Evaluating local responses to children and young people: Insights, gaps, and opportunities

“The children are getting lost in everything”
- Victim-survivor

“[We need the] Children's voice to be heard in the right environment at the right time.”
- Professional

SafeLives
Ending domestic abuse

Contents

About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for every individual in the family, to get them the right help at the right time, so families everywhere can be safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, we trained more than 11,500 professionals and first responders, and we reached almost 90,000 adult and 100,000 child survivors through programmes designed and delivered with partners. And in the last six years, more than 5,000 perpetrators have been challenged and supported to change through interventions developed by our flagship Drive Partnership, and the programme continues to expand year on year.

Together we can end domestic abuse.
For everyone.
For good.

Acknowledgments

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Foreword

At SafeLives, we acknowledge that domestic abuse affects the whole family and can have a serious impact on children and young people. This report shines a light on the professional response to children and young people and their experiences, specifically from the perspectives of victim-survivors and professionals working in the system.

This report comes out almost six years on from the introduction of the Domestic Abuse Act in 2021, in which children were recognised for the first time by law as victims of domestic abuse in their own right. Legal recognition is a step in the right direction, and organisations have been working hard alongside this to provide children and young people with the support they need. Yet, we are left wondering whether this recognition is felt by all children and young people, adult victim-survivors, those causing harm, and professionals in practice.

We hope this report helps professionals and communities better understand how professionals are responding to domestic abuse, how victim-survivors and children and young people are experiencing the response, and how young people might experience abuse in their own relationships as well as use harmful behaviours themselves.

The reality is that no one person or agency is responsible, so we hope this insight into multiple perspectives supports the improvements needed to protect children and young people at risk of harm.

We're grateful to the many victim-survivors and professionals across England and Wales who took the time to share their lived experience and outlooks through our surveys. Their perspectives are at the core of this report and they highlight both the strengths and challenges of the current response to domestic abuse.

Tracey Bleakley
Interim CEO

Please note some of the quotes in this report include details of domestic abuse and may be experienced as distressing to some readers.

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Definitions and acronyms

APV - Adolescent to parent violence and abuse. See CAPVA.

ASB - Antisocial behaviour. Antisocial behaviour is behaviour that causes harassment, alarm, or distress to other people.

ASC - Adult social care. Provides practical support to people with a disability, or physical or mental illness, to live independently and stay safe and well. These services are usually provided in people's homes, care homes, or in the community.

Cafcass - Children and Family Court Advisory and Support Service. An independent service that advise family courts on the best interests of children and how to promote these.

CAPVA - Child and adolescent to parent violence and abuse. A dynamic of abuse where children and adolescents use a range of harmful behaviours towards parents or caregivers.[1]

Changemakers - A group of young people aged 13-24, who guide SafeLives' response to issues facing young people.

CHIDVA - Child Independent Domestic Violence Advisers. They offer child-specific support with the practical challenges and emotional trauma of abuse.[2]

CIN - Child in need. A a status assigned when a child requires help and protection from the local authority due to risks in the family.[3] Thresholds for CIN status are set locally.

CMHT - Community mental health team. Community mental health services play a crucial role in delivering mental health care for adults and older adults with severe mental health needs as close to home as possible.

Contextual safeguarding - An approach to protecting children and young people by responding to risks they experience beyond the family home, including peer groups, schools, neighbourhoods, the community, and online.

CP - Child protection. Activity taken to safeguard children from harm including neglect, exploitation, abuse, and violence.

CPV - Child to parent violence and abuse. See CAPVA.

CSC - Children's social care. Refers to the different kinds of support that children, young people, and their families receive from their local authorities when they need extra help.

DA - Domestic abuse. The Domestic Abuse Act 2021 defines abusive behaviour as:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse.

The abuse can consist of a single incident or can occur over time, it takes place where the victim or survivor is currently, or has previously, been in an intimate personal relationship with the other person, is a relative, or is a co-parent to the same child.

DAA - Domestic Abuse Advisor. A professional who provides specialised support and guidance to individuals experiencing domestic abuse, encompassing various forms like physical, sexual, emotional, economic, and controlling behaviours.

DAPP - The Domestic Abuse Perpetrator Programme. Aims to help people who have been abusive towards their partners or ex-partners to change their behaviour and develop respectful, non-abusive relationships.

DASH - Domestic abuse, stalking, and 'honour'- based abuse. The DASH risk checklist helps practitioners identify and understand the risk that victims of domestic abuse are facing.

Drive - The Drive Project. An innovative domestic abuse intervention that aims to reduce the number of child and adult victims by disrupting and changing perpetrator behaviour. The Drive Project focuses on high-risk, high-harm and/or serial perpetrators.

DV - Domestic violence. Has been used interchangeably with domestic abuse. It is not the preferred terminology due to its emphasis on physically abusive behaviours.

EH - Early help. Describes any service that supports children and families as soon as problems emerge.

EHA - Early help assessments. An assessment and planning tool used to capture needs of a child and their family.

EWO - Education Welfare Officer. EWOs are employed by the local council to work with schools and families to ensure that every school age child is receiving a suitable, full-time education by encouraging regular attendance at school (or ensuring they're being home educated). Every school has a named EWO.

Definitions and acronyms

FOI - Freedom of information request. Refers to the right of the public to request access to information held by public authorities granted by The Freedom of Information Act 2000.

ICB - Integrated care boards. Statutory organisations that bring NHS and care organisations together locally to improve population health and establish shared strategic priorities within the NHS.

IDVA - Independent Domestic Violence Advisor. This is a specialist worker who supports a victim of domestic abuse. The IDVA will support the victim with safety planning and help them to navigate the different agencies involved, including acting as the victim's advocate at MARAC.

IPV - Intimate partner violence. Used to describe abusive behaviours taking place within a romantic relationship, as opposed to domestic abuse being a broader term that includes other intimate relationships.

JTAI - Joint targeted area inspection. A multi-agency inspection of services for vulnerable children and young people.

LA - Local authority. A local authority is a government organisation responsible for providing public services and enforcing regulations in a specific local area, such as a city, town, or district.

MAPPA - Multi-agency public protection arrangements. A set of statutory arrangements to assess and manage the risk posed by certain sexual and violent offenders.

MARAC - Multi-agency risk assessment conference. A meeting where representatives from various agencies (like police, health, and social services) share information and collaborate to create safety plans for victims of high-risk domestic abuse cases.

MARF - Multi-agency referral form. Completed for child protection concerns to coordinate support for the child, including referral to MASH.

MARM - Multi-agency risk management. A multi-agency approach to manage risks that may arise for adults who can make decisions for themselves, but who are at risk of serious harm or death from self-neglect, risk-taking behaviour, chaotic lifestyles, or refusal of services.

MASH - Multi-agency safeguarding hub for children and families. Provides triage and multi-agency assessment of safeguarding concerns - in respect of vulnerable children and adults.

MATAC - Multi-agency tasking and coordination. A process of identifying and tackling serial perpetrators of domestic abuse perpetrators.

MH - Mental health. A person's state of mental wellbeing, encompassing social, emotional, and psychological health.

MST - Multi-systemic therapy. A community-based intervention for 11 to 17-year-olds who are at risk of being placed out-of-home due to antisocial or criminal behaviour. MST is delivered by a trained social worker or psychologist and involves work with the young person and their parents.[4]

NFA - No further action. In a legal context, NFA refers to the closure of investigations without the police charging a person with an offence. This can often be caused as a result of insufficient evidence.

PCSO - Police Community Support Officers. Work with police officers and share some, but not all of their powers. A PCSO can also ask a police officer to arrest a person. The power of PCSOs can differ between police forces.

PPN - Public Protection Notice. Information-sharing documents that record safeguarding concerns about an adult or child. PPNs are shared with partner agencies to inform a multi-agency response.[5]

RSE/PSHE - Personal, Social, Health and Economic education (PSHE) is a school curriculum subject in England, where Relationships and Sex Education (RSE) is a statutory component.

SW - Social work. A broad term but ultimately describes work to protect and provide emotional and practical support to children and adults.

Think Family approach - a framework to make sure that the support provided by children's, adults' and family services is co-ordinated and focused on problems affecting the whole family.

YEF - Youth Endowment Fund is a charity aiming to prevent children and young people becoming involved in violence.[6]

Executive summary

Aims and methods

This report aims to explore the response to children and young people as part of our broader Public Health Approach work examining local responses to domestic abuse in England and Wales. While our surveys with victim-survivors and professionals provide valuable insights at both local and aggregate levels, open-ended survey responses have so far only been analysed at a broad thematic level. At this level, responding to children and young people emerged as a key theme, leading to an in-depth analysis of responses around this topic which this report will focus on.

Data was drawn from two surveys conducted with victim-survivors of domestic abuse and professionals across 21+ local areas in England and Wales between March 2021 and February 2025. Open-text responses were analysed using content analysis, with input from a SafeLives Changemaker.

Key findings

The following insights are drawn from the perspectives of victim-survivors and professionals who contributed to this report and reflect key themes from their feedback. They are organised under three overarching themes: multi-agency response, experiences of children and their families, and young victim-survivors of Intimate Partner Violence (IPV) and young people using harm. They should not be taken as an exhaustive list of all possible experiences of supporting children and young people, but rather highlight the most pressing challenges and areas of good practice identified by victim-survivors and professionals who responded to our survey.

Multi-agency response

Respondents considered the ways in which services respond to families with children experiencing domestic abuse, how this response is co-ordinated and communicated, and any systemic or agency barriers mentioned. This section considers the wider multi-agency response, and this theme was therefore mainly, although not exclusively, relevant to respondents to the professional survey.

- MARAC creates opportunities to identify and safeguard children and young people who may be at risk, including where young victims have not disclosed incidents.
- Not all professionals told us they had received training around domestic abuse that focused on children in the last two years, including a quarter of professionals from education, children's statutory social care and children's universal or early help services.
- Professionals value the voice of education and recognise the knowledge and family history that schools hold, however, education is not always asked for input and do not always receive information following multi-agency meetings.
- Operation Encompass can be effective at keeping schools informed and best able to safeguard children and their families when robust training and clear safeguarding pathways are in place, and information sharing is timely.
- Schools should be utilised as a key family contact, but with consideration for how other services can scaffold schools support and how support and information sharing can be sustained when schools are closed.
- Professionals did not feel children were always recognised as victims, or that the risks those perpetrating abuse present to children, including post-separation, were always acknowledged.
- Professionals were not always confident in how to balance supporting families, especially where families want to stay together, while also keeping children and victims safe.
- Non-abusive parents are often viewed as solely responsible for their children's safety, despite having no control or responsibility for the abusive behaviour.

SafeLives guidance

Perpetrators need to be held accountable for their harmful behaviours. Professionals must be aware that domestic abuse is a parenting choice that perpetrators are making and therefore this needs to be reflected within care plans for families who are wishing to stay together, as well as those who are separating. Through our systems work we regularly observe professionals putting the expectation on the victim-survivor to safeguard their children from the perpetrator which can increase the risk of harm. Where professionals deem child contact should be withdrawn this needs to be carried out as a coordinated, risk-assessed plan, within a multi-agency setting.

Experiences of children and their families

Respondents to both the survivor and professional survey discussed how domestic abuse was experienced by children and their families, including their interactions with services and professionals. This section focuses largely on how domestic abuse can manifest in families with children, and primary services that work with children and their families experiencing domestic abuse.

- Victim-survivors of domestic abuse have many areas of need with children's wellbeing being a key priority. Despite this, there is limited support specifically for children.
- Concerns about the impact on children, or losing their children, was a barrier for parent victims seeking support.
- Children are used as a mechanism of abuse or to control the non-abusive parent.
- There is a lack of suitable refuge accommodation for families with children, especially those with male teenagers or children with additional support needs or disabilities.
- For parents, contact with perpetrators of abuse can be sustained post-separation and lead to further abuse, harassment, and coercive control.

SafeLives guidance

Professionals must identify the primary perpetrator and work with the non-abusive parent to safeguard their children whilst holding the perpetrator to account. Perpetrators utilise family courts and child contact to continue domestic abuse and this undermines the rights of victim-survivors and their children. Professionals must prioritise the safety of children and not perpetuate the harm being caused by the abusive parent, remembering that children are victims in their own right. With post-separation abuse being recognised in the Domestic Abuse Act 2021, professionals should feel empowered to provide appropriate safeguarding support to victim-survivors and their families without the pressure to maintain parental contact with the perpetrator.

- Victim-survivors' experiences of the police and family court were largely negative with many describing inaction and/or not being believed.
- Children must be consistently viewed as victims of domestic abuse in their own right.
- An area of professional uncertainty is balancing child safeguarding when maintaining relationships between children and parents using harmful behaviours.

Young victim-survivors of Intimate Partner Violence (IPV) and young people using harm

Respondents to both our survivor and professional survey shared considerations of young victims who experience domestic abuse in their own romantic relationships, in addition to children and young people using harmful behaviours within romantic relationships or towards family members. This section considers both these contexts as well as potential transgenerational impacts and the importance of early intervention and education to break cycles.

- There is a gap in domestic abuse provision for young people under 16 in abusive romantic relationships that fall outside of the Domestic Abuse Act definition.
- Appropriate services for young people both experiencing and using harmful behaviours in romantic relationships are sparse.
- Support and safeguarding for young people can be complex, particularly in contexts such as transitional safeguarding for 16–18-year-olds moving from children's to adult services. This is further complicated when working with young people who are using harmful behaviour but remain protected within children's safeguarding frameworks.
- There is consensus among victim-survivors and professionals that children and young people should learn about healthy relationships and domestic abuse at an early stage.
- Professionals have varying understandings of child and adolescent to parent violence and abuse (CAPVA), with few resources for guidance, and pathways for support are limited.

