housing, Communities and Local Government (2018).

⁴⁸¹ Ministry of Housing, Communities and Local Government (2024a).

⁴⁸² Ministry of Housing, Communities and Local Government (2024a).

⁴⁸³ Ministry of Housing, Communities and Local Government (2024a).

in the Safe Accommodation Duty data, concerning families who were unable to be supported in safe accommodation, to ensure an accurate measure of the scale of the problem. At present, these families are not included in the data, representing a significant undercount.

7.5.3 Support in accommodation-based services

Despite the value of interventions within refuges for children who have experienced domestic abuse,⁴⁸⁴ there is still a dearth in support.

One-fifth of specialist services for children reported by service providers were recorded as accommodation based, compared with 28% reported by commissioners. Accommodation-based services receive higher funding amounts than community-based services (although the overall spend on community-based services is higher as they are more numerous). Based on responses to our survey, the funding amounts given for accommodation-based support services for children reported by service commissioners who responded ranged considerably from £2,500 to £4.5 million with a median average of £41K per year. While not as vulnerable as community-based services, these services are subject to the same funding problems as the whole sector. Eleven service provider organisations said they had closed an accommodation-based support service for children during the last five years due to funding reasons.⁴⁸⁵

⁴⁸⁴ Copping, V.E. (1996).

⁴⁸⁵ Domestic Abuse Commissioner (2025b).

CASE STUDY

Harbour Support Services, Northeast of England

Harbour Support Services is a specialist domestic abuse service, based across various areas in the Northeast of England. Harbour Support Services provides safe accommodation in the form of refuge provision and dispersed units for all victims of domestic abuse and their children, as well as a range of outreach support services.

Harbour Support Services undertake a whole family approach to all referrals into their services. The needs of the whole family, including siblings and parents/carers are assessed. A range of bespoke, therapeutic programmes of support are available for children and young people aged three–18, including one-to-one sessions and group work.

In Durham, Harbour Support Service and Durham Council's Early Help team deliver the NSPCC's Domestic Abuse, Recovering Together (DART) programme⁴⁸⁶ for mothers and children. Harbour Support Services will work with the child and adult prior to attending DART sessions where support is provided through programmes when additional care and support needs are identified. This package of support and holistic approach is essential to the success of DART. Through DART, mothers and children meet for a weekly two-hour group session over a period of 10 weeks. At the start of the session, children and mothers work together for an hour and then take part in activities in separate groups. At the end of each session, they join together again.

⁴⁸⁶ NSPCC (n.d.a).

7.5.4 Day-to-day experience of accommodation-based services for children and young people

Accommodation-based services must consider the day-to-day needs of children and young people living in safe accommodation, and how their needs can be best met, while ensuring the safety of all residents. Given the upheaval and potential disempowerment felt by children in the (often sudden) changes to their living arrangements, it is important that opportunities for their participation and expression of agency are sought in decisions affecting them in accommodation-based services, although this is not routinely happening in practice.⁴⁸⁷

In Bracewell's study, older children in refuges have described feeling trapped and lacking independence.⁴⁸⁸ Curtailments include not being allowed a key, restricted internet access,⁴⁸⁹ curfews and not leaving the premises.⁴⁹⁰ While many refuges had social spaces allocated for young children, it was rare to have a designated communal space for teenagers (without supervision), further impacting on their sense of independence.⁴⁹¹ Teenagers' privacy is inhibited by the need to share a bedroom with their siblings and parent, and the feeling of refuge staff "intruding" in their lives.⁴⁹²

Insufficient access to computers and the internet compounded feelings of isolation as it reduced opportunities for social interaction with peers via social media, entertainment and school work.⁴⁹³ While restrictions on internet access are put in place to reduce risk, policies should take a balanced view of older children's capacity to assess their own risk and use online safety strategies.⁴⁹⁴ More positively, however, teenagers have also reported valuing the opportunity provided by accommodation-based services to meet with others with similar experiences.⁴⁹⁵

One of the most significant impacts on children and young people in safe accommodation is on their education. For many teenagers, school provides a sense of purpose, feelings of belonging, a positive source of identity and a secure base, which can be lost due to the need for relocation.⁴⁹⁶ Teenagers spent on average 13.8 weeks out of education.⁴⁹⁷ Reasons for this include problems with transportation to schools in other areas, a shortage of available school places locally, enrolment delays, and welfare concerns.⁴⁹⁸ In order to maintain friendships and a sense of normality, many children want to continue to attend the same school.⁴⁹⁹ However, this can mean long school journeys, leaving the refuge early and returning late, as well as the safety concerns regarding the perpetrator's awareness of the school location. Residing in safe accommodation can also create practical difficulties in completing homework, due to a lack of appropriate equipment, quiet spaces, computers and internet access.⁵⁰⁰ This can intensify a child's anxieties about their academic success, and their creation of future predictability and financial security.⁵⁰¹

'By and for' services reported a chronic lack of availability of specialist refuge provision that can meet the adult and child victims intersecting needs.⁵⁰² There is a need for more specialist Black and minoritised refuges, in addition to more services that meet the needs of victims and survivors with

⁴⁸⁷ Bracewell, K. et al (2022).

⁴⁸⁸ Bracewell, K. et al (2022).

⁴⁸⁹ Bracewell, K. et al (2022).

⁴⁹⁰ Gregory, K. et al (2021).

⁴⁹¹ Bracewell, K. et al (2022).

⁴⁹² Bracewell, K. et al (2022).

⁴⁹³ Bracewell, K. et al (2022).

⁴⁹⁴ Bracewell, K. et al (2022).

⁴⁹⁵ Bracewell, K. et al (2022).

⁴⁹⁶ Shepherd, C. et al (2010).

⁴⁹⁷ Bracewell, K. et al (2022).

⁴⁹⁸ Thunberg, S. et al (2024).

⁴⁹⁹ Bracewell, K. et al (2020).

⁵⁰⁰ Bracewell, K. et al (2020).

⁵⁰¹ Bracewell, K. et al (2020).

⁵⁰² Domestic Abuse Commissioner (2022a).

no recourse to public funds. The Commissioner has set out more detail in *Safety Before Status: The Solutions*.⁵⁰³

Participants within the LGBT+ roundtable described a “systemic gap” in provision, with very few refuge spaces for LGBT+ victims and survivors with children – creating a barrier for adult and child victims to flee from abuse. Looking specifically at the needs of young people – the Loving Me Trans refuge reported that 80% of their service users were aged 18–21 and, in most cases, the young person’s perpetrator was their parents or other family members. Limited space results in many young LGBT+ victims being forced to reside in unsafe temporary accommodation, such as shared accommodation, hostels or Bed and Breakfast, which is retraumatising. Practitioners reported these young people having to stay in temporary accommodation for long periods of time due to limited move on options, so instead opt to live with adults who offer them alternative accommodation, which increases the chances for exploitation and further abuse. The solution is to expand the provision of refuge and dispersed accommodation, paired with specialist tailored support for LGBT+ young people.

There are very few options for d/Deaf women and children, and refuges are very rarely equipped to meet their health and safety needs. d/Deaf adult and child victims are further restricted from accessing refuge, due to the lack of available special schools with space, to meet the education needs of the child.

It was not just accessing refuge that was highlighted by the ‘by and for’ specialists, but also the support available upon access to refuge. When child victims are placed in refuge, statutory services will often close cases as they feel the refuge can take over and meet the needs of the child or young person. As a result, the social care intervention needed takes longer or is declined due to the fact the child is in refuge. Similarly, when families cross local authority boundaries to access safe accommodation, the case may not be transferred to the new local authority – local authorities may require a new assessment, which could be retraumatising for the child victim. The roundtable recommended that children’s services and children and families workers should be commissioned as a standard part of the service in refuge.

Therefore, the Domestic Abuse Commissioner recommends that:

- **The Ministry of Housing, Communities and Local Government conducts a review of the Safe Accommodation Duty and the response to children and young people subject to domestic abuse, including the types of child-specific support offered in safe accommodation, how that support can be extended, the reasons why children are turned away, as well as, specifically, the experiences of teenage boys accessing support.**
- **The Ministry of Housing, Communities and Local Government publishes guidance requiring each local authority to capture the views and experiences of children within safe accommodation within their needs assessments, data monitoring forms and strategies, and commit to ensuring children’s voices are represented.**

⁵⁰³ Domestic Abuse Commissioner (2022c).

8.0 CHAPTER EIGHT – RECOVERY AND ONGOING SUPPORT

Recovery services are critical to provide children and their parents with the chance to recover together and strengthen the bond between them. This can involve coping strategies, practical information and the skills to support children to recover, heal, and make sense of the abuse that they have experienced.⁵⁰⁴ In addition, their sense of safety is absolutely foundational to recovery.⁵⁰⁵

CASE STUDY

Acorns, North Tyneside and Northumberland

Acorns is an independent, specialist organisation offering a range of services to support families affected by domestic abuse, including holistic counselling and recovery work to children and young people. All services and organisational systems and staff are trauma informed. Acorns operates on key principles, including choice and a 'Single Door, Many Rooms' approach, which ensures children and families are given the power to choose what services they want to access, and when, rather than being directive about what they can and cannot have. Children can choose the type of support that they want, and if they access support alone, with their siblings and/or with their non-abusive parent. There is an open door, and families can receive support for as long as they need it or return after a period of time if additional support is required.

Acorns offers a variety of therapeutic interventions for children, mental health support, crisis support for those who choose it, groupwork programmes and after school and holiday activities. They also offer parent engagement work and counselling for parents, as well as advocacy for parents going through the child protection process.