SafeLives guidance

SafeLives research indicated that only half (52%) of young people believe Relationships and Sex Education (RSE) classes give them a good understanding of toxic and healthy relationships.[7] SafeLives also developed Verge of Harming practice resources to support professionals who are working with young people using harmful behaviour.[8]

Recommendations*

1. Recognise **children as victims in their own right**
2. Strengthen **multi-agency working** and **information sharing**
3. Increase the role of **schools and education** settings
4. Improve professional **training**
5. Shift **accountability** onto **those perpetrating abuse**
6. Improve **support for non-abusive parents**
7. Expand **specialist support for children**
8. Improve responses to **post-separation abuse** and **family courts**
9. Improve **housing and refuge** provision
10. Address **young people's relationships and harmful behaviour**
11. Develop a stronger response to **CAPVA**

*See page 38 for more detail on the recommendations

Introduction

This report draws on data collected as part of SafeLives' public health approach for ending domestic abuse. Our team of practice experts, supported by our research team, works with local areas in England and Wales to review their response to domestic abuse. This involves developing a deep understanding of local organisational culture, context, and partnerships while aligning with both our internal strategy and plans to drive meaningful change.

We collaborate with local authorities, Police and Crime Commissioners, Clinical Commissioning Groups, and other multi-agency partners to conduct a comprehensive, system-wide review. Taking a whole family, whole system approach, we identify opportunities to strengthen responses to domestic abuse across the whole system and risk level. Our process includes assessing the local landscape, engaging with agencies, professionals and families experiencing domestic abuse, and pinpointing strengths, gaps, and areas for improvement in the local response to domestic abuse.

As part of our work in local areas, we distribute surveys to survivors and professionals to gather insights on the local response to domestic abuse. The survey data is analysed at the site level to support our work in each area and also recently published in aggregate form through the survivor and professional survey. These surveys include open-ended questions, which have so far been analysed only at an aggregate level identifying the broad themes. However, we are now publishing a series of 'deep dive reports' that explore these responses in greater detail, with each report focusing on a specific topic.

This is the second in the series, considering victim-survivors and professionals perspectives on the response to children and young people in their local areas. The first report examined professionals' perspectives on Multi-Agency Risk Assessment Conferences (MARAC).[9]

Methodology

Data collection and analysis

Data for this analysis was drawn from two surveys conducted with victim-survivors of domestic abuse and professionals across local areas in England and Wales. Responses were collected from victim-survivors in 21 local areas, and professionals in over 17 different agencies from 22 local areas, between March 2021 and February 2025. Further details available in Appendix A.

As Safe Young Lives is one of the six key priorities of the SafeLives strategy 2025-28, including framing children and young people as victims in their own right, response to this group within local authority areas was already a key area of interest. As part of our work, some open-text responses from both the survivor and professional survey had already been analysed as relevant to children and young people, which allowed us to identify responding to children and young people as an overarching theme at an aggregate level. In addition to those responses identified as relevant through our work, responses across all open-text questions in the survivor and professional surveys were searched for key terms. More details on the coding process can be found in Appendix B. Open-text responses were analysed from the following survey questions:

Survivor survey

- Please tell us a bit about your experience of the service(s) that you used/ are using?
- Finally, is there anything else about your experience of services in relation to domestic abuse in your local area?

Professional survey

- Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?
- Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area?
- When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?
- When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?

All identified responses were subsequently analysed using content analysis, with input from a SafeLives Changemaker.10 Three overarching themes emerged from initial coding:

- Multi-agency response to children and their families
- Children and their families' experiences of the response to domestic abuse
- Response to young people experiencing IPV and young people using harmful behaviours

A breakdown of the key themes, along with quotes from respondents (with any identifying details removed), is provided in the main body of the report below. The agency of quoted professionals is indicated where possible. Where relevant, quantitative data from the survivor and professional surveys has been reported on to support our findings.

Limitations and considerations

Representation bias

Certain local areas and agencies are more heavily represented in the dataset, meaning findings may reflect conditions in these areas and agencies more strongly. While the results cannot be generalised to the whole of England and Wales, similar themes emerged across multiple locations.

Selection bias

Data was collected from areas that commissioned SafeLives to review their domestic abuse response as part of our public health approach work. This means the dataset may be skewed toward areas that were already experiencing challenges and seeking improvement. As a result, some responses may highlight more negative aspects of the response to children and young people.

Respondents

Surveys were carried out with victim-survivors and professionals, so it is important to note that the views of children and young people were not captured directly within survey responses. As part of the Public Health Approach, SafeLives distributes a survey to collect the perspectives of children and young people. Since the beginning of its distribution in local areas in 2022, we have collected 30 responses in total with approximately half coming from children and young people in one local area. Within those responses, each open text question has approximately 20 responses or fewer. Given the small sample size and unequal distribution across areas, we are unable to rigorously analyse or draw meaningful findings from these responses. As a result, we have not analysed or reported on this survey here. We appreciate that a report about children and young people would ideally include their voices. We hope to address this to an extent with the support of a SafeLives Changemaker.

Timeframe

Responses were collected over a four-year period (March 2021 – February 2025), meaning some aspects of the response to children and young people may have evolved in the intervening years. However, similar themes - both positive and negative - emerged consistently across time periods.

Project impact

The surveys were carried out at the start of our involvement in an area. Therefore, their views, opinions and workings of professionals may have changed due to findings and recommendations shared through our work.

Survey design

Open-text survey questions used for both victim-survivors and professionals did not explicitly ask about responses to children and young people. Instead, they posed general questions about what was working well and what needed improvement in the local domestic abuse response.

Inherent tension

There is an inherent tension between emphasising children and young people's experiences and avoiding narratives that place responsibility on non-abusive parents. Professionals similarly described feeling uncertain about how to navigate this.

Multi-agency response to children and their families

Multi-agency response to children and their families

A report published in January 2026 summarised findings from inspections in six English local authorities to evaluate the response to children at risk of domestic abuse and child victims, with a focus on children under seven years.[11] The report highlighted a need for a focus on children in safety planning in the multi-agency response to domestic abuse with communication of safety plans to other agencies. Even in examples of good practice, such as professional curiosity and tailored support provided by midwifery teams, there were barriers to health professionals communicating this information quickly and easily to all relevant agencies. The report, as well as our survey analysis, finds effective information sharing to be crucial.

A disconnected understanding of the behaviour of those causing harm and risk of harm to children, including acknowledgement of cumulative risk, was highlighted as an issue among some professionals. This disconnected understanding was a factor impacting early identification, appropriate safeguarding, and support for children being offered at the right time. Insufficient challenge by other professionals and agencies as part of the risk assessment process was also linked to poor multi-agency decision making in some cases. Recognising the critical role that schools and early years play, and ensuring effective support and training for providers, was underlined as a key route to enhancing the identification of children's risks and needs. This is a vital pathway for supporting and safeguarding around domestic abuse.

Children sharing their views with the DA Commissioner's Office also identified schools as a key support. They expressed a desire for teacher training in identification and impacts of domestic abuse, discussions of domestic abuse, consent and healthy relationships through the RSE/PSHE curriculum, and embedded specialist support such as counselling within schools.[12] Children and young people emphasised the need for a greater recognition of how their communication and behaviour relates to risk. Changes in behaviour, for instance being 'challenging' or withdrawn, all being linked to experiences of trauma. A quote from one young person in the report stated "kids from domestic violence aren't attention seeking. This is our way of asking for help."

Information sharing

Professionals who responded to the survey commented on how effectively information was shared in their local area and the impact this has on the multi-agency response to domestic abuse. We asked professionals how to improve the multi-agency response to domestic abuse in their area, and many described inefficient lines of communication and sharing information. For some, this involved having to "chase" other services for updates, with one professional working in a voluntary agency describing "hours calling different DV charities & support organisations only to be told they cannot help."

> "There needs to be more communication and multi agency working from Children's Services and Homeless Options. Quite often as a domestic abuse practitioner I am having to chase these services for updates or in instances when I have reported concerns to Children's Services, I have not received any response to acknowledge my emails and have to escalate to management who have still not responded. This does not help to provide an excellent service of support to victims who are in crisis and experiencing domestic abuse." **(Professional, domestic abuse service)**

A professional from children's statutory services described delays in information being passed on resulting in missed opportunities to effectively safeguard children:

> "We have had instances where MASH have given us referrals at nearly 5pm when children have been sent home into possible dangerous situations when they have received the initial referral at mid day." **(Professional, children's social care (statutory))**

Barriers to effective communication were acknowledged in some cases. For instance, a probation professional recognised that high caseloads and high staff turnover in children's social care contributed to difficulty in reaching and accessing "accurate information" from social workers. In turn, professionals from children's social care felt that more comprehensive details shared with them would be helpful:

> "From a Social Worker perspective […] a quick overview sheet to be sent to SW when children are involved." **(Professional, children's social care (statutory))**

"Some improvement to demographics re families names DOB, addresses, schools etc in Police reports would be helpful and enable speedier sharing of information in some cases. Easier communication between IDVA and Public Health would be helpful" **(Professional, public health)**

SafeLives guidance

When making safeguarding and MARAC referrals, full details of family members involved should be shared including ethnicity, disability, etc. Intersecting characteristics and identities all play a vital role in effective risk management and without this detail you cannot assess all the risks posed to a family. It is also important to ensure the correct spelling of names and work as a partnership to correct records. This is to prevent multiple records of victim-survivors and their families which may prevent clear and effective information sharing.

Professionals highlighted the importance of information sharing, described by one professional as "key to keeping children safe". Professionals described areas of the multi-agency response where information sharing felt effective, such as in sharing resources and collaborative learning. One frontline health professional felt the use of public protection notices (PPN) enabled "Good communication regarding children who have been involved in families where DA is occurring".

"I feel that agencies in my area work collaboratively and share information to promote the safety and wellbeing of clients. Pathways are clear and support and advice form managers is excellent. The Children's HUB is an excellent resource and staff there are very helpful and communication is excellent." [sic] **(Professional, children's services (universal/early help))**

"Parenting and Group Work who offer parenting and domestic abuse recovery programmes for children and young people are now aligned with IDVA's. This allows the sharing of experience and learning with regards to domestic abuse and the think family approach to domestic abuse recovery. This is fast developing into a completed joined up approach to recovery work for families" **(Professional, domestic abuse service)**

When asked what was working well in the multi-agency response to domestic abuse in their local area, professionals shared positive comments about the response to children through multi-agency meetings. Advantages of the MARAC process included opportunities for cross-agency collaboration in establishing a "wrap around service" and the "best solution for the victim and children". MARAC was mentioned to support the identification of children who may be at risk.

The perspectives of professionals on the successes and challenges of MARAC, including for children and young people, are discussed in greater detail in the first report in this series.

"Many vulnerable, previously 'hidden' children who are living with domestic abuse are identified through the MARAC process." **(Professional, children's social care (statutory))**

"MARAC is one of the first ways of me finding out if there is a parent or other family member who is a perpetrator of domestic abuse, and if they are a risk to children." **(Professional, children's social care (statutory))**

SafeLives guidance

MARAC should not be the first time services become aware of children at risk of harm. MARAC is a part of the multi-agency response. However, to reduce harm to children and young people, professionals need to liaise with colleagues when this first comes to light and not wait for MARAC to share information or make positive actions to safeguard through appropriate referrals to services.

One professional explained that although they are usually aware of young victims or individuals causing harm, the monthly distribution list of families to be heard at their local MARAC was a useful way to ensure children are supported in cases where they have not disclosed incidents:

"The monthly lists are useful from a check point of view. sometimes children don't disclose that there has been an incident at the home, so we are able to support them when the lists come through" **(Professional, other: youth justice)**

SafeLives guidance

The four aims of MARAC are to:

- Safeguard victims of domestic abuse and their children
- Manage the behaviour of those perpetrating abuse
- Safeguard professionals
- Make links with all other safeguarding processes

The primary focus of the MARAC is the safeguarding of the adult victim and children.

The MARAC will also work closely with relevant agencies to safeguard children and address the behaviour of those perpetrating the abuse. Children's needs and risks should be considered in every discussion.

Children identified as victims of domestic abuse in their own right should be offered the support services of a CHIDVA.

Best practice requires recognising each child's individual experience, understanding the impact of domestic abuse on them, and assessing the unique risks to that child.

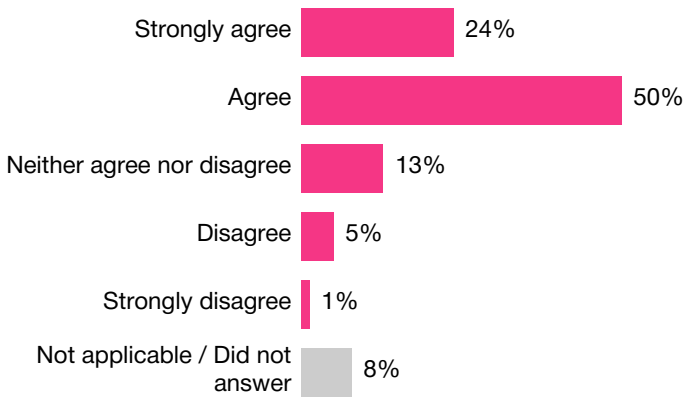
Professionals should not be waiting for the MARAC to begin sharing information. High risk enables information sharing, and this should extend to any children who are connected to the victim-survivor and to those perpetrating abuse. Consideration needs to be given to a wider family context, where children may be coming in and out of the home.

Awareness, identification and risk thresholds

Professionals discussed elements that were working well and challenges around effective understanding and identification of domestic abuse in the response to children and their families.