The Local Authority have been funding Acorns to do children's domestic abuse recovery work for the past 10 years. Acorns have also received funding from the Police and Crime Commissioner, who has allowed funding to be flexible according to need.

8.1 Children and Adolescent Mental Health Service (CAMHS) Support

As set out in the introduction, experience of domestic abuse can affect a child or young person's mental health, and for some children, they will also need some kind of treatment for their mental health needs. For children subject to trauma, mental health interventions that are adapted to their needs, give them autonomy, control and choice are the most beneficial.⁵⁰⁶ Where children who have experienced domestic abuse have a specific mental health need (recognising that not all children will), CAMHS should be best placed to offer targeted clinical support to meet those needs.

However, those seeking mental health support from CAMHS face two key obstacles to getting the support they need: CAMHS' inability to meet overall demand and their insufficient awareness of domestic abuse.

Increasing demand for CAMHS means that most services cannot meet levels of need. Three times as many children are in contact with mental services as seven years ago while the number of doctors employed within CAMHS has not kept pace with this increase.⁵⁰⁷ SafeLives 2022/23 Insights data indicated that while 65% of young people accessing partner services had a mental health concern identified at intake, only 11% were receiving support from CAMHS and only a further 4% had been engaged with CAMHS upon exit.⁵⁰⁸ Roundtable participants reported extremely long

⁵⁰⁴ Stylianou, A.M. et al (2022).

⁵⁰⁵ Morrison, F. (2024).

⁵⁰⁶ Ellinghaus, C. et al (2021).

⁵⁰⁷ British Medical Association (2024).

⁵⁰⁸ SafeLives (2023a).

waiting lists for CAMHS and other types of mental health support, and described how referrals are often being declined due to the high thresholds for support and complex or stringent criteria.⁵⁰⁹

Analysis of CAMHS referral criteria carried out in 2018 showed that some providers exclude children living in households “where there are problems between the parents”, including children subject to domestic abuse, specifying that their needs should be met by other services.⁵¹⁰ As such, there is a risk in some areas that children experiencing multiple vulnerabilities will fall between the gaps and not receive the support that they need – despite specialist mental health support being critical for this population of children.

CAMHS assessments for children and young people are usually held with their parent/carer present unless the child requests otherwise. For child victims of domestic abuse, this may not always be appropriate and, therefore, it is critical that the assessment considers this and assesses children in a way that is domestic abuse informed.

Given the prevalence of domestic abuse, the Commissioner is clear that CAMHS support must be available to all child victims of domestic abuse who have a mental health condition, no matter where they live. In addition to strengthened capacity, CAMHS practitioners must be able to understand the difference between clinical mental health conditions and trauma responses, and how the two interact. Practitioners need to be upskilled to support child victims of domestic abuse, who also have an intersecting mental health need, so that they can receive the appropriate treatment to best support the child’s individual needs.

A recent study of how children subject to domestic abuse experienced CAMHS treatment showed that children found it difficult to engage in treatment, and that they struggled to disclose ongoing abuse, fearing the consequences of such disclosure. Children found their experience of CAMHS confusing, and had mixed views about parental involvement in treatment, with varied experiences of joint sessions.⁵¹¹

The research highlights the need for a more domestic abuse-informed approach from CAMHS, to help alleviate nervousness, make clear what to expect and better information ahead of the intervention for the child and their non-abusive parent. It recommends including therapeutic work to improve the child’s wellbeing, and emphasised the importance of children feeling heard, and seeing a consistent therapist. Moreover, it is essential that CAMHS routinely assesses the child’s safety, risk assess, and explore if the child’s reluctance to engage in therapy or joint sessions is due to fear of retribution or ongoing abuse.⁵¹² It is also imperative that CAMHS practitioners are trained and feel confident to refer children, with their consent, directly into local domestic abuse services for ongoing support, rather than simply signposting.

⁵⁰⁹ Crenna-Jennings, W. and Hutchinson, J. (2020).

⁵¹⁰ Education Policy Institute (2018).

⁵¹¹ Onsjö, M. et al (2023).

⁵¹² Onsjö, M. et al (2023).

CASE STUDY

Standing Together Against Domestic Abuse (STADA): Crossing Pathways Health Project

STADA pioneered the 'Whole Health' approach to domestic abuse, which recognises the need for a systemic approach to responding to domestic abuse across the health economy. STADA has worked locally and nationally to coordinate health partners' response to domestic abuse over the last two decades. This knowledge and experience informed their national collaborative project, Pathfinder, the recommendations from which were included in the Domestic Abuse Act 2021 Statutory Guidance.

The Crossing Pathways Whole Health Project, funded by Home Office 2023–2025, aimed to improve domestic abuse interventions in healthcare settings to support a diverse patient population and, in particular, vulnerable groups who face the most barriers in disclosing abuse or accessing services, such as disabled women, minority ethnic groups, and migrant women and children. The project completed a mapping of health-based responses to domestic abuse across England, including the commissioning of targeted provision for vulnerable patient groups and developing training for healthcare professionals.

CAMHS Domestic Abuse Practitioner – Staffordshire

The New Era Domestic Abuse Service was grant funded by Standing Together Against Domestic Abuse to deliver a 12-month pilot (ended September 2024), placing a domestic abuse practitioner in the CAMHS service of North Staffordshire Combined NHS Trust, in response to the identified need of young people affected by domestic abuse experiencing 'ping pong' between the CAMHS service and New Era's children and young people's service.

The practitioner was integrated into the three CAMHS sites across North Staffordshire to provide training, advice and consultancy to CAMHS colleagues in order to improve referral pathways and joint working between the two services and upskill CAMHS practitioners to identify and respond effectively to children and young people affected by domestic abuse. The practitioner became a single point of contact for CAMHS staff for enquiries about domestic abuse and making referrals to New Era. They also regularly attended triage meetings and multi-disciplinary team meetings to provide consultancy and advice, often on complex cases. Training was delivered across the three sites as well as the wider mental health trust and connected partners providing support to young people.

The practitioner gained extensive knowledge and understanding of how the different sites triaged and managed referrals when domestic abuse is a factor. Feeding back observations and concerns was successful in influencing key changes to the CAMHS process, resulting in a more effective triage, onward referral and better outcomes for children and young people. The practitioner upskilled New Era staff on the CAMHS service offer, thresholds and referral process, which resulted in more streamlined referrals to CAMHS. The project received consistent positive feedback from CAMHS colleagues about how highly they valued the co-location and expertise in the team. The NHS Trust have agreed to extend the pilot to March 2025.

8.2 Community-based therapeutic support

Where a child has experienced domestic abuse, but also has a mental health condition, support should be delivered by a domestic abuse-informed CAMHS service. Where a child needs therapeutic support as a result of domestic abuse, this should be delivered by a specialist community-based service. Both of these service types are vitally important in the local response to domestic abuse and must be funded to adequately meet capacity and children's individual needs.

In addition to strengthening CAMHS capacity, roundtables held by the Commissioner also set out the need for community based, age-appropriate therapeutic interventions for children subject to domestic abuse. Where children have experienced domestic abuse, but do not have a mental health condition, it is preferable that therapeutic care and counselling to help children to recover from their experiences is delivered by specialist community-based support services, who are able to provide tailored, specific support for child victims. Community-based services provide a range of intervention types, from therapeutic care, through to safety planning and risk assessment. Therefore, it is vital that there are a range of options and interventions in a local area, so a child can be referred to the best service(s) for them.

Access and waiting for support are a widespread barrier to children's recovery process. As with most services responding to the Commissioner's survey, the most frequently reported waiting time for the recovery services was between one and three months (42% of recovery services). Two-thirds of recovery services also said that they have to place children on reserve or additional waiting lists. Although not to the same extent as accommodation-based services, recovery services were more likely than other services to receive more referrals than they had the capacity or funding to support, with 30% reporting that they turned away referrals.

Improving the availability of community-based services will allow for earlier intervention and support for children before they reach mental health crisis and require more extensive treatment.

Therefore, the Domestic Abuse Commissioner recommends that:

- **The Department for Health and Social Care funds counselling and therapeutic support for child victims of domestic abuse within specialist community-based services.**
- **The Department for Health and Social Care increases CAMHS capacity to understand and respond to child victims of domestic abuse with mental health needs and ensure all CAMHS professionals have a solid understanding of domestic abuse.**

8.3 Interventions for the child and non-abusive parent

One intervention type is those for both the child and non-abusive parent. While there needs to be greater consistency in the measurement of outcomes,⁵¹³ evidence suggests that interventions that aim to rebuild the relationship between the child and their non-abusive parent can help with their recovery in the aftermath of domestic abuse.⁵¹⁴ These interventions (which are for mothers who are victims) recognise that perpetrators of abuse will often deliberately undermine the mother-child relationship, who subsequently will both find it difficult to discuss what they have experienced together.⁵¹⁵ Typically, these group interventions encourage the mother and child to do activities together and also talk to other mothers and children in their own separate, parallel groups about children's experiences of domestic abuse. This helps children to understand their feelings, and mothers to support their children's recovery.⁵¹⁶

⁵¹³ Howarth, E. et al (2015).

⁵¹⁴ Smith, E. et al (2015).

⁵¹⁵ Humphreys, C. et al (2006).

⁵¹⁶ Morrison, F. (2024).

Commissioning of this type of service varied considerably, with funding amounts reported by commissioners participating in our survey ranging from £6,398 to £670,000, the median amount being £92,000.

8.4 Behaviour Change Interventions

Looking to perpetrators, for children subject to domestic abuse, there are often complicated feelings towards the perpetrator, borne out of wanting to protect the non-abusive parent and keep them safe, and whether or not they want contact with that person. Research has found that, typically, perpetrators struggle to acknowledge the impact of their abuse on their children.⁵¹⁷ Many perpetrators rarely acknowledge that their children have experienced the abuse that they perpetrated towards the other parent.⁵¹⁸

Where perpetrators do recognise the impact on their children, this can be a motivator to change their behaviour, and participation in behaviour change and parenting programmes can reduce abuse towards adult and child victims.⁵¹⁹ However, where perpetrators only engage in a parenting programme, without addressing their own abusive behaviour, such as enrolling in a perpetrator intervention, the perpetrator can become more empowered in their role as a parent, and use this as a tool to continue to abuse, coerce and control their ex-partner, post-separation. Gřundělová and Stankova found that where perpetrators involved in an intervention were not engaged as aggressors, and the necessity to stop violence was not addressed, blame and responsibility would remain with the non-abusive parent.⁵²⁰ The dangers of this – and current practice – is set out further in Chapter 6 detailing the Reducing Parental Conflict programme.

Therefore, it is vital that agencies understand the interconnection between domestic abuse, parenting programmes and perpetrator programmes, before offering perpetrator-child contact. Moreover, it is critical that alongside behaviour change with a perpetrator, children's therapeutic needs are addressed and specialist services for child victims of domestic abuse are available, to help children make sense of their feelings towards the perpetrator and contact arrangements. Statutory services must collaborate to understand the needs, desires and voice of the child in any decision making. Children's feelings of safety, and ability to recover, will be unsurprisingly linked with a reduction in abuse by their abusive parent.

Therefore, the Domestic Abuse Commissioner recommends that:

- **The Home Office funds comprehensive provision of behaviour change interventions for perpetrators of domestic abuse.**

8.5 Family Court



"Kids should be able to make own choices. Court shouldn't force kids to have parents contact if don't want to."

Postcard, secondary school-aged child

"Children to have more say around who they do/don't want contact."

Poster created by secondary school-aged children

"Abusers shouldn't have access to children's educational, medical and personal information even if they have parental responsibility."

⁵¹⁷ Stanley, N. (2011).

⁵¹⁸ Stanley, N. (2011).

⁵¹⁹ Stanley, N. et al (2009).

⁵²⁰ Gřundělová, B. and Stanková, Z. (2018).

The family justice system has a crucial role to play in safeguarding child victims of domestic abuse. The Family Court determines contact arrangements for children when their parents separate. When domestic abuse is a relevant feature, there is a clear need to understand any risk contact presents to the child. In 2023, there were over 52,000 private family law cases in the Family Court in England and Wales, overseeing cases concerning in excess of 80,000 children. The prevalence of domestic abuse in the Family Court is estimated to be up to 62% of cases.⁵²¹

In response to growing concerns related to the Family Court mishandling domestic abuse cases, to the detriment of child and adult victims and survivors of abuse, the Ministry of Justice commissioned research that culminated in a report, *Assessing risk of harm to children and parents in private law children cases*, published in 2020.⁵²² The report is frequently referred to as the Harm Panel Report and sets out significant and concerning failings of the family justice system. Two years after the report, the Domestic Abuse Commissioner built on the work of the report and laid her own report in Parliament: *Domestic Abuse and the Family Court: Achieving Cultural Change*.⁵²³ The Commissioner's report identified that while progress has been made, more needed to be done to address the original concerns of the Harm Panel report. The Commissioner made 10 key recommendations to address the shortcomings of the family justice system with respect to domestic abuse.⁵²⁴

A key component of the Commissioner's approach to the Family Court is calling for a child-centric and abuse-informed Family Court. The Commissioner has consistently drawn attention to Section 3 of the Domestic Abuse Act 2021, which directs the Family Court to view the child as a victim of domestic abuse in their own right.⁵²⁵ This legislative change means that a child is a victim of abuse when one parent abuses the other, during or after a relationship has ended. Despite this, victims and survivors consistently speak of re-traumatisation, and re-victimisation, and children's safety being deprioritised as a result of domestic abuse being minimised. In response, the Commissioner's report sets out a child-centric model that looks to situate the child at the heart of the Family Court.

The Commissioner is strongly of the view that domestic abuse must be understood and addressed to protect children who have an abusive parent. This is to say that the family must first be properly understood in domestic abuse terms before turning to any allegation that relates to a child's reluctance, resistance or refusal to see a parent. This is because such responses by children are justified within the context of domestic abuse, and so it is necessary to ascertain the family context at the outset. Attempts to silence the voice of the child or to quieten the voice of the individual child are unacceptable and many children and young people, via *Tell Nicole*, say that they did not feel listened to when important decisions were being made about contact with family members. This is echoed in feedback from members of the Family Justice Young People's Board (FJYPB),⁵²⁶ and in research by the Nuffield Family Justice Observatory.⁵²⁷

Promisingly, in February 2025, the President of the Family Division, Sir Andrew McFarlane, published guidance and a toolkit for family judges on how to write to children at the centre of proceedings on decisions made about their case.⁵²⁸ This has been developed in collaboration with the Family Justice Young People's Board, and is a positive step in the right direction.

⁵²¹ Domestic Abuse Commissioner (2023).

⁵²² Ministry of Justice (2020).

⁵²³ Domestic Abuse Commissioner (2023).

⁵²⁴ Domestic Abuse Commissioner (2023).

⁵²⁵ Walsh, K. (2024).

⁵²⁶ Cafcass (2021).

⁵²⁷ Roe, A. (2021).

⁵²⁸ President of the Family Division (2025).

8.5.1 Re-victimisation in Public Law Proceedings

Public law proceedings are cases in the Family Court brought by public bodies, such as a Local Authority. Within these proceedings, there are a number of people and organisations whose role is to inform the court on the child's wellbeing. These proceedings differ to private law proceedings, where parties to the proceedings are usually parents but are always two individuals.

While public law proceedings have more presence and expertise in terms of those who assist and inform the court, there are extremely concerning accounts of survivors being held responsible for not adequately protecting children from another abusive adult, usually a partner/the other parent. In these cases, victims and survivors have relayed how they have been both criticised and penalised, effectively making them responsible for the abuse they are likely to have directly experienced. This re-victimisation conflicts with the Domestic Abuse Act 2021 and wider legal provisions to protect both adult and child victims and survivors.

Examples of re-victimisation can include holding a non-abusive parent responsible for the abuse inflicted by another adult. In doing this, the court can conclude that the non-abusive parent is unable to effectively parent and protect the child, recommending for a child to be taken into care or placed for adoption. The transfer of blame and responsibility is both re-victimising and re-traumatising.

Given the presence of state authorities in public law proceedings, it is largely considered to be a thorough process. However, improper understanding of domestic abuse and minimising efforts made by a non-abusive parent to safeguard children can lead to devastating and unfair outcomes.

Therefore, the Domestic Abuse Commissioner recommends that:

- **The Ministry of Justice commissions research that undertakes a systematic review of domestic abuse cases in public law proceedings. This research should mirror the Harm Report and consist of a literature review, consultation and published findings.**

8.5.2 Pathfinder Courts and the role of specialist services

New 'Pathfinder' courts across England and Wales bring a more investigative, less adversarial approach to private law proceedings. This model was introduced in two pilot sites in 2022 and has since expanded to a further two sites.

A key aspect of the model is gathering information as early as possible in the process to make informed decisions. CAFCASS, CAFCASS Cymru, or Children's Services must undertake a Child Impact Assessment at the outset. This is an in-depth information gathering exercise, which gives the child the opportunity to be seen and heard from the very beginning of proceedings. In situations where there are concerns about domestic abuse, families are referred to specialist domestic abuse agencies for a risk assessment and ongoing support. Domestic abuse services can provide feedback on their engagement with the child concerned, which helps to amplify the child's voice and inform the Judge's understanding about the child's feelings.

Despite the Pathfinder model bringing ambitious reforms to Family Court, there remain significant gaps in the support provided for children and young people during and after proceedings. Specialist domestic abuse services in the pilot areas are facing increased demand, but without additional dedicated funding this has led to increasing waiting lists.

It is essential that Pathfinder courts are suitably resourced, including through funding specialist services, ahead of potential national roll out, pending formal evaluation.

CASE STUDY

The Den, Blackpool

The Den is a specialist children's domestic abuse service, situated within a broader advocacy organisation called Empowerment Charity, with lived experience at the heart of all they do. The Den delivers tailored support to children impacted by domestic abuse through a team of highly trained Children's Domestic Violence Advisors (Children's IDVAs) – offering one-to-one support, group sessions, positive activities and youth provision. The team works with children who are currently living in a home with domestic abuse, having family time/contact with the parent of abusive behaviours, or young people experiencing domestic abuse in their own relationships.

The Den facilitates a safe youth participation forum following domestic abuse, a space where the voices of children and young people are amplified to inform not just the organisation's work, but also to improve the response to domestic abuse across both local and national statutory agencies. The forum provides children and young people with opportunities to shape institutional advocacy and ensure services are incorporating children's views and experiences into their strategies and policies.