Illustrated in graph 1, professionals were asked during local area work whether they felt 'confident in challenging professionals in other agencies to ensure children are seen as victims in their own right'. Just under three-quarters (74%) of survey respondents agreed or strongly agreed that they felt confident in challenging professionals in other agencies to ensure children are seen as victims in their own right. Still, close to one in five (19%) professionals were either unsure, disagreed or strongly disagreed that this was an area where they felt confident.

I feel confident in challenging professionals in other agencies to ensure children are seen as victims in their own right



Graph 1. Self-reported confidence levels of professional survey respondents in challenging other professionals to ensure children are seen as victims in their own right. N=2257

Some open-text responses challenged whether risk assessments carried out were always accurate when responding to children and young people, largely around the risks that those causing harm present to children. One professional from a domestic abuse service prompted a "bigger response from children's social care" in their area. This was in relation to the potential risks of ongoing contact to children, as well as a greater recognition within the family court system. In turn, a professional from statutory children's services in a different area criticised their local police for not completing the children's section of the DASH. It was also felt by this individual that many professionals inaccurately view separation as a protective factor due to the thought that children are no longer exposed to domestic abuse. In fact, separation is a pivotal point that can lead to escalation, and greater risk to victim-survivors and their families.

Within their suggestions for improving the response to children affected by domestic abuse, professionals mentioned training such as ensuring awareness across multiple services and early recognition of indicators.

> "Mandatory training across all sectors (including leisure and schools) with regard to DA. Checklists of early warning signs for schools, nurseries and children's centres...and Churches etc." **(Professional, adult social care)**

> "Training on how to support children, what help they may need in school, and why.Training within mental health services for children and with GP's and Health Visitors needed. Training for school support staff, how to help children feel safe in school and what to do if domestic abuse is suspected and what support the family needs" **(Professional, voluntary or community sector)**

Education settings and schools

Eight percent (n=180) of professionals responding to our survey described their agency as education, a key sector interacting with children and young people. Nine out of ten education professionals told us they identified domestic abuse in their role, and of those who did, over half (53%) identified domestic abuse monthly or more frequently.

When asked how to improve the response to domestic abuse in the local area, respondents mentioned having a greater representation from education at MARAC. Many professionals felt that often "the school knows more about family history than any other agency" (Professional, education), but this information was not always sought. Professionals from education felt that improvements could be made to MARAC in terms of the consistency and quality of feedback, as well as input. It was also felt that not having timely updates on MARAC outcomes impacted their ability for effective safeguarding.

> "Schools are often not included in the reviews of MARAC, school have the most involvements with the family and are often the lead professionals of the EHA but not included in some meetings" **(Professional, education)**

> "providing information to schools could be better, particularly in relation to decisions made about closing cases - this needs a lot of follow up to find out what if anything, is happening" **(Professional, education)**

This feeling was shared amongst colleagues from other agencies, collectively highlighting the importance of education settings in supporting children and young people affected by domestic abuse.

> "Schools should be asked for information every time a case goes to MARAC." **(Professional, adult social care)**

> "There is a huge gap in sharing of information between education and MARAC, with many schools being unaware of incidents, placing children's emotional wellbeing at further risk. More awareness around Operation Encompass would be extremely beneficial." **(Professional, domestic abuse service)**

SafeLives guidance

Education is not a core agency for MARAC, however local areas can work to find an appropriate solution for sharing information about children with education settings. Effective safeguarding of children experiencing domestic abuse extends beyond addressing risks within the family home. It requires a contextual safeguarding approach that identifies and responds to harm occurring in schools, peer networks, community settings, and online environments, ensuring that these wider influences are considered throughout all safeguarding activity. MARAC does not prevent multi-agency working outside of the meeting, and professionals should seek to include agencies and education settings where children will be, so that they can receive appropriate and timely support.

Several respondents referenced Operation Encompass: Initially a voluntary scheme, the Victims and Prisoners Act 2024 introduced a new provision to the Domestic Abuse Act 2021. It places a statutory duty on police from November 2025 to inform education settings if they become aware of a child who may be at risk from domestic abuse.[13,14] According to statutory guidance, this notification system aims "to support educational settings to provide timely, informed support to children affected by domestic abuse in the environment where they spend most of their time".[14] Those respondents who mentioned Operation Encompass often criticised that the speed of notifications could be improved, particularly over school holidays.

> "Operation Encompass - Sometimes we do not get PPNs, or they are received late after the incident." **(Professional, education)**

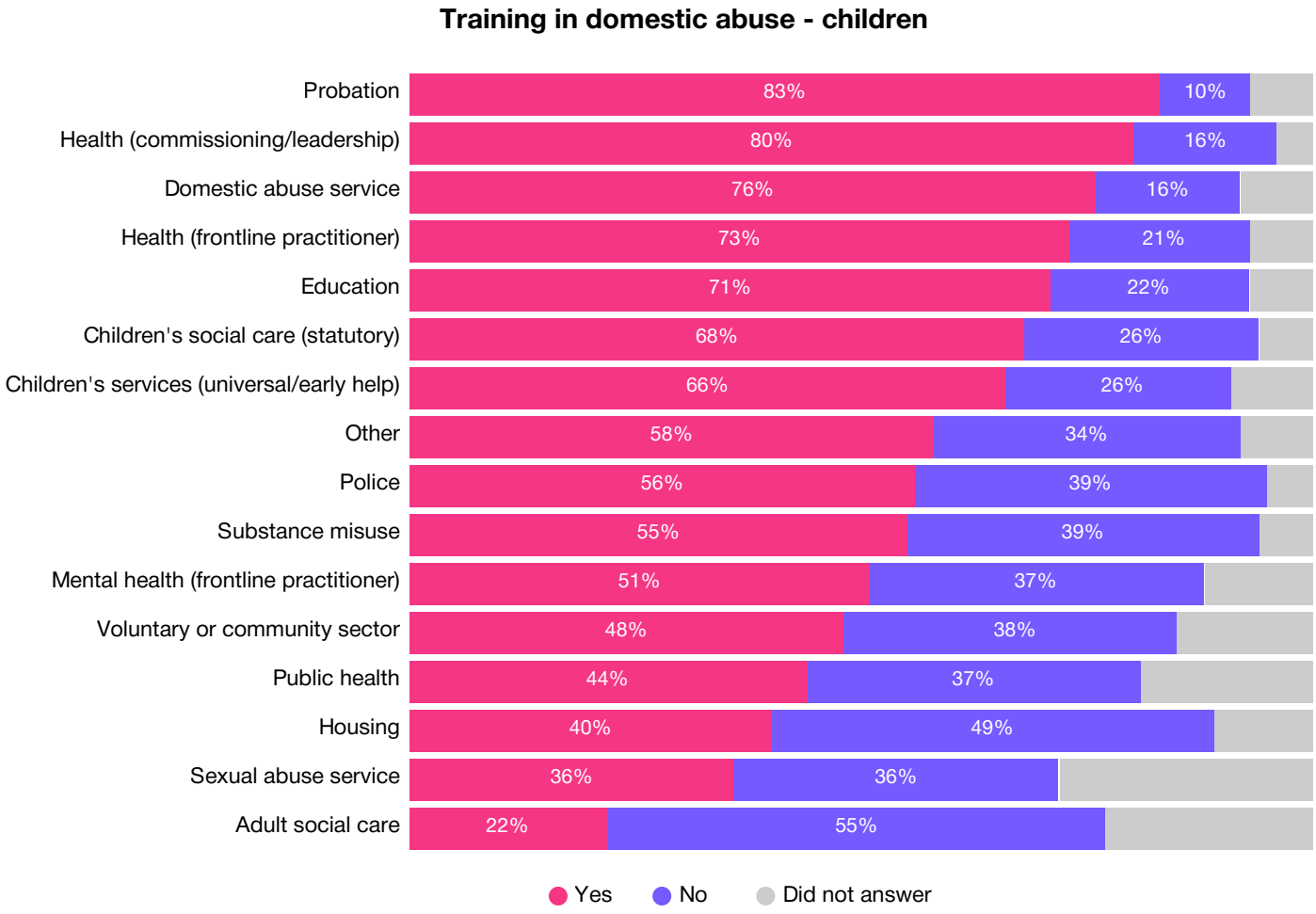
> "operation encompass alerts coming to school although not always timely" **(Professional, education)**

One respondent from education suggested an email system could be used over the school holidays so that incidents and opportunities to support families were not missed. Another education professional felt that they were likely to hear outcomes from parents or social care services before receiving notifications from the police. However, when notifications were being received, Operation Encompass was frequently cited by professionals as working well. It was felt to be effective at ensuring that schools are aware of families affected by domestic abuse, and any involvement with other agencies, so that they can better safeguard children and their families.

> "Operation encompass works [...] within education when we receive the notifications" **(Professional, education)**

According to our professionals survey data, training around domestic abuse that focused on children had been completed in the last two years by more than half of the professionals from each agency in most cases, as shown in graph 2. This was not true for the voluntary or community sector, public health, housing, sexual abuse services and adult social care.

Notably, about a quarter of professionals from education (22%), and a quarter of children's social care (statutory) (26%) and children's services (universal/early help) (26%) told us they had not had training around domestic abuse that focused on children in the last two years.



Graph 2. Proportion of professional survey respondents by agency who had training in domestic abuse focused on children in the last two years. N=2257. Total who answered 'Yes'=59% (n=1333)

SafeLives guidance

We recommend that frontline staff who work across the domestic abuse system receive regular training on:

- Identifying domestic abuse and its impact on children
- Recognising non-physical forms of abuse (coercive control, emotional abuse)
- Understanding the specific vulnerabilities of child victims of domestic abuse
- Culturally responsive/humility training on the experiences, risks, and needs of marginalised children.

Any concern about a child's safety or welfare should trigger a safeguarding referral. This will include a child living in a home where domestic abuse is taking place.

How to Refer: Follow your agency's safeguarding procedures and ensure timely communication with children's social care.
Record-Keeping: Document concerns, actions, and communications clearly and factually.

Whilst the wording used in the Domestic Abuse Act 2021 states "witnessing abuse", professionals must understand that living in a home with domestic abuse, a child will be experiencing it. Professionals need to have an understanding that referrals should be made regardless of if the child was "in the room" or "at home" when an incident occurred as there will be ongoing coercion and control in the household which will have a direct impact on their emotional and psychological wellbeing.

> "Operation Encompass is working well in informing schools that there has been an incident and we can then check in with children and parents to ensure that they are safe." **(Professional, education)**

Professional also emphasised a lack of information sharing following meetings, regardless in some cases of whether forms or reports were provided by education staff. Minutes alone were felt to be of minimal practical use, with many education professionals expressing a lack of "actual support" and uncertainty at how to support families.

> "As a school we get very little feed back from the [MARAC] meetings, even though we can be asked to fill in forms several times for the same families. Therefore, as these are highly confidential we aren't aware of what changes we could be looking out for or what is happening." **(Professional, education)**

> "MARAC for schools needs to be clearer - there is no specific training on this in the Level 3 Safeguarding training and you have to attend specific Domestic Abuse training to find out about how it works - I did not know that I could refer to it until doing this. As a school, all we get are emails asking for reports on children if there is a concern that has made it to the threshold - there is never any feedback to us as a result [...]" **(Professional, education)**

> "I feel schools could be made aware of the MARAC process and the steps within it. It would be helpful to outline how this is supposed to help the families and the children [...]" **(Professional, education)**

The uncertainty expressed by respondents from education around what additional support they could be offering families was particularly evident in cases where referrals made by schools did not meet thresholds for support from other services. One health professional working at a commissioning/ leadership level highlighted support for children who did not meet referral thresholds as a significant gap.

> "Cases often dismissed for not meeting threshold with no clear indication of appropriate further steps, we are left to try to support the child with no clear guidance on next steps." **(Professional, education)**

An education professional echoed this feeling that children were "always referred back to school to deal with", while another emphasised the scale of this issue: "The majority of our pupils have witnessed DV but we are unsure what support there is for them. We would benefit from more information around what [local DA service] could offer." Echoing the desire for wider pathways for domestic abuse support, a frontline health professional also highlighted implications of not supporting families at an early stage:

> "Our Early Help colleagues are really stretched so are not able to offer much at all, so often the 'grey area' cases get left with nothing until it escalates" **(Professional, mental health (frontline))**

Education professionals did describe positive improvements in some of these areas facing criticism. For example, one professional felt they had an "excellent source of support and knowledge" in their local Safeguarding Children in Education Officer and another felt that there had been a greater focus on hearing the child's voice and valuing the input from education at their local MARAC. When asked about their experience of services, one victim-survivor was helped by staff from their child's school in addition to their GP.

> "There has been a significant improvement in the triage of referrals we have made to the MASH. Young people are getting support quicker which is positive." **(Professional, education)**

SafeLives guidance

While education is not a statutory core MARAC partner, schools and education settings remain central to the safeguarding system for the vast majority of children and are critical partners in contextual safeguarding. Effective partnership working with education providers strengthens the identification of children experiencing domestic abuse, supports earlier intervention, and enhances the confidence and capability of education professionals to recognise and respond to concerns. Local domestic abuse partnerships should ensure that education is fully embedded within referral and support pathways. This will help to ensure that children affected by domestic abuse are identified at the earliest opportunity and can access appropriate support, whether through early help provision or specialist domestic abuse services, according to their level of need and risk. Schools should be included as part of the safety plan for families, particularly if there are concerns about sending a child home to an unsafe environment, or if school need to be aware that the perpetrator should not have contact with the child and non-abusing parent. Beyond that schools should have the knowledge of a situation to ensure appropriate pastoral care is in place as well as allowing them to effectively manage their own safety as professionals.

Professional attitudes to parent victim-survivors

A key challenge highlighted in professional survey responses was protecting children and young people without undermining the impact of domestic abuse and placing responsibility on victims. Some respondents were aware of the difficulties victims face when trying to parent within abusive relationships.

> "There is generally an attitude that Women as victims need to protect their children (as a pose to the perpetrators within the relationship). Of course the safety and protection of the children is paramount however I think some professionals overlook the difficulties of being in an abusive and controlling relationship" [sic] **(Professional, children's services (statutory))**

> "From a children social care perspective our priority is to ensure the safety of children, and too often we place that responsibility with the current victim of abuse who is unable to achieve that expectation and this can break down the relationship and trust between the worker and Parent." **(Professional, children's social care (statutory))**

> **"**Children's Social Services can sometimes not understand the impact of domestic abuse for the victim and their children, I often feel I am an advocate for the victim and feel that children's social services blame them in some way for their situation or parenting abilities whilst a victim of domestic abuse, it often feels like they give the victim a lot of responsibility to "change" and be a "better" parent, without understanding how domestic abuse can impact their parental abilities which prevents other interventions being put in place for the children [...]" **(Professional, mental health (frontline practitioner))**

> "really ensure we are giving good support tochildren and young people in keeping them safe and overcoming trauma. Whist I think the victim has a duty to protect their children it cannot only rest with them given the situation they are in" **(Professional, voluntary or community sector)**

One professional from frontline health felt that "more work could be done around people who choose not to leave and how to keep these children safe or how to address this". Wanting to protect their children was often cited by victim-survivors as a reason why they may choose to remain in abusive relationships and why it can be difficult to trust and engage with services.

SafeLives guidance

Our work nationally alongside research tells us that those perpetrating abuse use children as a tool for abuse. Child contact is often weaponised and the non-abusing parent is often told by those causing the harm that no one will believe them and that they will lose their child. This compounds the fear of leaving their abuser. Professionals must work with the strengths of the victim-survivor who has been mitigating risk daily. Punitive measures placed on the non-abusive parent only serve to alienate them from the system and ultimately make it harder to safeguard the children in the household.

As well as difficulties in parenting, respondents felt that professional colleagues did not always understand the impacts on child victims. One victim-survivor noted that there were gaps in professional's understandings of the impacts of domestic abuse on children as well as a lack of long-term support.

> "It feels like domestic abuse is so common now that nobody bats an eyelid [...] The children are getting lost in everything; there is no long term support for them and a lack of understanding as to how far reaching the effects are for them." **(Victim-survivor)**

Another professional from education felt that there was "resistance" from social services to work with them to help children, particularly when victims had no recourse to public funds. One frontline professional working with parents felt that advocating for, and supporting, children in families experiencing domestic abuse was a key area of challenge:

> "helping them to understand that the person is a victim. Trying to get the children support in their own right, as I work with mums ante-natal and post-natal it is difficult for other services to understand the impact on the unborn or baby, they do not seem to understand that the babys emotional basic needs are usually unintentionally being neglected. The focus always seems to be on what the victim can do better or support for the victim, it is hard to push support just for the children, however schools can be supportive if they are well informed." [sic] **(Professional, mental health (frontline))**

Although it is positive that an understanding and recognition of both child and parent victims was evident in responses, professionals placing responsibility with non-abusive parents must be challenged. Some respondents to our survey expressed frustrations when working with families, such as one professional from children's services who described parents "not understanding" the impact of abuse on their children as one of the greatest challenges in supporting victims.

> "The victim minimising the abuse/denying it happens. Not understanding the impact it is having on their child/children. If there is an unborn parents often feel that baby is safe in the womb and domestic abuse is not harming them." **(Professional, children's services (universal/early help))**

> "Lack of understanding on long term trauma impact of DA on children and ctation that "if a child didnt see the physical attack they arent impacted"" [sic] **(Professional, mental health (frontline))**

SafeLives guidance

Professionals should seek clinical supervision or line management to support their practice. This can help to alleviate feelings of frustration and bias which can impact how we work with victim-survivors. There are domestic abuse programmes that support the non-abusing parent and child to rebuild relationships and open conversations about the abuse. These should be implemented locally within specialist services. Alongside mainstream options, specialist 'By and For' services and local survivors from racially minoritised communities, in partnership with SafeLives, have redeveloped domestic abuse recovery programmes to ensure these can be responsive to a more diverse range of people.[15]

As discussed later in this report, non-abusive parents do not always have positive experiences engaging with services and will be trying to mitigate impacts to their family while being a victim of abuse themselves. Delivering whole family support, while effectively supporting and safeguarding both victims and children in their own right, is clearly an area that feels difficult to navigate.

SafeLives guidance

Best practice requires professionals to be fully equipped with the knowledge, tools, and confidence to clearly explain to both abusive and non-abusive parents that children are always impacted by domestic abuse, even when they do not directly witness physical violence.

Domestic abuse is a pattern of incidents that will impact every element of a child's life. Professionals must understand how exposure to fear, coercive control, conflict, and emotional harm affects children's brain development, emotional regulation, attachment, behaviour, sense of safety, and long-term wellbeing.

When working with abusive parents, best practice involves promoting accountability while supporting the development of empathy for the child's lived experience, emphasising that children are harmed by environments characterised by fear and unpredictability.

When working with non-abusive parents, professionals should adopt a strengths-based approach that recognises the constraints created by coercive control, avoids victim-blaming, and supports protective parenting strategies that promote emotional safety, stability, and repair.

Organisations should ensure practitioners have access to specialist training, reflective supervision, and practical resources that enable consistent, informed, and child-focused responses. Organisations should also develop a positive culture of professional challenge to ensure victim-blaming can be called out and reframed.

How children and their families experience the response to domestic abuse

How children and their families experience the response to domestic abuse

Witnessing domestic abuse is considered child abuse under the Children Act 1989, through amendments to the Adoption and Children Act 2002, which now includes in its definition of harm "impairment suffered from seeing or hearing the ill treatment of another". In line with this, the Domestic Abuse Act 2021 acknowledges children as victims of domestic abuse in their own right; seeing, hearing or experiencing the effects of abuse. This can be seen in SafeLives' most recent Insights dataset, including data collected data from 1,853 children and young people engaging with specialist domestic abuse services. It illustrates a high incidence of directly experiencing abuse (87%), as well as being exposed indirectly (96%).[16]

Within the findings from joint targeted area inspections (JTAIs) conducted between 2024 and 2025, survivors participating in focus groups shared feelings of being trapped; being either perceived as a bad parent by failing to protect their children if they sought help, or perceived as neglecting their children's safety if they did not.[11] This echoes perceptions of victim-survivors responding to our survey in local areas. The report also described how there was too much reliance on the role of non-abusing parents in protecting children, without recognition of adult victims not being responsible for, or in control of, the abusive parents' behaviour.

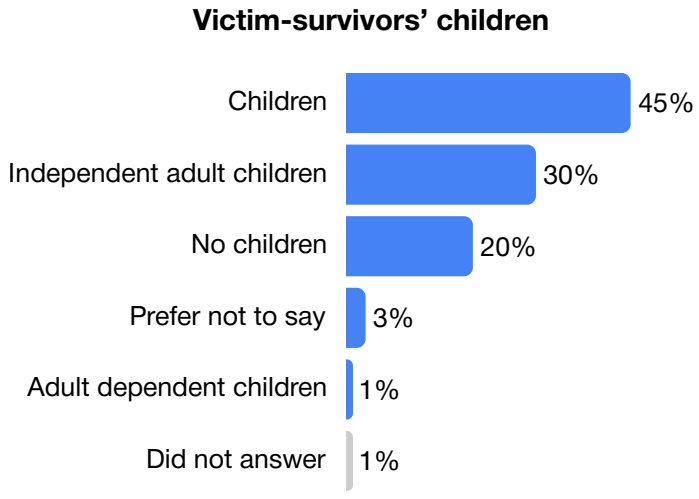
An underpinning principle of SafeLives' Public Health Approach is that families experiencing domestic abuse must be met across multiple areas of need by multiple agencies. Two areas emerging through this analysis as particularly impactful to children were housing and emergency accommodation when seeking to leave the family home, and availability of specialist support for children. The Domestic Abuse Act 2021 places a duty on local authorities in England to provide accommodation-based support and one of SafeLives' recommendations in our evaluation of the Public Health Approach in 2023 was for safe accommodation to include a package of trauma-informed care and intervention which is appropriate for a range of different ages.[17] Similarly, a key finding highlighted in our evaluation was that survivors who were parents told us there was not enough good quality support available for children who have experienced domestic abuse. Analysis through a freedom of information request by Barnardo's found just one in six (17%) advocates commissioned to support victims of domestic abuse and sexual abuse by police and crime commissioners in the financial year 2023-24 were advocates specifically for children. An additional 1,900 CHIDVAs were required to meet the needs of child victims identified by local authorities.[2]

A SafeLives report in 2021 explored court support for domestic abuse victims and produced a recommendation that children who are victims of domestic abuse were provided with specialist support throughout the family court process to ensure their trauma was addressed. There are several points made about family court experiences in survey responses analysed in this report. These included negative interactions with Cafcass, a lack of consideration of the risks that those perpetrating abuse pose to children, and that those perpetrating abuse are able to use the existing system to continue coercive control of families.[18] The DA Commissioner details two broad typologies of post-separation abuse cases presented at family court in a report from 2023. Firstly, where the perpetrator furthers abuse, harassment and/or deflection through allegations against the victim-survivor, or where the victim states they are using the child as a tool of abuse.[19] This report included further inclusion of the voice of the child as one of its recommendations.

Areas of need and experience of services

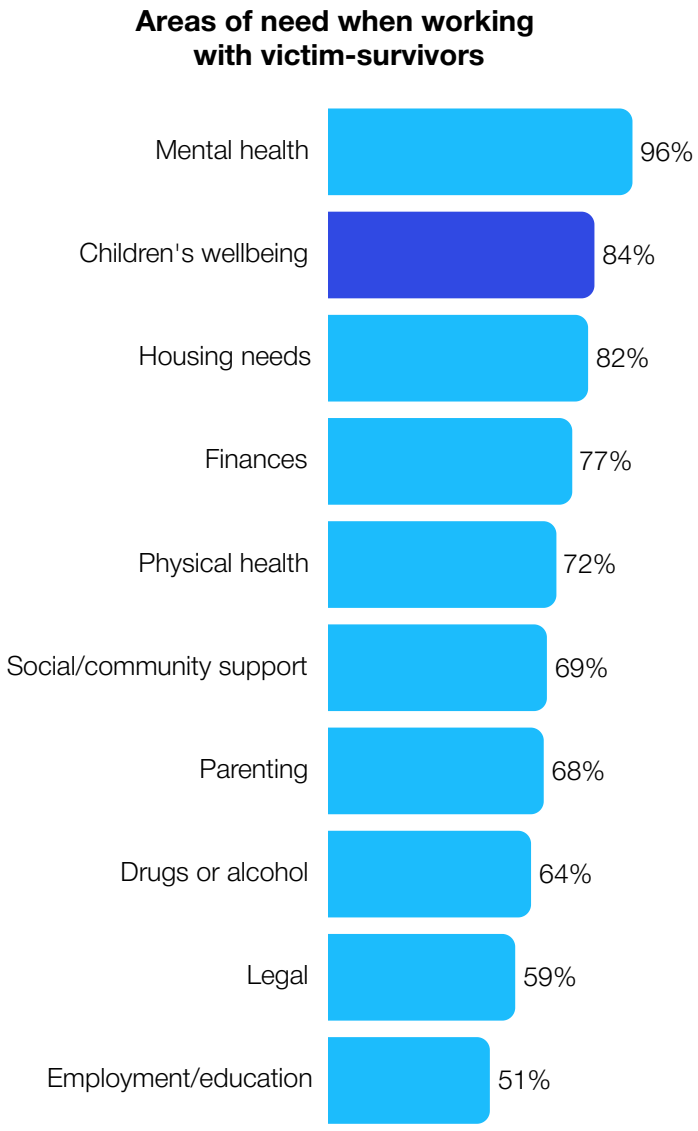
Slightly over three-quarters of respondents to our survivor survey (76%) had children, including dependent and independent adult children, as shown in graph 3.

In both surveys, victim-survivors and professionals described how different areas of need such as mental health, housing, and finances impacted the lives of children and their families experiencing domestic abuse, as well as directly impacting the parenting and wellbeing of children.



Graph 3. Proportion of victim-survivor respondents who did and did not have children. N=403. 'Adult dependent children' includes children with a disability

More than four in five (84%) respondents to our professional survey identified children's wellbeing as a key area of need, as shown in graph 4. This was second only to mental health needs (96%).



Graph 4. Proportion of professional survey respondents identifying areas of need when working with victim-survivors. Question shown only to those who answered 'Yes' to ever working with clients/service users that were, or were suspected, victims of domestic abuse. N=1767. Showing top 10 answers only

Support for both physical and mental health was highlighted by professional respondents, especially the intersect between health and parenting difficulties.

> "often the underlying issues are related to mental health or parenting issues because of a lack of parenting awareness due to poor parenting experienced themselves [...] frontline Health Visitors don't have time to address these issues over an extended period of time which the families need in order to make long term changes." **(Professional, health (frontline))**

SafeLives guidance

Local systems must have robust multi-agency pathways for families. Victim-survivors must have access to mental health and early help services to ensure that their primary needs are met, and parenting support is provided. Health Visitors, School Nurses, and Midwives need to receive appropriate domestic abuse training and support from senior leads to identify and appropriately refer victim-survivors on to additional support as they play a vital role in identifying abuse. These pathways rely on strong commissioning processes that are grounded in victim-survivors' lived experiences to ensure the services commissioned reflect the local need.