8.6 Support for children bereaved by domestic abuse-related deaths

Children and young people have regularly been identified as the 'neglected victims' of domestic homicides, given the lack of data on their experiences, and subsequent life outcomes.⁵²⁹ From April 2020 to March 2023, there were 248 intimate partner homicides recorded in the UK. While focus is rightly on what lessons can be learnt to prevent homicide from happening again, little focus has been given to the hidden victims in these tragic cases, which is the children of these victims.⁵³⁰

8.6.1 Prevalence

Looking at a sample of 33 Domestic Homicide Reviews, published from 2017–2019, 22 of the DHRs reported that children under 18 were either living in or visiting the home of the victim in the period leading up to the homicide. In total, 43 children were recorded across these DHRs, and 98% of those children had been subject to domestic abuse either between parents, and/or within the wider family.⁵³¹ In five cases, there were multiple victims of homicide – all children of either the victim and perpetrator, or of the victim. In this sample, these five children were all under the age 18 at the time they were killed.⁵³² Moreover, in 14 DHRs, young children were present at or witnessed the homicide.⁵³³ Research shows that, unfortunately, this is the case with a substantial number of intimate partner homicides.⁵³⁴ In a review of Domestic Homicide Reviews between October 2022 and September 2023, children (under 18) stayed in 41% (of 39) households where the victim died by suicide.⁵³⁵

The Vulnerability Knowledge and Practice Programme (VKPP) Domestic Homicide Project annual report includes data on Suspected Victim Suicides following Domestic Abuse (SVSDA). Over a three-year period (1 April 2020–31 March 2024), they identified 216 suspected victim suicides following domestic abuse (SVSDA).⁵³⁶ In year three of this study (1 April 2022–31 March 2023), there were 93 SVSDAs – this was the greatest increase in their data collection and for the first time was higher than those deaths related to homicide.⁵³⁷

⁵²⁹ Mertin, P. (2019).

⁵³⁰ National Police Chief's Council (2023).

⁵³¹ Chantler, K. et al (2023a).

⁵³² Chantler, K. et al (2023a).

⁵³³ Chantler, K. et al (2023a).

⁵³⁴ Stanley, N. et al (2019).

⁵³⁵ Home Office (2024).

⁵³⁶ Vulnerability Knowledge and Practice Programme (2024).

⁵³⁷ Vulnerability Knowledge and Practice Programme (2024).

8.6.2 Response and hearing children's voices

Following a domestic abuse-related death, children's voices about significant decisions that affect them are rarely sought.⁵³⁸ Many child victims are not given the opportunity to influence their future, such as where and who they would live with, and may in the case of a victim's death by suicide remain with the abuser, or be placed in a kinship placement with the abuser's family. This is completely at odds with Article 12 of the UNCRC (respect for children's views), and the Children's Act 1989. Research from Warwick University highlights that bereaved family members and children, who may continue to be at risk from abusers, need to be effectively protected and supported through trauma-informed advocacy.⁵³⁹

Of great concern is that even in cases where the child victim's parent has been convicted for the murder or related suicide of the child's other parent, parental rights have been maintained.⁵⁴⁰ These can include decisions like where the child lives, contact arrangements, or access to information about their lives. As a result, this has created numerous examples of the child victim experiencing coercive control and re-traumatisation after intimate partner homicide – thereby failing to recognise children as victims in their own right.⁵⁴¹

Children are rarely consulted during a Domestic Homicide or Suicide Review and reports provide limited information on their age, sex, ethnicity, needs, and care.⁵⁴² This is a missed opportunity, given their potential involvement in witnessing the homicide or abuse prior to their parent's death and calling for help, but also the importance of the children's narrative about domestic abuse prior to the homicide.⁵⁴³ If done carefully, and in a trauma-informed way alongside a suite of specialist support, involvement in DHR processes could form part of the child's recovery, and be incredibly empowering.⁵⁴⁴

The Commissioner, therefore, recommends that:

- **The Home Office updates statutory guidance to require Domestic Abuse Related Death Reviews to include the authentic voice of the child victim.**

8.6.3 Lack of services for children bereaved by domestic abuse related deaths

Given the trauma and significant impacts of losing a parent to intimate partner homicide or domestic abuse-related suicide, children need long-term, continuous support, or support that can be resumed at regular intervals.⁵⁴⁵ While children may appear to be coping in the immediate period post-death, there may be a delayed response to the trauma of losing a parent, which is why access to services should be available for years following a homicide or domestic abuse-related suicide.⁵⁴⁶

Few practitioners attending the roundtables could point to specialist support for child victims of intimate partner homicide. Service providers were also less confident about supporting this group of children compared with other children with additional or intersecting needs. Despite being one of the most traumatic experiences that a child can have, there is limited support available for them to help them to recover, particularly in specialist support services.

Provision of support for children bereaved by domestic homicide is bound by long waiting lists, poor referrals for therapeutic interventions and poor provision of trauma services specifically for children

⁵³⁸ Kurdi, Z. et al (2024).

⁵³⁹ Munro, V. et al (2022).

⁵⁴⁰ Kurdi, Z. et al (2024).

⁵⁴¹ Kurdi, Z. et al (2024).

⁵⁴² Chantler, K. et al (2023a).

⁵⁴³ Stanley, N. et al (2019).

⁵⁴⁴ Kurdi, Z. et al (2024).

⁵⁴⁵ Gomersall, A. et al (2024).

⁵⁴⁶ Gomersall, A. et al (2024).

– particularly in access to CAMHS, which is wrought with high thresholds to access support.⁵⁴⁷ As the local government funding crisis continues to loom over service provision, professionals are increasingly gatekeeping access to vital services for child victims of intimate partner homicide, meaning increasingly fewer children are accessing support. As a result of underfunding in both the statutory sector and support sector, even the services that could provide some kind of support to child victims are restricted by postcode and age group – leaving many children with no support for their experiences at all.⁵⁴⁸

Without permanently funded, specialist support for this group of children, generic services are having to provide this support. The support that is available for children bereaved by domestic homicide or suicide is inadequate. Despite good intentions and competent practitioners, many clinicians are reluctant to take on these cases, out of fear that working with such significant trauma within the time frames given to them would be unsafe.⁵⁴⁹ Another illustration of inadequate support includes examples of children's support groups that invited both children bereaved by domestic homicide and children bereaved when their parents had died from other causes, for example, a road traffic accident.⁵⁵⁰ This is deeply inappropriate for both sets of bereaved children.

Among professionals who work with this cohort of children, fewer than 5% felt that the current service provision meets the needs of children bereaved by domestic homicide extremely well. By comparison, 29% felt children's needs were not met at all.⁵⁵¹ Therefore, the Commissioner is clear that capacity must be built into the specialist sector to ensure that the holistic needs of children bereaved by domestic homicide or suicide can be met, and that work must be done to understand what specialist models of support can best support these children.

8.6.4 Support for other family members

As well as considering the needs of the child victim of domestic homicide or suicide, it is also important to consider the needs of other family members. For example, the new kinship carers of these children. Carers benefit from emotional support for their own grief, advocacy and information around legal and practical procedures, peer support and education around the impact of trauma.⁵⁵² These families need greater financial support, with many relying on savings to support the child.⁵⁵³ The current system provides little support for these carers, and more must be done to ensure that any transition to live with new family members is as supportive as possible, given the inherent difficulties for all concerned.

8.6.5 Training

Many professionals report a lack of confidence in working with children bereaved by domestic homicide, regardless of their practice background.⁵⁵⁴ Children bereaved by domestic homicide value teachers who reach out, show understanding, and help rebuild feelings of safety, trust and control.⁵⁵⁵ While clinical skills are not necessary for every practitioner who will support children bereaved by domestic homicide, the Domestic Abuse Commissioner believes that those working with children must understand the impact of what they have experienced, what traumatic stress is, and what trauma responses can look like. Practitioners must be able to refer children to the appropriate support and have the confidence to work with them.

⁵⁴⁷ Gomersall, A. et al (2024).

⁵⁴⁸ Gomersall, A. et al (2024).

⁵⁴⁹ Gomersall, A. et al (2024).

⁵⁵⁰ Gomersall, A. et al (2024).

⁵⁵¹ Gomersall, A. et al (2024).

⁵⁵² Gomersall, A. et al (2024).

⁵⁵³ Kurdi, Z. et al (2024).

⁵⁵⁴ Gomersall, A. et al (2024).

⁵⁵⁵ Dods, J. (2013).

Given the serious nature of what children bereaved by domestic homicide have experienced, understandably, there can often be feelings of professional anxiety, exacerbated by workload, a lack of training, and poor supervision.⁵⁵⁶ Teachers have found these circumstances to be emotionally taxing, and require support at an interpersonal level as well as assistance in developing coping skills.⁵⁵⁷ Therefore, as part of the Whole School Approach to domestic abuse, covered in Chapter 4 of this report, it is recommended that teachers are provided with clinical supervision when supporting such children, and that policies and processes are in place to support and safeguard both the child victim and teaching staff.

Therefore, the Commissioner recommends:

- **The Home Office and Ministry of Justice conducts a rapid evidence review of the experiences of children bereaved by domestic abuse, including a review of the statutory and voluntary sector provision available to them.**

At a local level, agencies must ensure that children bereaved by domestic abuse be given a choice in decision making, and be supported to participate in Domestic Abuse Related Death Reviews, where appropriate.

⁵⁵⁶ Gomersall, A. et al (2024).

⁵⁵⁷ Alisic, E. et al (2012).

PART 5 CONCLUSION AND RECOMMENDATIONS

9.0 CHAPTER NINE – CONCLUSION AND RECOMMENDATIONS

9.1 A call to action

This report has detailed the response to children and young people subject to domestic abuse across the system, and crucially, embedded the voices of children and young people and those who work hard to support them in frontline practice in the findings and resulting recommendations. The report has exposed significant gaps in the response, examples of best practice across England and Wales, and opportunities for improvement. What is clear is that coordinated action is absolutely critical, and that the Government has considerable opportunities through the upcoming Spending Review 2025, VAWG Strategy and Child Wellbeing Bill to make progress and change the lives of children who have experienced domestic abuse.

The Government must work together to put in place the strategic leadership that is required to instil much-needed change. This cannot be the endeavour of just one Department but instead requires the contribution of the whole machinery of Government, requiring coordination across each of the Missions – specifically, *building an NHS fit for the future*, *safer streets* and *breaking down the barriers to opportunity*.⁵⁵⁸ The Commissioner asks that the Government is as ambitious as possible in the delivery of the Commissioner's recommendations and asks that they are accepted in full.