Victim-survivors criticised inaction of the police in protecting home environments among families experiencing domestic abuse. One individual recalls the police saying they were unable to help when threats to the victim's life were made in front of their children as there were no "broken bones". Another describes the response from the police as their children were "screaming" while the perpetrator tried to break down their door:

> "I felt let down by the police 999 line.I only phoned if i was desparate for help and one day as he was kicking my door in and the kids were screaming, i was told by the operator that this was the fourth time that i had called in a week and that i should sort myself out" [sic] **(Victim-survivor)**

> "Police always said there were no 'broken bones' so they couldn't help." **(Victim-survivor)**

SafeLives guidance

Police should utilise local safe accommodation and target hardening resources, as well as employing disruption techniques to prevent ongoing harm to victims and their children. Importantly, police need to take a risk-led approach and move away from being incident-led to ensure that all risks and the tactics of those perpetrating abuse are understood and mitigated.

A professional from statutory children's services felt that gaps in service provision "are perhaps resulting in more children coming into care" while a victim-survivor suggested that a lack of effective support, or lack of capacity to provide it, from professionals in their local area contributed to risk to other children beyond their family:

> "My ex has remarried and I believe his new partner will have had similar experiences, he has 'step-grandchildren' who I believe (if they are girls) are at risk of sexual abuse, and this behaviour has been approved and condoned in my opinion (and my experience) by the police." **(Victim-survivor)**

SafeLives guidance

High risk perpetrators of domestic abuse must be monitored and held accountable. Professionals, family members, and people at risk of harm should be made aware of and utilise Domestic Abuse Disclosure Scheme (Clare's Law) and the Child Sex Offender Disclosure Scheme (Sarah's Law) to prevent future harm within new relationships.

When it was available and accessible, victim-survivors and professionals were positive about whole person support across multiple needs, and multiple victim-survivors in the family. This included direct support, as well as support in accessing other services:

> "[Local service] was brilliant they helped me to deal with my experiences and supported me to attend court and to keep myself and my children safe" **(Victim-survivor)**

> "I felt fully supported the whole way through.I was pregnant and I even got support visiting the hospital appointments for scans etc.Food parcels,allocated workers,support at court,support after I had safely got accommodation.I cannot speak highly enough of [local service]" **(Victim-survivor)**

> "I emailed [first local service], not sure that what I had been through would be enough to get support but they rang me that day [...]. They organised support and offered councilling for myself and put through a referral to [second local service] for my children" [sic] **(Victim-survivor)**

> "The level of support received from [local service] was life changing ,from being believed to the emotional and practical support that was put in place .my children and i had to move twice in 3 months -[they] supported with this also. Whilst advocating for support for my children." **(Victim-survivor)**

Echoing professional perceptions of victim-blaming behaviour towards parents discussed in an earlier section, both professionals and victim-survivors described fears for families with children experiencing domestic abuse, largely children being removed with social services involvement.

> "When they are too scared to talk, because they think their children will be taken off them or that they will be harmed by the perpetrator for talking." **(Professional, children's services (universal/early help))**

> "Usually i find the biggest challenge is the fear of children's services ,potentially the victim has been told she will lose her children if she discloses to professionals. This can stop all or any engagement." **(Professional, domestic abuse service)**

> "To work hard at changing their service image (at the moment Children Social Services involvement is seen by many survivors-victims as a punishment)." **(Professional, health (frontline))**

> "People can be cautious about working with statutory services because they are worried their children will be removed from their care.In my personal and professional experience victims also worry they will be judged as being a bad parent and blamed for not keeping the children safe from harm being caused by the perpetrator." **(Professional, children's services (statutory)**

SafeLives guidance

Supporting the non-abusive parent through trauma-informed, multi-agency, wraparound provision
Practitioners should recognise that the non-abusive parent is frequently navigating significant trauma, coercive control, and practical barriers that directly affect their emotional wellbeing, functioning, and capacity to parent. Parenting capacity should not be assessed in isolation from the context of domestic abuse or the ongoing impact of the behaviour of those perpetrating abuse. Assessments and interventions must therefore be grounded in an understanding of trauma and coercion, acknowledging that apparent parenting difficulties may be directly linked to the lived experience of abuse, fear, isolation, financial control, and reduced autonomy.

Best practice requires practitioners to adopt a strengths-based, trauma-informed approach that validates the non-abusive parent's protective efforts and recognises the ways in which they may already be actively safeguarding their child in challenging and constrained circumstances. Language and professional analysis should avoid framing concerns in ways that implicitly or explicitly hold the non-abusive parent responsible for the actions of those perpetrating abuse or for the harm caused by the abuse.

Core principle
Improving outcomes for children requires strengthening the safety, stability, and wellbeing of the non-abusive parent. Where the non-abusive parent is effectively supported to address their own safety, trauma, practical needs, and life after abuse, their capacity to provide safe, consistent, and emotionally available parenting is significantly enhanced.

To achieve this, practitioners should prioritise wraparound, multi-agency support, recognising that no single service can address the complexity of needs that may arise from domestic abuse.

Children used to abuse vicitm-survivor

For some victim-survivors, their children were used either directly or indirectly as a mechanism of coercion and control by those perpetrating abuse. Examples involved manipulation of involved services, exploiting family court or child contact arrangements, making threats of harm and in some instances, causing actual harm.

> "Was in a DV relation for 9 year was afraid to leave as he threatened to torture my mother and daughter." [sic] **(Victim-survivor)**

> "Social Workers at [local council] didn't understand he used my children to mentally abuse me and always gave him excuses" **(Victim-survivor)**

In some cases, this was felt to be due to a lack of recognition that children in the family were victims in their own right, and also at risk from the those perpetrating abuse. This reflected an issue raised by professionals and discussed earlier in this report. Professionals offered both sides, arguing for greater recognition of child victims, while also seeking to keep children in contact with their parents. This was highlighted by some professionals when asked for the greatest challenges in supporting families.

> "Children are involved and they want to keep contact "Amicable" . Children been used as a go between for the abuse ." **(Professional, domestic abuse service)**

> "Bigger response from childrens social care to accept that children who are vicmtims fo domestic abuse are at risk from the perpetrator. This isnt always recognised or thought the family court system, where risk continues for victims of domestic abuse because they are made to continue having contact because of the children." [sic] **(Professional, domestic abuse service)**

SafeLives guidance

Professionals must understand that children living with abuse, coercion, neglect, or chronic stress often adapt their behaviour as a survival strategy. These adaptations are frequently misunderstood as defiance, attention-seeking, aggression, withdrawal, or manipulation. Non-abusing parents are often put in the position of having to adhere to court orders that they know are putting their children at risk.

Professionals need to view the abuse as affecting the whole family and consider that using harmful behaviours is a parenting choice that causes harm to their children. Professionals must also recognise that those perpetrating abuse will argue that they are experiencing 'parental alienation' as a way of shifting the narrative and gaining access to their children to continue the cycle of abuse.

Experiences of leaving the family home

A loss of familiar surroundings, as well as local support networks, was commonly an example of difficulties that children and their families experience if leaving the home. One professional from a sexual abuse service stated that "how far people might have to go to access refuge support and the impact this has on theirs and their children's lives" was one of the biggest challenges when supporting families experiencing domestic abuse. Another professional from children's statutory social care stated that victim-survivors did not want to "uproot the children" by leaving the family home. This also linked to victim-survivors' concerns around finances, including fears about the impact of losing financial support on their children, which were often raised as a barrier to seeking help or leaving.

> "I did not want to support a formal complaint as worried that is my ex lost his job, my children would not be financially supported and we would lose our home." **(Victim-survivor)**

"I was homeless, penniless with 3 children in tow one of which was 6 weeks old, I got no help financially and lost everything ending up bankrupt" **(Victim-survivor)**

"rehousing , finances. Mainly woman being left without money so this puts them off moving their children. Having no say in where they move to." **(Professional, housing)**

SafeLives guidance

The Domestic Abuse Act 2021 ensured that a person has a priority need for assistance if they are homeless as a result of being a victim of domestic abuse. Housing should be allocated, however this still needs to be appropriate for the family. Professionals need to consider overall safety, placing vulnerable families in temporary accommodation can increase risks, and add to trauma, as well as isolating the family from support networks. Appropriate housing must be sought, and the victim-survivor's needs must be considered within this.

Both victim-survivors and professionals told us about the difficulties of accessing housing support or refuges when victim-survivors were attempting to leave the home. Several victim-survivors found that they were ineligible for housing support due to their financial circumstances, or because they were seen as having made themselves 'intentionally' homeless.

"I left my ex husband with my 14 month year old daughter. I have social services IDVA and housing involved. My experience with all services is limited as I work full time the support for me isn't adequate. I was offered a dispersed accommodation which I couldn't take because of work. If I went in to a hostel or b and b I would have to pay the full rent which I can't afford because of debts my ex has placed in my name. So 4 months on I'm currently homeless living with my mum getting nowhere on housing register so feeling very let down." **(Victim-survivor)**

"Quicker removal of perpetrators from the family home rather than leaving the victim and children being left with no option but to leave and make themselves intentionally homeless, restricting their access to mainstream Housing." **(Professional, adult social care)**

Accommodation provision was also mentioned when professionals were asked about improvements that could be made to the response in their local area:

"more refuge spaces for families in the local area - access to resources of support. families are often moved out of area away from their support network" **(Professional, children's services (statutory))**

"Moving them into new permanent housing that allows the children to attend the same school but moves them far enough away from the perpetrator." **(Professional, children's services (statutory))**

Victim-survivors seeking refuge were sometimes offered inadequate accommodation. Frequently, having older male children restricted access to most refuge services.

"I have someone on my case load who cannot go to refuge due to the age of her eldest son and is living in a one bedroom flat with two teenage boys because they cannot receive further housing support [...]" **(Professional, domestic abuse service)**

> "Housing are not supporting Victims and will not assist into any another accommodation apart from refuge, Some clients have teenager sons who wont be accepted to refuge due to their age, or clients work full time and need to pay large amounts to remain in refuge. There is no choice apart from refuge, this is a blanket policy and unlawful. Housing need to listen to clients who are asking for help to leave, this is making them choice to remain with their perpetrator as they feel they have no choice again and are still being controlled by someone telling them what they can or cant do." [sic] **(Professional, police)**

Finding appropriate accommodation for families where children have additional support needs was also highlighted as a challenge. One professional felt that more specialist accommodation was required to meet children's needs.

> "The parent did not want to be homeless or put in a refuge due to their childs disability and SEN needs. The child had autism and fleeing the family home to a different environment could be challenging. The not knowing when they would have to flee. Also the moving away from the parents support network. I have heard parents say I would rather stay than upset my child routine and their 'safe' environment. A child with Autism would find sharing accommodation extremely difficult, also the stigma around if the child is dysregulated due to their needs, in shared accommodation, the parent feeling useless." **(Professional, education)**

In many cases, victim-survivors had to rely on other personal networks, such as family members or friends, for a place to stay when leaving their home.

> "The local council were no help in finding me housing and my son was too old to go into the refuge with me but with the help of friends I managed to get myself a place to stay." **(Victim-survivor)**

> "I was unable to stay at a refuge as I was working and couldn't afford the rent there. I ended up living with a family member in one room with 4 children. I was then housed 3 months after moving in with family. No further support was offered by housing." **(Victim-survivor)**

> "My husband was arrested but, as there was no evidence, the CPS would not continue with the case and I received a phone all to say I had 1 hour to get what the children and I needed and leave the house. A friend kindly put us up until the housing association eventually put us in emergency accommodation. They would not rehouse us as I had a joint tenancy, so was adequately housed, and had willingly left our home and made myself intentionally homeless, so they were not legally obliged to rehouse me. I was put in touch with a domestic abuse advisor who kindly gave us a box of donated items such as food and toys for the children. She put me in touch with the freedom programme and supported me while I took my husband to court to get our home back." **(Victim-survivor)**

In cases where families with children had been able to access refuge accommodation, victim-survivors described both positive and negative experiences:

> "When in the refuge there was inadequate staffing and little out of hours advice and support. Issues between residents were not dealt with and no support for the children in there. Little support to get rehomed and integrate into a new area." **(Victim-survivor)**

> "I went to a women's refuge with my then 4 yr old son years ago and was rehoused following a few months there. The staff who ran the refuge were very supportive. It was helpful to be in a space where other women and children had similar experiences and could support eachother" [sic] **(Victim-survivor)**

SafeLives guidance

Victims of domestic abuse should not be forced to leave their homes if it can be made safe for them to stay. Professionals must balance legal duties, risk assessment, and practical safety measures to support victims in maintaining stability and independence wherever possible.

Post-separation abuse in families with children

Families with children had specific difficulties post-separation, including integrating and loss of local support networks if moving to new areas, and lifelong connections to those perpetrating abuse through shared children. When asked why they had chosen to complete the survey, one victim-survivor responded: "My abuse happened 12 years ago, but as the father of my child he is still very much in my life". Despite some relationships ending, parenthood lasts the victim-survivor's lifetime. Many had experienced ongoing abuse through shared parenting of their children.

> "Due to my abuser being my child's biological father the abuse continues despite not living together for 6 years. Despite having lots of evidence of this, living with the terror that if went to court they'd grant him access or he'd just come and take her is awful and I feel powerless to some extent. […] It's frightening to know that my child would have to fall victim to such things before protection is put i to place for her. Therefore the pressure on me to solely protect her is debilitating at times as I have very little support. This is where the system fails me I feel." **(Victim-survivor)**

> "there is no help for people who have left a domestically abusive relationship and still have to have contact with the perpetrator due to contact with the children. The abuse remains an ongoing factor, it just takes on a different form and there is nothing that is done about it." **(Professional, mental health (frontline))**

> "Later when I escaped and successfully built a new life he remained obsessed by me and tried to exert power over me still through our daughter." **(Victim-survivor)**

Victim-survivors concurred that there was still a need for support post-separation, with one respondent stating they were "so disappointed to realise how little emotional and psychological support is available" post-separation, describing this as "the critical time to capture vulnerable females and their children, to hear them and help them make decisions not to re-enter into a relationship during the hardest time to navigate".

> "I had one to one high intensity CBT to help deal with PTSD triggered by my ex partner getting in touch my ex husband left the family home but we still coparent, so I had some one to one counselling support for that" **(Victim-survivor)**

> "he can't get to me anymore he's doing it to our kids [...] one officer looked at everything he was doing and how he was treating me, said yes its cohesive control but we can't take it any further because your not actually in a relationship with him anymore, regardless of been scared to leave my home, scared to be home alone, scared of my phone because of threats. All these years 'free' from him it still feels like he controls me to a point and I have absolutely no way of stopping it for me or my children, because 'professional' don't understand enough or care enough." [sic] **(Victim-survivor)**

SafeLives guidance

There is a need locally for step-down and recovery services. Services that cater for short term risk reduction understandably are prioritised by local authorities and commissioners with limited budgets. However, there needs to be more consideration for the long-term impact of domestic abuse and the outcomes for children who do not receive appropriate and timely support. Services can look to incorporate domestic abuse recovery programmes, but there also needs to be access for victim-survivors who are experiencing ongoing abuse through child contact processes.

Research shows that leaving an abusive relationship often escalates risk, including physical, psychological, and coercive abuse. Abusers may feel loss of control and may attempt to reassert power through threats, harassment, or targeting children.

Post-separation is a recognised high-risk period in domestic abuse cases, requiring professionals to maintain heightened vigilance and proactive support. Risk assessments should be dynamic and regularly updated, considering both victim-survivor and child safety. Multi-agency collaboration is essential, including timely information sharing, joint safety planning, and coordinated responses across police, social services, healthcare, legal services, and domestic abuse specialists.

Professionals should be alert to abuse occurring through child contact arrangements and take steps to mitigate risk, including supervised contact, neutral handover locations, and legal remedies where necessary. A survivor-led approach ensures that both adult and child victims are protected and supported effectively during this vulnerable period.

Experience of legal processes and family court

Professionals found that legal advice and support was not always accessible to victim-survivors which was felt to cause difficulties in keeping children and their families safe. For one professional, this was one of the greatest challenges they identified when supporting families: "when they cannot access legal aid to apply for any orders for protections for the victims and their children".

> "often want legal advise about social services or family law. This seems to costs money from legal services but hey don't have any money. Father still able to see children. Children don't want to see their fathers but system says they have too. Mother caught in the middle and frightened of court system and feeling social services aren't listening to children" [sic] **(Professional, sexual abuse service)**

A professional from the police felt that "some of the most manipulative people that cause harm do so via coercive control and disguised compliance with agencies", who then subsequently "use the information learned against the victim especially in post separation abuse through the Family Courts".

Experiences of family court described by victim-survivors were generally negative, with comments about not being believed, being "blamed" by police, bullied by perpetrators and having "no faith in the justice system":

> "Despite there being findings of abuse cafcass and the courts have denied the abuse and allowed my ex to bully me through court with 3 sets of proceedings in 5 years. I have been told by many professionals and legal advisors that I will need to wait for my ex to physically abuse me or the children again, to be able to take any effective action. The courts have also failed to pass on reports and documentation of abuse for safeguarding checks with cafcass." **(Victim-survivor)**

> "Court cases got thrown out with NFA even though there was evidence, Injunctions he broke and I was not supported as much outside of the refuge, and Cafcass sided with him even though there was evidence and the children's statements. I have no faith in the justice system but appreciate it is changing every day" **(Victim-survivor)**

Some victim-survivors explicitly linked their experiences and outcomes in family court to increased risk to their children and either an actual or threatened loss of custody:

> "When he threatened my employers via email, and they went to police I was blamed in family court.The judge said under no circumstances could anyone around me go to the police otherwise i would never see my child again! And told him his behaviour was ok as he just needed a way to 'vent' [...] my child's whole life has been destroyed by the actions of many who did not believe me, or simply do their job properly and look at the evidence." **(Victim-survivor)**

> "I wasn't believed by courts and my child was put with a drug addict known to police that has only worked a couple of months of his life vs a hardworking professional who had short term mental health problems caused by trauma. My child was sent back to me in an emergency situation after a month of being in his care after cafcass went round there to at last do a welfare check and found him aggressive and off his head. My child should never have been put in that danger and I should have been offered and able to accept support when I needed it" [sic] **(Victim-survivor)**

SafeLives guidance

The Government announced its plan to repeal the presumption of parental involvement from the Children Act 1989. Alongside the introduction of "Pathfinder" courts to improve the experience for families experiencing domestic abuse, professionals need to work together to shift the culture within Family Courts to promote the safety of children.

Child victims in the family

Professionals felt that some parents believed their children were unaware or unaffected by domestic abuse due to not experiencing, witnessing, or hearing domestic abuse incidents. One professional from the police stated that a key challenge was those using harm "acknowledging their abusive behaviour and recognising the effects this has on their family members". In particular, this professional highlighted the "devastating effects it has on children and their emotional well-being."

Although we are not reporting on responses from children and young people as part of this work, respondents to our survivor survey described how their children were impacted by domestic abuse, and as identified earlier in this report children's wellbeing was felt to be a priority need by both professionals and parent victims.

"He took my car keys, my phone, locked us all in, threw furniture at us, physically attacked and threatened us, threatened that he would kill himself in front of us (children aged 7, 13, 15, 18) and told the children to blame me when he was dead" **(Victim-survivor)**

"It's a long time ago now but I have never regained any trust in male police officers. I was injured, my child was injured, and they closed ranks with my ex partner, even though he'd been charged with GBH and I had no criminal record" **(Victim-survivor)**

> "Places don't take pets so people stay with abuser as kids wouldn't leave pets, or are traumatized by abuser threatening to kill pets even when at school, so kids skip school." [sic] **(Victim-survivor)**

SafeLives guidance

Research tells us that animal abuse is a specific strategy used by those perpetrating abuse to coerce, control and trap victim-survivors in the abusive relationship, and there is a strong evidential link between animal abuse and domestic abuse (Refuge4pets). Question 19 on the DASH RIC asks about animal abuse due to the link between these behaviours as well as the indication of control through abusing a family pet.

The home environment that child and adult victims of domestic abuse experience was described as stressful, controlling, and sometimes violent.

"we had to change to locks and me and the children weren't allowed home for several days. I felt my partner was saying things to get an effect on me. It was very stressful." [sic] **(Victim-survivor)**

"I didn't recognise the tenor of our relationship had changed initially as my daughter was an infant and I was exhausted. He wasn't very supportive with the daily care she needed and I was very tired and stressed but attributed this to being a older new mother. It was only when it was pointed out by family members that I had become withdrawn, scared to express an opinion, financially controlled that I realised how his behaviour had changed since the birth of our daughter" [sic] **(Victim-survivor)**

Child contact with perpetrators was a complex area with differing views. Both professionals and victim-survivors commented on ensuring the safety of children where relationships between children and the perpetrating parent/s of abuse are maintained. For one victim-survivor: "the best thing looking back was keeping the perpetrator away from us as much as possible - My children have thrived over the last 10 years , as his contact became less and less."

"Children's services is poorly trained in keeping children safe from domestic abuse and often supports contact arrangements with perpetrator as it is not accepted that a perpetrator is a danger to the child if no longer living with victim. It seems that the belief if that the abuse will not be directed at children, it is only present between parents, which is bonkers" [sic] **(Professional, voluntary or community sector)**

"[...] Social Services need to have a far better understanding of DA, the effects on children and forcing the perpetrator to attend classes, and see the future harm on children, contact at all costs has a massive detrimental effect on children involved [...]" [sic] **(Victim-survivor)**

"[...] There is not enough support out their for children who still have to deal with perpetrators." [sic] **(Victim-survivor)**

> "the children had to see childrens services, who arranged for them to see their dad every week, even though they had said they were scared of him etc. They weren't believed either." **(Victim-survivor)**

SafeLives guidance

Children's safety must always be the paramount consideration in any domestic abuse context, and it supersedes the parental right to contact. If a child is assessed to be at risk of harm whether physical, emotional, or psychological, this must inform and guide all decisions regarding contact and arrangements. Professionals should ensure that the child's voice is actively heard, using age-appropriate methods, and that children have access to independent support or representation to express their views safely. All agencies involved i.e. social care, family courts, healthcare, and domestic abuse specialists must prioritise protective measures, such as supervised contact or modifications to arrangements, to safeguard the child, while coordinating effectively to minimise risk and uphold the child's wellbeing above all other considerations.

Support specifically for children

Respondents to our professional survey, when asked how the multi-agency response in their local area could be improved, frequently mentioned greater support for child victims including shorter wait times and support that is appropriate for a range of ages and needs. When asked what was working well in the response in their local area, a professional working at the strategic level in children's services shared their commissioned services supporting children and young people:

> "Family Action, Barnardos, and Action for Children to support children and young people and their non abusing parent who are experiencing early stages of domestic abuse. We have commissioned services through Victim support to support young people, victims, and perpetrators of DA. (IVA's, Chidva's, Turning the Spotlight)'." [sic] **(Professional, children's services (statutory))**

However, availability of support for children was not a success consistently shared among professionals. Referral pathways and case closure were mentioned as areas of difficulty in ensuring that children and young people had access to support:

> "For [children's services] to review their referral process which I believe is a barrier to refer (a very long and complicated referral form); [...] To offer more support to children experiencing and witnessing DVA [...]" **(Professional, health (frontline))**

> "If a young person or family do not engage, any service below CP will close even though as a school, who work alongside these families and young people every day, can see that support is vital and young people are at risk of harm. Cases seem to close too quickly at times or be oved down in categories when we as a school do not necessarily agree." [sic] **(Professional, education)**

> "Therapeutic Services for children [local service] have a criteria - only children's socialcare eligible to refer into." **(Professional, other: women's centre)**

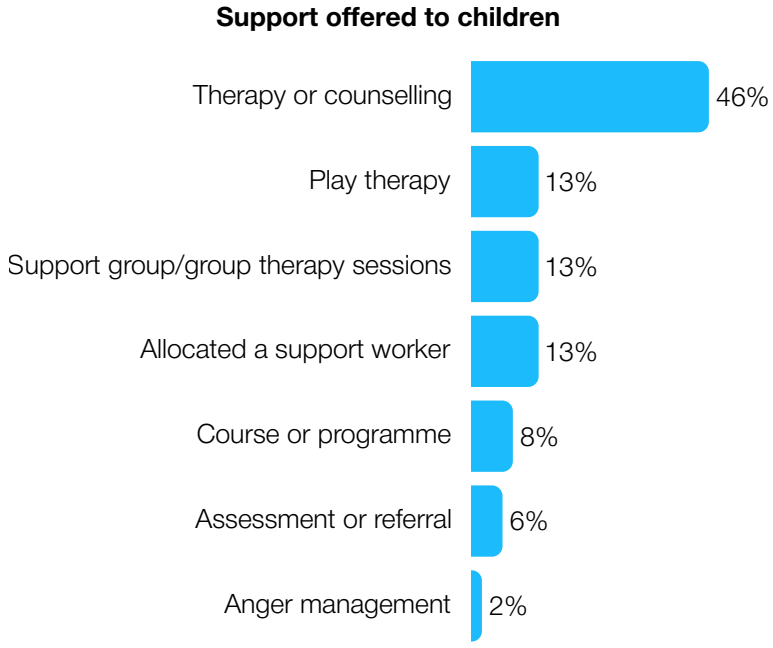
> "emotional wellbeing support for children who have been victims" **(Professional, domestic abuse service)**

One professional from education said one of the greatest challenges in ensuring children and their families get the support they need was "reassuring the young person that they will be listened to and to continue on with the support".

> "We would greatly value more access to support for child victims of domestic abuse. So many of the challenging behaviours and mental health needs we face in schools are impacted by current or historic domestic abuse." **(Professional, education)**

> "Needs better emotional/counselling support for the children and adults who have experienced DA within their family. Ongoing support for children to learn what healthy behaviours look like and learn that coercive and controlling behaviour is unhealthy and not normal" **(Professional, health (frontline))**

When asked what type of support they felt they needed in relation to abuse, support for their children was identified by just over half of victim-survivors (53%) who told us they had children. Of these individuals, only a quarter (26%) were offered support for their children. Where described, most of the support offered was some form of therapy or counselling, play therapy, group therapy, and/or support sessions (as shown in graph 4). The services offering or signposting to support were most commonly children's social services, including early help, schools, and refuges.



Graph 5. Types of support offered to children described by victim-survivors who responded to our survivor survey. Includes respondents who answered that they had children (including adult children) and that children were offered support (n=80)

One victim-survivor responding to our question about their experience of services felt that they had "been able to reach a point of recovery" but her children had "not been as fortunate". She described her perceptions of the experience of support offered or provided to her children in detail:

> "My children have severe mental health issues from what they experienced. Mental health services in [local area] has let them down both as children and adults; bouncing between referrals and assessments but no treatment. It continues to be appalling. Children's Services in [local area] were never aware of the abuse so were never referred or involved. The children's secondary school in [local area] was particularly lacking in support. They did not understand any MH issues that my daughter, in particular, was experiencing. Their school counsellor was untrained, unprofessional and indiscreet. My daughter endured bullying the whole way through secondary school which exacerbated her issues. The school was only concerned about her attendance levels and as soon as she received a letter from a psychologist recommending no physical attendance at school they stopped chasing. They never offered any support and contributed to her low self-worth." **(Victim-survivor)**

SafeLives guidance

Professionals should advocate for the full range of support required to meet the child's needs, ensuring their safety, wellbeing, and voice are central to all interventions. This includes providing appropriate guidance and resources to the non-abusive parent, enabling them to respond effectively to the child's emotional and practical needs.