While the Commissioner's remit is matters pertaining to domestic abuse, it must be acknowledged that domestic abuse is a type of Violence Against Women and Girls, and that at a strategic level, making recommendations to build and improve provision for just one type of VAWG can be unhelpful, and be at the detriment to the response of other similar types of harm. Therefore, while the Commissioner's recommendations relate specifically to domestic abuse, as per the Commissioner's remit, the Commissioner encourages the Government to consider the recommendations with other forms of Violence Against Women and Girls in mind.

Given that the recommendations reflect the experiences of children and young people, the Commissioner expects the Department for Education to lead on the Government response, to be published in 56 days from the launch of this report. The Commissioner urges the Government to work together with the Commissioner in its consideration of the recommendations, and to use the expertise of the Commissioner's office in how best to deliver the recommendations and implement long-lasting change. With the requisite resourcing, attention and leadership, change can happen, and children can grow up to lead happy, fulfilling lives, despite their experiences of domestic abuse.


Below, are the Commissioner's recommendations, split into seven themes – children's voice, strategic leadership, funding, specialist services, data and evidence, training and safeguarding. The first set of recommendations are policy recommendations for Government Departments and Public Bodies – who are under a statutory duty to respond to those recommendations. The second set of recommendations, contained at Annex 1, are recommendations for local practice, so that frontline practitioners and strategic leads at a local level can improve their response to children subject to domestic abuse as soon as possible.

To achieve the recommendations in the table below – it is imperative that the machinery is put in place to create long-lasting change. **Therefore, the Domestic Abuse Commissioner recommends:**

Every Government department contributes to putting in place stronger governance and coordination to strengthen the response to child victims of domestic abuse, alongside adult victims, and create links between the missions. This must be led from the centre of Government, with clear metrics, accountability, and proper resourcing. This includes:

⁵⁵⁸ His Majesty's Government (2024).

- **A domestic abuse strategic lead role at the Cabinet Office, whose role it would be to:**
 - i. strengthen the cross-Government response to domestic abuse**
 - ii. make links between the missions**
 - iii. lead on the children's elements of the upcoming VAWG strategy**
 - iv. centralise and coordinate the cross-Government response to domestic abuse**
 - v. feedback progress directly to Number 10**
- **The focus on child victims at the VAWG Ministerial Board, culminating in an annual progress report and agreed metrics to assess accountability.**
- **The creation of a cross-Government working group, specifically focused on child victims of domestic abuse, jointly led by the Department for Education and the Home Office.**

	9.2 Policy recommendations	Responsible public body	Type of change	Page Number
<p style="text-align: center;">Centring children's voices</p> <div>  <p><i>Children told us that:</i></p> <ul style="list-style-type: none"> <i>To help them recover from domestic abuse, they needed physical and emotional safety and space where they can talk to someone who will believe them and listen to them in a non-judgemental way.</i> <i>Their accounts of what was happening may differ from those of their parents, carers and siblings.</i> <i>Adults often had unfair expectations of children who had experienced trauma.</i> <i>Their views have often been sidelined or considered secondary to those of adults – sometimes, children had to keep their views hidden or hold on until they could be given a chance to speak.</i> <i>Schools could help them to understand domestic abuse by including more discussion of domestic abuse through assemblies and the RSE curriculum and by intervening at an earlier stage, providing specialist support and counselling.</i> </div>				
1	Fund the Domestic Abuse Commissioner's Office to pilot the creation of a national youth panel.	Home Office/ Department for Education	Funding	15
2	Update statutory guidance to require Domestic Abuse Related Death Reviews to include the authentic voice of the child victim.	Home Office	Guidance	135
3	Every member department of the proposed cross-Government working group must review and develop their response to children as victims, to reflect that children's voice is paramount in any interaction or policy development.	All	Policy	15
4	Develop a national framework for pre-interview preparation and needs assessment of all children and vulnerable witnesses.	Ministry of Justice	Guidance	100
5	Develop a Victims' Code for children and accompanying statutory guidance.	Ministry of Justice	Policy	100
6	Ensure children's voices are represented within annual reports on domestic abuse support services.	Ministry of Housing Communities and Local Government	Policy	126
7	Strengthen Family Test Policy to specifically include children's experiences of domestic abuse.	Department for Work and Pensions	Guidance	15

Stronger cross-departmental working and strategic leadership



Children told us:

- *To take their messages to those at the very top of government: "We want the BIG BOSS!"*
- *That they felt that those in charge did not fully appreciate the impact that domestic abuse can have on children's lives and were not listening to children.*
- *Some children may not be aware that what they were experiencing at home was domestic abuse.*
- *That all children needed to have basic information about domestic abuse, how to recognise that something is abusive if it is something other than physical abuse, and who to tell if it is happening to you.*
- *If the subject of domestic abuse could be demystified and made less taboo, more children would have awareness.*

8	Appoint a domestic abuse strategic lead role.	Cabinet Office	Policy	140
9	Annual progress report on the child victims of domestic abuse and agreed metrics to assess accountability. This work should be underpinned by the creation of an operational cross-Government working group working across the Home Office and Department for Education.	VAWG Ministerial Board	Policy	140
10	Develop an RSE taskforce to build greater governance and coordination in RSE development.	Department for Education	Policy	50
11	Ensure that new statutory guidance accompanying the forthcoming Child and Wellbeing Act includes clear guidelines and definitions for frontline practice on what Section 3 of the Domestic Abuse Act means in practice.	Department for Education in collaboration with other relevant departments	Policy	90
12	Make implementing 'Minimum expectations' and the 'Go further' sections of the Family Hubs Service Expectations document in responding to domestic abuse mandatory.	Department for Education	Policy	81
13	Embed a Whole School Approach to domestic abuse.	Department for Education	Policy	55
14	Fund a practitioner network to enable better delivery of the Whole School Approach and RSE locally.	Department for Education	Funding	51
15	Commit to creating a clear, evidence-based, framework that sets out how to sequence and order RSE topics.	Department for Education	Policy	51


16	Develop updated RSE guidance.	Department for Education	Guidance	51
17	Ensure that the Youth Strategy includes content on how the Government will improve joint working between domestic abuse and youth organisations.	Department for Culture Media and Sport	Strategy	87
18	Publish a 10-year strategy to implement a Public Health Approach to Domestic Abuse.	Department for Health and Social Care	Strategy	72
19	Ensure ICB's Domestic Abuse and Sexual Violence leads give adequate attention to child victims in their own right and that a public health approach to domestic abuse is taken across their areas.	Department for Health and Social Care	Policy	72
20	Mandate relevant health professionals to attend Domestic Abuse Partnership Boards and Marac.	Department for Health and Social Care	Policy	72
21	APP Guidance to clarify children as victims of domestic abuse in their own right and the roles and responsibilities of police officers and forces.	College of Policing	Guidance	100
22	Carry out bi-annual joint thematic inspections of local areas focused on domestic abuse.	Ofsted, Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and His Majesty's Inspectorate of Probation (HMIP)	Inspection	115
23	Broaden Ofsted inspection criteria to assess school's response to domestic abuse.	Ofsted	Inspection	55
24	Capture local information about RSE curriculum and share findings with Department for Education	Ofsted	Policy	50


Holistic funding





The government could help by understanding what services help children affected by domestic abuse and ensuring that these are available.

25	A statutory duty to fund community-based services to ensure that every child and adult victim of domestic abuse can access much needed support.	Ministry of Justice, Home Office, Department for Education	Legislative	40
26	Update the guidance on commissioning services to support victims and survivors of Violence Against Women and Girls, to strengthen the content related to child victims of domestic abuse.	Home Office	Guidance	41
27	Scope the development and availability of gender-specific and masculinity aware interventions for male child victims of domestic abuse.	Home Office and Safer Streets Mission Board	Funding	87
28	Fund comprehensive provision of behaviour change interventions for perpetrators of domestic abuse.	Home Office	Funding	131
29	Fund delivery of prevention programmes for children in schools by the specialist sector.	Department for Education	Funding	51
30	Ensure that Family Hubs invest in specialist domestic abuse work.	Department for Education	Funding	81
31	Ensure that the Victims and Prisoners Act allows local areas to select the best placed agency within the Duty to Collaborate to hold convening powers.	Ministry of Justice	Legislative	17
32	Ensure national oversight and accountability of the convening power role for the implementation of the Duty to Collaborate.	Ministry of Justice	Policy	17
33	Build flexibility in funding to allow local areas to use RPC funding as needed for domestic abuse services.	Department for Work and Pensions	Policy	84
34	Fund provision of specialist domestic abuse services within health settings to support prevention activity and response work to child victims of domestic abuse.	Department for Health and Social Care	Funding	72