Where relevant, professionals should also encourage the abusive parent to engage in accredited behavioural change or intervention programmes, contributing to a structured, wrap-around approach to parental support. Coordinated, multi-agency efforts that integrate child-focused advocacy, parental support, and accountability for the abusive parent help create a safer, more stable environment for children affected by domestic abuse.

Children and young people experiencing and using harmful behaviours

Children and young people experiencing and using harmful behaviours

Being at a transitional age, young people are often facing major changes regarding pathways for support and in the wider context of their life, for many this is a stage of first exploring romantic relationships. In March 2013, the cross-governmental definition of domestic abuse changed to include young people aged 16-17 years old. The change in definition gave young people the right to access domestic abuse services, previously only available to those aged 18 or older, across England, Northern Ireland and Wales. Although these changes in legislation recognise domestic abuse in some relationships between young people, romantic relationships among teenagers where one party is younger than sixteen are not captured.

SafeLives' Insights data reveals that 16 and 17 year olds experienced abuse for an average of 1.5 years before accessing adult domestic abuse services, suggesting that in many cases the abuse began before they were able to access this support.[20] This was also reflected in an NSPCC study of 13 to 17-year-olds. Physical violence from an intimate partner was experienced by a quarter (25%) of girls and almost one in five (18%) boys, while one in three girls (31%) and 16% of boys reported some form of sexual abuse.[21] Similarly, two in five 13–17-year-old respondents in relationships (39%) who responded to a survey by the Youth Endowment Fund, had experienced emotional or physical abuse.[22]

The Children, Violence and Vulnerability survey from the YEF additionally highlighted the blurred risk between experience and perpetration of abuse in children and young people.[22] Their findings indicate that children who reported witnessing or experiencing physical abuse at home were three times more likely to have perpetrated emotional or physical relationship abuse. A quarter of both boys and girls who were identified as part of SafeLives' In Plain Sight report and who had been exposed to domestic abuse, also exhibited abusive behaviours themselves, in most cases towards someone other than the main perpetrator of their own abuse,[23] and young people participating in our Verge of Harming research correlated their use of harmful behaviours to their experiences of trauma and the normalisation of harm in their family environment.[24]

We know that observed and experienced patterns of behaviour in childhood, as well as early relationships, can impact later life experience. One of the key findings from evaluating data from the Young People's Programme (2014-15) was that almost half of the young people being supported around IPV had been exposed to domestic abuse in the family home. It should also be noted that one in three of these young people were currently pregnant or already had children of their own.[25] Young Changemakers involved in the Sound of Silence highlighted the normalisation of harm in family environments, as well as absence of education around healthy relationships.[26] Practitioners and young people involved in our Verge of Harming research agreed that conversations around healthy relationships were important and needed to start earlier[24], as did students involved in our work evaluating RSE/PSHE provision.[7] A broad range of prevention activity, including "routine, easy access" to education on healthy and unhealthy relationships, is outlined in the Government report, Victims in their own right?.[27]

One of SafeLives' recommendations in our Evaluation of the Public Health Approach was to ensure adequate interventions are available supporting young people causing harm.[17] Beyond young romantic relationships, children and young people can use harmful behaviour towards other family members, including parents or carers. An evidence review commissioned by the DA Commissioner understands CAPVA, which has no legal or government definition, as:

"a form of abuse where children and adolescents use a range of harmful behaviours towards parents or caregivers in an attempt to get their own way, hurt or punish, communicate distress and/or control their environment. [...] The forms that abuse take are often specific to the parent-child relationship, leveraging the close parent-child bond and the legal and moral responsibility of parents to care for their children. Part of what differentiates CAPVA from typical teenage rebellion is its repeated nature, and the harm that the abuse causes – including parents' fear influencing their parenting behaviour".[1]

Young romantic relationships

Respondents to both the survivor and professional surveys spoke about experiencing and using harmful behaviours in early romantic relationships. One professional from statutory children's services described their local area as "failing to address" domestic abuse in relationships between young people under sixteen:

> "[The local area] is failing to address domestically abusive relationships when it involves young people under 16 (as both perpetrator and victim) The police approach being 'victim led' fails to incorporate the concerns of the voices of professionals and carers around young people who are alleging and then rescinding allegations of abuse (as is common in relationships where there is domestic abuse) - means we get stuck in an impossible situation where police are unable to act." **(Professional, mental health (frontline))**

Professionals expressed a need to better identify young people at risk in extra-familial relationships. It was felt by one respondent from education that for young people under sixteen, abusive behaviours or relationships were "not always recognised", even "by the young people themselves". Finding appropriate and accessible support for either young victim-survivors, or for young people using harmful behaviours, was noted as a challenge by professionals responding to our surveys.

> "No services for Adolescent abusers" **(Professional, children's services (universal/early help))**

> "More resources and programmes for perpetrators, especially for younger perpetrators (16-18)" **(Professional, other: youth justice)**

SafeLives guidance

Young people are experiencing the highest rates of domestic abuse of any age group but are not as visible to services, and there are limited services available to those under 16. Domestic abuse is likely to follow other adverse childhood experiences, and many young people exhibiting harmful behaviours are also experiencing abuse themselves. Risks within peer groups and young people's romantic relationships might not be visible through traditional safeguarding approaches. Professionals, for example those working in youth offending services, must have curiosity about a young person's situation and refer on for appropriate support.

> "More Services to support male victims of domestic abuse, LGBT, young people and BAMER." **(Professional, domestic abuse service)**

Transgenerational patterns and early intervention

A desire for greater understandings of positive and harmful behaviours in romantic relationships, and at an earlier age, emerged in responses from both survivors and professionals. When asked what aspects of the response to domestic abuse could be improved in their local area, professionals commented that earlier education and identification of problematic behaviours could prevent escalation. One respondent from statutory children's services stated there was "a need to identify patterns of life experience that can lead to perpetrating behaviour as well as those that may make a person vulnerable to victimisation" with the hope that this could support earlier intervention for young people potentially at greater risk.

> "a lot of teenage relationships would benefit from awareness raising before things get to the next level" **(Professional, other: youth justice)**

> "Young people in school hav[ing] training and knowledge on healthy relationships, Domestic abuse and the services that can support" **(Professional, children's services (statutory))**

SafeLives guidance

There needs to be effective RSE within schools to support young people to identify harmful behaviour. Parents and professionals need to remain up to date on what technology and social media young people are using so they can provide support.

> "I think there should be more education in schools with teenagers around the types of coercive control and domestic abuse." **(Professional, substance misuse)**

A frontline health professional felt that education around healthy and unhealthy relationship behaviours should be part of the ongoing support for children whose families had experienced domestic abuse.

> "Needs better emotional/counselling support for the children and adults who have experienced DA within their family. Ongoing support for children to learn what healthy behaviours look like and learn that coercive and controlling behaviour is unhealthy and not normal" **(Professional, health (frontline))**

An emphasis on education was echoed in responses from victim-survivors. One victim-survivor described domestic abuse as a "systematic" issue, stating that they themselves had "no way of identifying the dangers" and that young children should be delivered a programme "showing them the differences between healthy and abusive relationships":

> "The cycle of DV is not only the one experienced within the home, it is part of a cycle supported by a much bigger wheel of power and control - family, friends, society, organisations and authorities need to be educated, and so this begins with the next generation, those still young enough to be taught what love and respect looks like." **(Victim-survivor)**

Multiple other victim-survivors of domestic abuse who responded to our survey commented on their past childhood abuse or subsequent difficulties experienced by their children. For some, this contributed towards their motivation for completing the survey.

> "My personal experiences took place from childhood up to the decree absolute which was finalised 10 years ago. I feel that services have improved since then." **(Victim-survivor)**

> "Through my whole life & I mean whole life I was a victim of abuse, ranging from every type of abuse there is" **(Victim-survivor)**

> "I have been a victim and my adult daughter." **(Victim-survivor)**

> "I completed this ref my own historic abuse which led to divorce but also supported daughter in her own experience of DA" **(Victim-survivor)**

> "Between the support of [local] refuge and outreach service; and the therapy I later received [at local service] I have been able to reach a point of recovery. My children have not been as fortunate. My own childhood abuse was never noticed by anyone outside the family" **(Victim-survivor)**

An individual's own childhood experiences of being parented were mentioned as an influential factor on how they themselves parent, and subsequently their own children's experiences of the home environment. Equally, an understanding of family history was mentioned as an important factor for social workers to be aware of. Often in association with domestic abuse, wider difficulties such as poor mental health, substance use and other maladaptive copying strategies can impact an individual's capacity to parent. Support with parenting while experiencing domestic abuse was an area of need identified by one in five (22%) respondents to our survivor survey with open-text responses to both surveys acknowledging the difficulties of parenting while coping with trauma.

> "I hate that I still flinch when my toddler hits me, and I don't know how to parent around that or who to do to for support with that." **(Victim-survivor)**

> "The impact the systematic and prolonged abuse has had on the victim's own mental health and confidence as a person is immense and restricts their ability to access or give consent to services who could help them. as most of this support is consent or engagement left, the victim is often 'abandoned' by the services they need the most because they are unable to maintain engagement or consent" **(Professional, education)**

> "Early help have stopped giving low level intervention in issues such as behaviour management but often the underlying issues are related to mental health or parenting issues because of a lack of parenting awareness due to poor parenting experienced themselves" **(Professional, health (frontline))**

When asked about the greatest challenges in supporting individuals causing harm, one children's services professional used the example of a parent using violent behaviour towards their child without the perception that this was problematic as a result of their own childhood experience:

> "They don't see an issue. They say it didn't do them any harm to be hit as a child it only made them respect more." **(Professional, children's services (universal/early help))**

For children to develop healthy conceptions of relationships and acceptable behaviours within them, it is important to ensure that children and their families experiencing domestic abuse are supported at an early stage. As noted by a professional from statutory children's services, multi-agency working in response to domestic abuse needs to also be working at a systemic level to create real change:

> "Attitudes, beliefs and behaviours that underpin and perpetuate domestic and sexual violence and abuse, and work to prevent domestic and sexual violence and abuse now and in future generations." **(Professional, children's social care (statutory))**

One victim-survivor felt reassured about their capacity to parent after their experience with support services, hopefully leading to more positive outcomes for themselves as well as their young children.

> "It was significantly helpful on many levels. Coping with many emotions and trauma and still having to look after your young children seemed like something impossible at the stary but with the continuous support and counsellling, you start to trust and have more confidence in yourself." [sic] **(Victim-survivor)**

SafeLives guidance

Implementing a whole picture approach to domestic abuse helps to identify early warning signs and provide the right support at the right time to avoid intergenerational trauma. People who have experienced domestic abuse are at risk of normalising this behaviour and this increases their risk that they will experience harm as an adult. It is vital to work with victim-survivors with a trauma-informed, strengths-based approach.

Use of harmful behaviours towards adults

Across the aggregate data collected from our surveys in local areas, 3% of victim-survivors (n=12) described their relationship to a current or non-recent perpetrator as 'child'. Several respondents to the Professionals survey mentioned child to parent violence as an area requiring further development and service provision.

Professionals felt that the response to CAPVA could be improved in their area, including a more joined up approach between multi-agency meetings and more appropriate support available for children using abusive behaviours in the home. A respondent from the police summarising the issues of supporting young people used an example of a fifteen-year-old being "aggressive and abusive at home", but who wouldn't meet the domestic abuse definition being under sixteen:

> "Even if the suspect is over 16, Domestic Abuse support is geared up to provide support due to abuse from partner/ex-partners" **(Professional, police)**

One individual, who did not provide consent to be quoted, described currently experiencing abuse from their teenage child in their open-text responses. In this instance, the victim-survivor felt services had treated the child as the victim and offered them support but were not supportive to parents. Comments from professionals also indicated that parents experiencing CAPVA were not always appropriately identified or supported:

> "The victims I usually work with are being abused by an older son and it sometimes difficult to get agencies to see the parent as the victim." (**Professional, education)**

> "appalling lack of services to support parents of adoptive children experiencing child on parent violence [...] get sent on courses, on CIN plan, lots of professionals involved- lots of assessments, but no one talks to or supports the parents for their mental health." **(Professional, mental health (frontline))**

Conflicting perceptions among professionals were evident, with one professional from a youth justice agency stating that children being harmful in the home was difficult as there "is usually a parenting issue", while another professional from a domestic abuse service emphasised that professionals needed to accept CAPVA was not "a parenting fault". Professionals did acknowledge that there were challenges in engaging with parent victims.

> "In my current role this has, to date, been in relation to CPV. I find that different assessment and safeguarding teams and individual social workers have a varying understanding of CPV and responses have ranged from excellent to poor." **(Professional, other)**

Gaps in staff training and professional understanding around CAPVA were identified by many professional respondents, and is visualised in graph 5. When asked about training over the last two years, universal/early help children's services were most likely to have had training around CAPVA but was still only reported by one in three (34%) professionals from this agency.

Generally, there appeared to be an absence of relevant services for professionals to provide information about or signpost to families.