35	Ensure adequate provision of counselling and therapeutic support for child victims of domestic abuse.	Department for Health and Social Care	Funding	130
<p style="text-align: center;">Data and evidence</p> <div>  <p><i>Government could make things better for children by ensuring that availability of support services is consistent across the country, quick for children who need them, and suitable for children with differing needs.</i></p> </div>				
36	Roll out the Child Abuse Prevalence Survey, with specific questions on childhood exposure to and experience of domestic abuse.	Office for National Statistics	Data	17
37	Explore the development of questions about babies and children experiencing domestic abuse within the Crime Survey for England and Wales.	Office for National Statistics	Data	17
38	Duty to Collaborate statutory guidance must be clear that partners include annual data on children subject to domestic abuse in JSNAs.	Ministry of Justice	Guidance	17
39	Duty to Collaborate statutory guidance must be clear that JSNAs include data on child victims of domestic abuse not known to statutory services.	Ministry of Justice	Guidance	17
40	Amend the Child in Need categories to ensure that children who are victims of domestic abuse are categorised as so, and not just as experiencing 'neglect', to understand the prevalence of child victims and to ensure that their needs are properly identified.	Department for Education	Data	100
41	Commit to analysing outcomes for children and young people on a Child in Need Plan.	Department for Education	Data	100
42	Commit to a rapid evidence review of the experiences of children bereaved by domestic abuse-related deaths.	Home Office and Ministry of Justice	Evidence	137
43	Roll out a phased approach to evaluating community-based services for children.	Home Office, Department for Education, Ministry of Justice	Evaluation	41
44	Strengthen data collected on child victims of domestic abuse residing in safe accommodation. This should include outcomes for children and families, the ages of children, reasons why children cannot be supported, and the type of child-specific support service accessed in the accommodation.	Ministry of Housing, Communities and Local Government	Data	122

45	Conduct a review of the Safe Accommodation Duty and the response to children and young people subject to domestic abuse.	Ministry of Housing, Communities and Local Government	Evidence	126
46	Ensure that adult and child victims and survivors who are living in temporary accommodation are included in the Safe Accommodation Duty data, concerning families who were unable to be supported in safe accommodation.	Ministry of Housing, Communities and Local Government	Data	122
47	Include Early Help data in its requirements for Joint Strategic Needs Assessments under the Duty to Collaborate.	Ministry of Justice	Data	82
48	Commission research undertaking a systematic review of domestic abuse cases in public law proceedings.	Ministry of Justice	Evidence	133
<p>Specialist training for every frontline professional who may work with babies, children and young people</p> <div>  <p>Children told us that:</p> <ul style="list-style-type: none"> • <i>The Government could help by educating adults about the impact of domestic abuse upon children.</i> • <i>To help them recover from domestic abuse, children need professionals to recognise that children's accounts of what was happening may differ from those of their parents and carers.</i> • <i>They wanted workers to recognise that they as adults have more power, which can be unfair to children.</i> • <i>Domestic abuse was either not taken seriously by the police or was interpreted very narrowly and that an improvement in knowledge and attitudes towards children affected by domestic abuse was needed within the police force.</i> • <i>They wanted to keep their personal information confidential and retain control over what information about them or their family is shared with others.</i> • <i>Schools needed to take a much greater role in supporting children affected by domestic abuse. This could be done through training teachers to update their knowledge on trauma and the impact of domestic abuse on children, and signs of abuse, including within young people's relationships.</i> </div>				
49	Fund the development and delivery of specialist training for every frontline professional working with babies, children and young people who might be at risk of domestic abuse.	Led by Department for Education, in collaboration with other government departments.	Funding	91

50	Commit to a rigorous inspection of Social Work degrees and the domestic abuse content in degree programmes and ensure that those delivering this curriculum are themselves trained in domestic abuse.	Social Work England	Inspection	107
51	Review the Knowledge, Skills and Behaviours standards through a domestic abuse-informed lens to ensure that course providers understand what must be done to achieve the standards.	Social Work England	Policy	107
52	Fund teachers to access high quality RSE training, as one part of the overarching effort to professionalise RSE teaching.	Department for Education	Funding	51
53	Mandate specific curriculum and assessment criteria about domestic abuse, including coercive and controlling behaviour, through the 2025 Early Careers Framework.	Department for Education	Policy	107
<p style="text-align: center;">Safeguarding</p> <div>  <p>Children told us that:</p> <ul style="list-style-type: none"> <i>The Government could help by placing a greater role on schools to support children affected by domestic abuse.</i> <i>They wanted workers who are experienced and have a good understanding of domestic abuse, and who are kind and respectful to children, as well as good listeners and non-judgemental.</i> <i>Information on domestic abuse or healthy relationships needed to come from workers with specialist knowledge in these topics, not their regular teachers.</i> </div>				
54	Make education settings the fourth statutory safeguarding partner.	Department for Education	Legislation	62
55	Publish guidance setting out the expected response that child victims of domestic abuse will receive as part of the new Child Protection and Family Help offer.	Department for Education	Guidance	82
56	Introduce Education Domestic Abuse Advisor roles, as part of the Local Safeguarding Children Partnership.	Department for Education and Home Office	Funding	62
57	Fund the pilot of a 'Dedicated Safeguarding Lead'.	Department for Education	Funding	62
58	Amend the homelessness legislation to change the definition of temporary accommodation, for households found to be in priority need because they are deemed to be homeless as a result of domestic abuse, to mirror the definition of safe accommodation as per the Domestic Abuse Act (2021).	Ministry of Housing, Communities and Local Government	Legislation	122

59	Conduct a review of full risk identification tools and Marac, through a whole-systems lens, including the extent to which the needs and risk to child victims are considered and have a voice in decisions that affect them.	Home Office	Guidance	120
60	Place a duty on education settings to act on the Operation Encompass notification and put in place support for the child based on their needs.	Ministry of Justice	Legislation	102
61	Ensure that the new Operation Encompass Duty is expanded to early years provision.	Ministry of Justice	Legislation	102
62	Increase CAMHS capacity to understand and respond to child victims of domestic abuse with mental health needs and ensure all CAMHS professionals have a solid understanding of domestic abuse.	Department for Health and Social Care	Funding	120
Ensuring practice is informed by specialists				
<div>  <p>Children told us that:</p> <ul style="list-style-type: none"> <i>To help them recover from domestic abuse, they needed greater choice over the length, location and type of support they receive (for example, group or one-to-one).</i> <i>They want workers who understand domestic abuse and who are good at working with children and young people.</i> </div>				
63	Implement learning into the new Child Protection and Family Help Offer, including models that partner with the non-abusive parent and hold the perpetrator to account, such as Safe & Together.	Department for Education	Policy	82
64	Fund colocated independent specialist domestic abuse services in the new Family Help and Multi-Agency Child Protection Teams.	Department for Education	Funding	82
65	Fund the co-location of domestic abuse specialist services in children's social care.	Department for Education	Funding	115
66	Ensure that all multi-agency child protection teams are fully domestic abuse informed through robust guidance, strategic leadership and the funding of support services to provide clear referral pathways to independent specialist services.	Department for Education	Policy	115

9.3 Glossary

Acronyms

ABE	Achieving Best Evidence
ACE	Adverse Childhood Experience
ADCS	Association of Directors of Children's Services
ALN	Additional Learning Needs
APP	Approved Professional Practice published by the College of Policing
APCC	Association of Police and Crime Commissioners
ASB	Anti-Social Behaviour
BCYP	Babies, Children and Young People
BME	Black and Minoritised Ethnic
BSL	British Sign Language
CAFADA	Children and Families Affected by Domestic Abuse (Research project)
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CAPVA	Child and Adolescent to Parent Violence and Abuse
CBT	Cognitive Behavioural Therapy
CCB	Coercive and Controlling Behaviour
CCR	Coordinated Community Response
CIN	Children in Need
CJS	Criminal Justice System
CP	Child Protection
CQC	Care Quality Commission
CSEW	Crime Survey for England and Wales
CSC	Children's Social Care
CSP	Community Safety Partnership
CYP	Children and Young People
DAC	Domestic Abuse Commissioner
DAPB	Domestic Abuse Partnership Board
DART	Domestic Abuse, Recovering Together (NSPCC Programme)
DARVO	Deny, Attack, Reverse Victim and Offender
DASH	Domestic Abuse, Stalking and Harassment and Honour-based violence risk identification tool
DCMS	Department for Culture, Media and Sport
DfE	Department for Education
DHR	Domestic Homicide Review (now called Domestic Abuse Related Death Review [DARDR])
DHSC	Department for Health and Social Care
DSL	Designated Safeguarding Lead
DWP	Department for Work and Pensions
EVAW	End Violence Against Women Coalition
FGM	Female Genital Mutilation
FJC	Family Justice Council
FJYPB	Family Justice Young People's Board (Part of CAFCASS)
HALT	Homicide Abuse Learning Together (Research project)
HBA	So-called 'honour'-based abuse
HMICFRS	His Majesty's Inspectorate of Constabulary and Fire and Rescue Services
HMIP	His Majesty's Inspectorate of Prisons
HO	Home Office
ICB	Integrated Care Board
IRIS	Identification and Referral to Improve Safety (Healthcare settings)
IDVA	Independent Domestic Violence Advisor
JSNA	Joint Strategic Needs Assessment

JTAI	Joint Targeted Area Inspection
LA	Local Authority
LFJB	Local Family Justice Board
LGA	Local Government Association
LGBT+	Lesbian, Gay, Bisexual, Transgender
LSCP	Local Safeguarding Children Partnership
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MATAC	Multi-Agency Tasking and Coordination
MHCLG	Ministry of Housing, Communities and Local Government
MoJ	Ministry of Justice
NFA	No Further Action
NHS	National Health Service
NRPF	No Recourse to Public Funds
NSPCC	National Society for the Prevention of Cruelty to Children
OFCOM	Office of Communications
OFSTED	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
OPCC	Office of the Police and Crime Commissioner
PCC	Police and Crime Commissioner
PSHE	Personal, Social and Health Education
RPC	Reducing Parental Conflict
RRR	Reluctance, Resistance, Refusal (Considers a child who is averse to contact with a parent post-separation through a lens that is child-centric and abuse-informed, in order to maximise safeguarding in relation to domestic abuse)
RSE	Relationships and Sex Education
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
STADA	Standing Together Against Domestic Abuse
SR	Spending Review
UNCRC	United Nations Convention on the Rights of the Child 1989
VAWDASV	Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
VAWG	Violence Against Women and Girls
WAFE	Women's Aid Federation England

9.4 Terminology

Accommodation-based support and services: 'Accommodation-based support' means support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant accommodation, as defined in Part 4 of the Domestic Abuse Act 2021.

Adultification: Adultification is a bias that occurs when some children are treated as older than they actually are, with an expectation that they must act more maturely. This denies them innocence and vulnerability that is generally given to others in their age group. Children from marginalised communities especially Black and minoritised children are more likely to experience adultification bias at the hands of people in positions of authority and this can lead to lapses in appropriate safeguarding measures

Babies, Children and Young People (BCYP): In England, a child is defined as anyone who has not yet reached their 18th birthday. Section 3 of the Social Services and Wellbeing (Wales) Act 2014 states that a child is a person who is aged under 18. For the purposes of this report, BCYP covers all age groups from 0–17 (inclusive).

‘By and for’ services: Organisations that are designed and delivered ‘by and for’ people who are minoritised (including race, disability, sexual orientation, transgender identity, religion or age). These services will be rooted in the communities that they serve, and may include wrap-around holistic recovery and support that addresses a victim/survivor’s full range of needs, beyond purely domestic abuse support

Coercive and Controlling Behaviour (CCB): An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Controlling behaviours are used to make the person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. They are forms of domestic abuse, and a course of conduct offence under the Serious Crime Act 2015.

Community-based services: Community-based services are non-statutory services that provide a wide range of information and support including refuge accommodation, helplines, outreach support, floating support, resettlement support, specialist children and young people services, advocacy and drop-in support.

Coordinated Community Response: The Coordinated Community Response enables a whole system response to individuals. This model of practice shifts responsibility for safety away from individual victims and survivors towards the community and services existing to support them. The process by which this multi-agency work is integrated and managed is known as the Coordinated Community Response. Founded by Standing Together Against Domestic Abuse (STADA)

Culturally-informed practice: Domestic abuse responses rooted in cultural humility that recognise the importance of being professionally curious and understand victims and survivors’ cultural context is important in how they experience domestic abuse, barriers to disclosing and the response they receive. Culturally-informed practice is, therefore, aimed at ensuring victims and survivors are not re-traumatised and do not feel stigmatised. Support is tailored to their needs and where possible led ‘by and for’ specialist support is made accessible.

Domestic abuse: For the purposes of this report, the statutory definition in the Domestic Abuse Act 2021 is used. Available at: www.legislation.gov.uk/ukpga/2021/17/contents

Domestic Abuse Related Death Reviews (Previously Domestic Homicide Review): Domestic Homicide Reviews (DHR) are soon to be renamed as Domestic Abuse Related Death Reviews to recognise deaths from domestic abuse-related suicide. The changes are brought into law via the passage of the Victims and Prisoners Act 2024. A DHR is a multi-agency review following a death of a person 16 or over that meets the criteria referenced in the Domestic Homicide Review statutory guidance (available at: www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews). The reviews were established on a statutory basis in 2013 under Section 9 of the Domestic Violence, Crime and Victims Act (2004).

Gender-informed: The Commissioner’s gender-informed approach to domestic abuse recognises that domestic abuse disproportionately affects women and girls and is a form of Violence Against Women and Girls (VAWG). Gender will affect every person’s experience of abuse and efforts to seek help and, therefore, it is important to be gender-informed as an approach to amplify the voices of all victims and survivors of domestic abuse.

Harmful Practices: The National FGM Centre describes Harmful Practices as: Persistent practices and behaviours that are grounded on discrimination on the basis of sex, gender, age and other grounds as well as multiple and/or intersecting forms of discrimination that often involve violence and

cause physical and/or psychological harm or suffering, such as Forced Marriage and Female Genital Mutilation.

So-called 'honour'-based abuse: Karma Nirvana describes so-called 'honour'-based abuse as: Any incident or pattern of controlling; coercive; manipulative; intimidating; or threatening behaviour, violence, or abuse perpetrated by one or more family, extended family, and/or community members and/or current/former intimate partners in response to perceived or alleged transgressions of accepted behaviours. While most often perpetrated against women and girls, anyone can experience so-called 'honour'-based abuse regardless of age, ethnicity, sexuality, religion, or gender, including men and boys. It can encompass but is not limited to: Psychological, emotional, physical, sexual, spiritual and faith-related, economic, financial, and hate-aggravated abuse; forced marriage; female genital mutilation; abduction; isolation; threats; murder; and other acts of domestic abuse. People living in the context of an honour dynamic face additional barriers to their ability to speak out against and report abuse for fear of repercussions including further and more severe abuse, shame, stigma, and being shunned/ostracised.

Intersectionality: A term coined by Kimberlé Crenshaw, is firmly located in Black women's experiences of racism and multiple forms of oppression, including domestic abuse. For more see: Columbia Law School (2017). *Kimberlé Crenshaw on Intersectionality, More than Two Decades Later*. See online at www.law.columbia.edu

Neurodivergence: NHS England uses the following definition: Neurodiversity describes the population as a whole and recognises the diversity of different brains. Neurotypical describes most of the population – the majority group that expresses themselves in ways that are seen as the societal "norm". Neurodivergent describes the minority group that diverts neurologically from said "norm". This is estimated to be 1-in-7 people, although with an increase in awareness and late diagnosis this is likely to be higher. Neurodivergent conditions include Autism/Autism Spectrum Condition (ASC)/Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD)/Variable Attention Stimulus Trait (VAST), Dyspraxia, Dyslexia, Dysgraphia, Dyscalculia and Tourette's Syndrome (TS) as well as many other conditions. Neurodivergence is classed as a disability, although some neurodivergent people do not identify as disabled but need support to live in a neurotypical society.

Protected characteristics: It is illegal for a person to be discriminated against because of a protected characteristic. There are nine protected characteristics under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Public Health Approach: SafeLives developed a four-step public health approach in 2023 as a way to create sustainable and scalable ways of implementing best practice when responding to domestic abuse at the local level. The four steps are: i) Define and monitor the problem, ii) Identify risk and protective factors, iii) Implementation at scale, iv) Develop and test risk led responses, early intervention and prevention strategies. Online at: https://safelives.org.uk/wp-content/uploads/Public_Health_Approach_Report_2023.pdf

Routine enquiry: Routine enquiry is a term used to describe asking all service users about their experience of domestic abuse. No signs of abuse or suspicions of abuse are needed as routine enquiry involves asking everyone. This can help making the enquiry easier because you can refer to it as just that – a question that everyone is asked.

Specialist children's sector: Organisations that are community-based, independent, specialist service providers for children and young people.

Specialist domestic abuse sector: Specialist domestic abuse services provide lifesaving support to victims and survivors of domestic abuse, including counselling, safety planning, advocacy, and

refuge spaces. These services often work in partnership to improve the response of public agencies like the police or health services and, crucially, offer an independent and specialist service with the needs of victims and survivors at their heart.

Trauma-informed practice: Trauma-informed practice is an approach to health and care interventions that is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing and improve safety and access. A key aim is to prevent retraumatisation, which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past.

Victims and survivors: We use this term to encapsulate both the legal framing of people who are subject to domestic abuse ('victims') and to account for the individual preferences of adults who have experienced domestic abuse ('survivors').

Whole School Approach: The End Violence Against Women (EVAW) Coalition describe this as an approach that requires not only essential training for teachers and school staff, but also the necessary changes in policy and transformation of the school culture and community. In effect, a transformation needs to occur at all levels, and tackling VAWG needs to be a whole-society priority for maximum impact.

Whole Health Approach: Standing Together Against Domestic Abuse describes this as recognising the need for a systemic approach to responding to domestic abuse across the health economy.

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Appendix 1: Practice Recommendations

In addition to the recommendations above, which will be laid before Parliament for Government and public bodies to respond to, the Commissioner has also sought to take the findings from the policy report and make practice recommendations for operational practice that can be implemented locally before National Government commits to systemic change. These have also been grouped by the same themes.

Centring children's voices

The Commissioner recommends that:

- Children subject to domestic abuse, and their non-abusive parents or caregivers, must be listened to and involved in decision making about their own lives, at every level, by every agency.
- Commissioners must consider how the experiences of children subject to domestic abuse can safely and meaningfully inform the shaping and delivery of services that are commissioned to support them. Commissioners could refer to existing best practice models, such as the CAFADA toolkit⁵⁵⁹ and Everyday Heroes' Participation Toolkit⁵⁶⁰ in Scotland.
- Schools conduct regular consultation with children about their views on the quality and efficacy of the RSE curriculum at their school. This can be done by implementing feedback loops at a local level to ensure that the RSE curriculum is meeting children and young people's needs and is relevant to their experiences. This must go beyond pupils in mainstream public education and also include those in private education, alternative provision, those not in education and those in home education.
- Where children are bereaved by a domestic abuse-related death, children are given a voice and included in decision making about their future.

Strategic Leadership

The Commissioner recommends that:

- All local multi-agency fora should ensure that RSE and children's experience of domestic abuse is a priority and discussed as a standing item at least quarterly. This includes Designated Safeguarding Lead Networks, Heads groups, Local Safeguarding Children Partnerships, SEND meetings, school pastoral support teams, leadership groups and Domestic Abuse Partnership Boards.
- Family Hub managers should ensure that both the 'Minimum expectations' and the 'Go further' sections of the Family Hubs Service Expectations document⁵⁶¹ are adhered to, and there is oversight of this through relevant governance arrangements in the local area.
- Local Safeguarding Children's Partnerships must give dedicated attention and resource to child victims of domestic abuse. This must include the oversight of multi-agency domestic abuse and children and young people training, the collation and sharing of data, service information, referral pathways and strategies on how to support children subject to domestic abuse.
- Domestic abuse is a shared strategy with a public health lens, across the Community Safety Partnership, Local Safeguarding Children Partnership, Safeguarding Adult Board, Local Family Justice Boards, and Integrated Care Boards, to ensure that there are shared objectives and a holistic whole-family strategy and approach across an area. This includes pooling resources to fund shared posts for the development of a strategy and implementation. This would be done by the various boards sharing data on prevalence and demographics as well as themes from

⁵⁵⁹ Houghton C. et al (2024).

⁵⁶⁰ Everyday Heroes (2015).

⁵⁶¹ Department for Education (2022).

Domestic Abuse Related Death Reviews, serious case reviews, and other death reviews to inform strategy and needs assessments.

- Where areas already have Community Safety Partnership led strategies, they should be refreshed and reviewed in partnership with the Local safeguarding Children Partnership and Safeguarding Adult Board to ensure that children are represented equally to adults. As part of this arrangement, there should be agreed information sharing protocols put in place that each are held accountable for.
- All Integrated Care Boards should ensure that children are seen as victims in their own right and adopt Public Health Approaches to domestic abuse across their areas. ICB Domestic Abuse and Sexual Violence Leads, should ensure they give adequate attention to child victims in their own right alongside the attention given to adult victims.
- The Commissioner recommends that any community health service strategy or approach recognises children as victims of domestic abuse in their own right, recognising the impact on children that leads to the convening of a response to meet their individual needs.
- All schools review the Whole School Approach⁵⁶² and consider how they can strengthen the culture and policies within their schools and Trusts to ensure that misogynistic attitudes and behaviours are challenged, young people feel safe to report inappropriate behaviours, and staff feel equipped to respond.

Holistic Funding

The Commissioner recommends that:

- Commissioners should create joint strategic commissioning groups to develop the Coordinated Community Response and respond to identified need through the Duty to Collaborate and the resulting Joint Strategic Needs Assessments.
- Commissioners across all agencies in all areas collaborate on understanding the prevalence and needs of children subject to domestic abuse, including those with no recourse to public funds, and pool funding to commission specialist, independent community-based services, including 'by and for' services, to support them.

Data and Evidence

The Commissioner recommends that:

- As part of their duties within the Duty to Collaborate, safeguarding partners, with the inclusion of education, must include annual data on children subject to domestic abuse in their area, to ensure that Joint Strategic Needs Assessments are as accurate as possible.
- All services that are commissioned for any type of work with children and young people should build safeguarding case numbers and nature of referrals into contract management with a specific domestic abuse flag. This non-identifiable information should be shared with the LSCP so that analysis can be carried out to inform local assessments of need. This should be developed in line with government guidance and a shared linguistic framework to avoid confusion and discrepancy.
- Schools and other education settings should record domestic abuse specifically for any children where safeguarding concerns are raised and that this data is shared with school leadership and governors on a regular basis, with a view to implement improved responses.
- Local areas must report on early help data, and the number of children subject to domestic abuse accessing, or turned away from Early Help services, as part of the requirement to submit data as part of Joint Strategic Needs Assessments.

⁵⁶² End Violence Against Women Coalition (2023).

Specialist training for every frontline professional who may work with babies, children and young people

- A policy recommendation has been made to Government to fund the development and delivery of comprehensive and specialist training for every frontline professional who may work with babies, children and young people, including identifying domestic abuse and responding safely through a tiered, building block approach (see Page 91).
- The table on Page 91 can be used locally to inform the development of training until such time as a government response is available and, should the policy recommendation be accepted, the time it will take to implement the recommendation nationally. This is the Commissioner's view about how to effectively approach specialist training.

Safeguarding

Multi-Agency Safeguarding Arrangements and Partnerships

- All child safeguarding policies must be updated to reflect that children are victims in their own right as per the Domestic Abuse Act 2021 definition.
- Social care and Reducing Parental Conflict teams should have mandatory screening tools to identify domestic abuse and coercive and controlling behaviours before any assessment of parental conflict. The sequencing of tools is crucial for safeguarding as any assessment of conflict where domestic abuse is present is likely to be inaccurate and misleading in determining risks. This can cause escalation and serious harm to adult and child victims.
- Local areas must develop robust and comprehensive referral pathways and information sharing processes, with specialist domestic abuse services, to ensure a whole family approach is available to any child referred to early help in the context of domestic abuse.
- Where children are identified as victims in their own right, information must be shared in a timely and relevant way with a view to supporting child victims and the non-abusive parent as early as possible, including referrals for advocacy and specialist support. Communication between agencies and services should not be confined to formal meetings.

Marac

- There must be strong strategic and operational multi-agency working, governance and information sharing between Marac, MATAC, MAPPA and MASH, where these exist.
- There must be regular representation at Multi-Agency Risk Assessment Conference (Marac) meetings from children's social care, education safeguarding, children's health safeguarding, probation, police, housing and the specialist domestic abuse sector to specifically represent child as well as adult victims. These representatives must prepare for, attend, and take actions from Marac. Each agency should record their own domestic abuse flags and case management for Marac.

Local Authorities

- Local authorities must ensure that their websites contain information on domestic abuse that is accessible and user friendly for children who have experienced domestic abuse, including helpline advice and support services in the local area, with access to online chat capabilities and mobile interfaces on all sites.
- Local areas must develop policies and procedures to minimise escalating risk to children and adults subject to abuse. Areas must ensure that their staff understand the risks associated with sharing information about a child to a parent that has been identified as abusive and know when to and how to withhold information.
- Local authorities should ensure that school places are prioritised for children residing in safe accommodation settings, where they have had to move area due to fears for their safety.

Local Authorities and Education

- The Commissioner recommends the introduction of Education Domestic Abuse Coordinator roles at a local authority level, who can provide training and guidance to schools, capture insights and themes from schools and DSLs, and share best practice across local areas.
- Domestic abuse leads in local authorities should coordinate with schools in the local area to deliver effective and consistent RSE content on domestic abuse, with input from local specialist services.

Police

- Officers should be supported to be professionally curious and confident to identify and respond to safeguarding concerns to protect victims and survivors, including any associated adults or children, and should be trained in line with the training recommendation above.
- Every child victim of domestic abuse has a police assessment that considers their age, risk and need and then refers into the most appropriate form of specialist support, alongside appropriate safeguarding referrals, as required. This assessment should include ascertaining how children want to be updated about their case – whether that is via a family worker, a parent, or the child themselves.

Ensuring practice is informed by specialists

The Commissioner recommends that:

- Local strategic leads and commissioners should work in partnership with specialist services and people with lived experience, including children and young people, to:
 - co-produce a comprehensive outcomes framework to maintain and monitor ongoing data collection and data led localised system-wide delivery plans
 - Inform needs assessments
 - Inform child centred service design

This work must be fully compensated appropriately for both organisations and individuals.

- Local strategic leads and commissioners must recognise the value of the independent specialist sectors by:
 - Treating them as subject experts and using their expertise to inform work on children affected by domestic abuse, as well as more universal prevention activity. This includes ensuring that any local and regional guidance produced that may relate to children as victims of domestic abuse reflects the Domestic Abuse Act.
 - Appropriately building in full cost recovery to cover their time and expenses required to fully engage in local and regional consultations and strategy development in an institutional advocacy role. This goes beyond formal meetings and is relevant to preparation and action time required.
 - Allowing reasonable timeframes for local and regional consultations and strategy development so that the independent specialist sectors are able to give each item the full attention it needs. Local and regional public bodies should coordinate their requests for information and consultation so that the specialist sectors are not put under undue pressure and time and financial constraints.
 - Consider how to support the independent domestic abuse sector with recruitment, retention, and capacity building, in recognition of the integral part it plays in the multi-agency response. Local and regional processes must support the sector to thrive and not compound the multiple pressures they face.

- Universal access points for families, such as Family Hubs, GP surgeries and other health and education settings, should display signposting information to specialist domestic abuse services.
- Commissioners should ensure that services they commission can take self-referrals and be as accessible and flexible in their referral pathways as possible.
- Universal access points should receive training and support to carry out routine enquiry as part of their basic safeguarding duties. Practical tools, resources and forms should be amended to prompt and then record that routine enquiry has happened.
- There should be robust information sharing agreements in place between all commissioning bodies under the Duty to Collaborate.
- Strategic leads and commissioners should develop localised understanding of intersectional needs based on the demography of their area and specific schools, to determine areas of additional focus within the curriculum and work to facilitate 'by and for' delivery of lessons, to help build trust with victims and to embed domestic abuse specialist expertise.
- Children's social care should fund independent domestic abuse specialists to be co-located in children's social care, to provide guidance and advocacy support on cases where there are barriers for victims in engaging. This must be resourced at full cost recovery to meet demand.
- Every child and their non-abusive parent subject to domestic abuse should be offered a range of independent, specialist support. This should continue if they are stepped down from children's social care or subject to no further action and met with an early help referral and support if appropriate and wanted, to avoid a repeat referral to children's social care.
- Local authorities should ensure that all safe accommodation settings have a specific independent specialist support offer for child victims of domestic abuse, considering their individual needs, gender, age and other factors.
- Independent specialist services (commissioned and non-commissioned) that work with child victims of domestic abuse should be able to access local training and guidance on child protection, adult safeguarding, the Mental Capacity Act, the Care Act, and other relevant information, in order to ensure their responses are informed within wider frameworks, and they are upskilled to be able to bid for local funding.
- All specialist services should have a Designated Safeguarding Lead within them, who is named and trained, responsible for taking safeguarding decisions and actions, and up to date with relevant safeguarding training.