> "Often families are a 'square peg in a round hole' and do not fit the criteria for any existing support services and families can wait a long time for any meaningful support - despite my ongoing communication about my concerns" **(Professional, other)**

> "There isn't really a specific service to this that I am aware of - who work with these types of situations. It would tend to fall to CSC - unless there is something formal in place such as court order, that has specific requirements." **(Professional, other)**

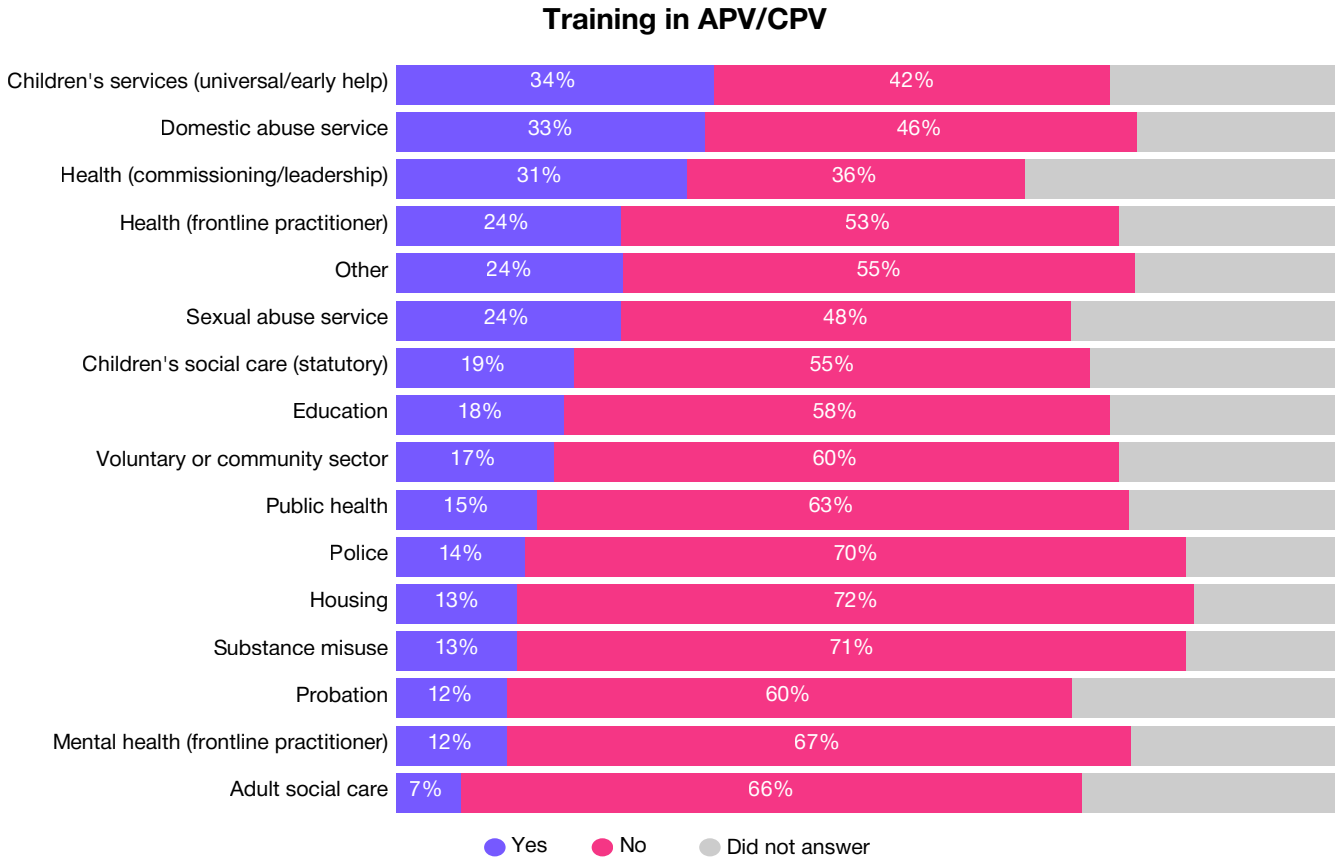
> "We need more support when working with families where adolescants or children are abusive towards parents / carers." [sic] **(Professional, children's services (universal/early help))**

Unclear pathways were barriers to professionals trying to support parents experiencing early signs of CAPVA and related problematic behaviours from their children. A professional from frontline mental health described an absence of "structured or evidenced based approaches to child to parent violence" in their local area, for example when young people don't meet the criteria for MST.

> "There is no clear pathways. framework or policy on child to parent abuse which is a barrier for professionals and also a barrier for parents seeking help - there needs to be a joined up approach between MASH and MARAC," **(Professional, domestic abuse service)**

There was particular concern around how to support a family, and minimise detrimental impacts of separation, when other siblings were witnessing CAPVA in the home or experiencing associated abusive behaviour.

> "the greatest challenge is where the teenage child is the perpetrator and his/her siblings are witnessing the behaviour. sepration is not easy - the victim feels responsible for all of their children." **(Professional, other: youth justice)**



Graph 6. Proportion of professional survey respondents by agency who had training in APV/CPV in the last two years. N=2257. Total who answered 'Yes'=20% (n=462)

One professional working in a frontline role in a mental health agency described having to rely on information available online in supporting a parent with their child's behaviour and felt like the responsibility for providing support had been placed on them by the safeguarding team. They felt they could benefit from safeguarding teams distributing "information packs" that included contact details for any useful services.

> "I feel that sometimes the safeguarding team can place responsibility on the team making the referral. I once had a service user who needed early intervention help when dealing with their child's behaviour and I was told to provide support from the internet and there wasn't any good support groups at the time for the mother of the child to attend. I didn't feel comfortable doing this as there wasn't much support surrounding early intervention with child behaviour." **(Professional, mental health (frontline))**

SafeLives guidance

SafeLives recommends that families where CAPVA is a concern are supported by trained professionals who can deliver a trauma-informed response. This approach balances managing risk with understanding the functions behind harmful behaviours, ensuring safety while addressing underlying trauma. Practitioners use consistent, empathetic, and accountable strategies to respond effectively to complex family dynamics, enabling safer, more sustainable change. Practitioners can also access specialist CAPVA training through Respect, ensuring they have the skills and knowledge to respond safely and effectively.

Recommendations

These 11 recommendations have been developed using the findings from our analysis for this report. They should not be taken as an exhaustive list of all possible improvements needed for supporting children and young people but rather highlight the most pressing challenges identified by victim-survivors and professionals who responded to our survey.

1. Recognise children as victims in their own right

Professionals should consistently recognise children affected by domestic abuse as victims in their own right, rather than viewing them solely as witnesses to abuse or as extensions of the adult victim-survivor. Responses to domestic abuse should include an assessment of the unique impacts on each child, acknowledging that children may experience and respond to abuse in different ways. Safeguarding practice must also ensure that children's voices and wishes are actively sought, listened to, and meaningfully reflected in decision-making so that support is tailored to their individual needs and circumstances.

2. Strengthen multi-agency working and information sharing

Effective safeguarding requires strong and timely information sharing across agencies such as police, education, social care, health services, and domestic abuse services. Safeguarding and MARAC referrals should include comprehensive information about all family members to support accurate assessment and decision-making. This includes demographic details, vulnerabilities, and risk factors. Agencies should not wait until a MARAC meeting to exchange critical safeguarding information. They should share information as soon as risks to children or families are identified to enable earlier intervention and protection.

3. Increase the role of schools and education settings

Schools and other education settings should be recognised as key safeguarding partners because they are often best placed to identify changes in children's behaviour, wellbeing, and attendance, and may hold valuable knowledge about family circumstances over time. As such, education providers should be fully integrated into local domestic abuse pathways, safeguarding arrangements, and safety planning processes. Strengthening the implementation of Operation Encompass through timely information sharing, robust safeguarding procedures and appropriate staff training would further enhance schools' ability to support children affected by domestic abuse. In addition, education professionals should receive clearer guidance on MARAC processes, their role within the wider multi-agency response, and the support services available to children and families, enabling them to contribute more effectively to safeguarding and supporting families to live the lives they want after abuse.

4. Improve professional training

Professionals working across the domestic abuse system should receive regular training to strengthen their ability to identify and respond effectively to the needs of children and families affected by abuse. This training should include understanding the impact of domestic abuse on children, recognising coercive control and other non-physical forms of abuse, responding appropriately to safeguarding concerns, identifying child victims, and delivering culturally responsive and inclusive practice. There is also a need to improve professional understanding of Child and Adolescent to Parent Violence and Abuse (CAPVA), ensuring that practitioners can recognise and respond to these family dynamics effectively. Alongside training, organisations should provide reflective supervision and opportunities for professional challenge to help practitioners address victim-blaming, reflect on their decision-making, and strengthen professional judgement and child-focused practice.

5. Shift accountability onto those perpetrating abuse

Professionals should place responsibility for domestic abuse firmly with the individuals perpetrating the abuse, holding them accountable for the harm they cause rather than placing the burden of safeguarding primarily on the non-abusive parent. Domestic abuse should be understood as a parenting choice made by the individuals perpetrating abuse that directly affects children's safety, wellbeing, and development. Risk assessment and safeguarding responses should therefore focus on the individual using harmful behaviour, patterns of coercion and control, and the risks posed to children and families, including during and after separation when abuse may continue or escalate through forms of post-separation abuse.

Recommendations

6. Improve support for non-abusive parents

Professionals should adopt trauma-informed, strengths-based approaches when working with victim-survivors, recognising the complex impact that domestic abuse and coercive control can have on an individual's wellbeing, decision-making, and parenting capacity. Professionals should avoid victim-blaming and instead acknowledge the ways in which the behaviour of those perpetrating abuse constrains choices and creates barriers to victim-survivors' safety and living the life they want after abuse. To support adult and child victims effectively, services should provide coordinated wraparound support that addresses a range of needs, including mental health, housing, parenting support, and long-term support, ensuring that families receive the right support at the right time.

7. Expand specialist support for children

There is a clear need to expand the availability of specialist support for children affected by domestic abuse. Children should be able to access Child Independent Domestic Violence Advisers (CHIDVAs), age-appropriate therapeutic interventions. counselling, recovery programmes, and emotional wellbeing support quickly, without experiencing long waiting times. Support should recognise that the impact of domestic abuse can be long-lasting, with effects continuing beyond the end of the abuse itself. As a result, services should be designed to provide ongoing support, ensuring that children have access to the help they need to live the lives they want after abuse and at key stages of their development.

8. Improve responses to post-separation abuse and family courts

Separation should be recognised as a period of heightened risk rather than assumed to be a protective factor for children and non-abusive parents. Professionals must understand that abuse may continue or escalate after separation, often using child contact arrangements, family court proceedings, and co-parenting responsibilities as mechanisms of control. Where there are concerns about harm, the safety and wellbeing of the child must take precedence over parental contact rights, with safeguarding measures implemented to reduce risk. Family courts and professionals involved in decision-making should ensure that domestic abuse risks, including post-separation abuse and the impact on children, are fully assessed and carefully considered when determining contact and parenting arrangements.

9. Improve housing and refuge provision

Families experiencing domestic abuse should have access to safe, appropriate accommodation that meets the needs of all family members and enables them to maintain support networks wherever possible. Housing and refuge provision should be expanded to better support families with teenage sons, children with disabilities, and children with additional support needs, who often face barriers to accessing suitable accommodation. Where it is safe and practicable to do so, professionals should prioritise removing and disrupting the perpetrator rather than requiring victims and children to leave their home, helping to minimise further trauma and instability to children's lives.

10. Address young people's relationships and harmful behaviour

There is a need to develop and strengthen specialist services for those under 16 who are experiencing abuse within their romantic relationships, a group that can fall outside existing service provision. Services should be expanded for young people who are using harmful behaviours, recognising the complex relationship between trauma, victimisation, and causing harm. Transitional safeguarding arrangements should be improved to ensure that 16–18-year-olds receive consistent and coordinated support as they move from child to adult services. Earlier and more effective education on healthy relationships, coercive control, consent, and domestic abuse should be embedded within schools and education settings to help young people recognise abuse and build healthy relationship behaviours from an early age.

11. Develop a stronger response to CAPVA

There is a need to establish clear pathways, policies, and dedicated service provision for families experiencing child and adolescent to parent violence and abuse (CAPVA), ensuring that professionals and families can access timely and appropriate support. Professionals should receive specialist training to improve their understanding of CAPVA and their ability to respond safely and effectively to these family dynamics. Responses should recognise that parents may themselves be victims of abuse within these situations and avoid framing CAPVA solely as the result of poor parenting. Instead, support should balance accountability, risk management, and an understanding of the underlying trauma and needs that may contribute to harmful behaviours, while providing appropriate support for both parents and children.

Conclusions

This report highlights both the strengths and challenges across multiple agencies and areas across England and Wales in the response to children and young people. Both victim-survivors and professionals responding to our surveys shared their perspectives on how local authorities are responding to children affected by domestic abuse, including to what extent they are understanding children and young people as victim-survivors in their own right.

It is important to note that this report reflects only the areas where SafeLives worked, and the perspectives of the victim-survivors and professionals who responded to the surveys. The decision was made not to analyse responses from children and young people directly as part of this report due to the small numbers of respondents and unequal representation across local areas. While similar findings have emerged across local areas, we do not yet have a complete picture of the children and young people, and their families, experiencing domestic abuse.

Consistent with SafeLives strategy and the commitment to Safe Young Lives, responses to domestic abuse should adopt a whole-family, whole-system, and multi-agency approach that recognises children and young people as victims in their own right, prevents harm before it escalates, reduces risk, and supports families to live the lives they want after abuse in the long-term.

Services and professionals need to work collaboratively to identify and respond to the needs of children at the earliest opportunity, hold those perpetrating abuse accountable for the harm they cause, support non-abusive parents through trauma-informed and strengths-based practice, and provide sustained, child-centred support that addresses the long-term impact of abuse.

By embedding prevention, early intervention, and recovery across the system, agencies can help break intergenerational cycles of domestic abuse and ensure that every child and young person has the opportunity to live safely, thrive, and build healthy relationships - both in their families and in their own intimate relationships - free from abuse.

> [...] the cycle of DV is not only the one experienced within the home, **it is part of a cycle** supported by a much bigger wheel of power and control - **family, friends, society, organisations and authorities need to be educated**, and so **this begins with the next generation** [...].
> **- Vicitm-survivor**

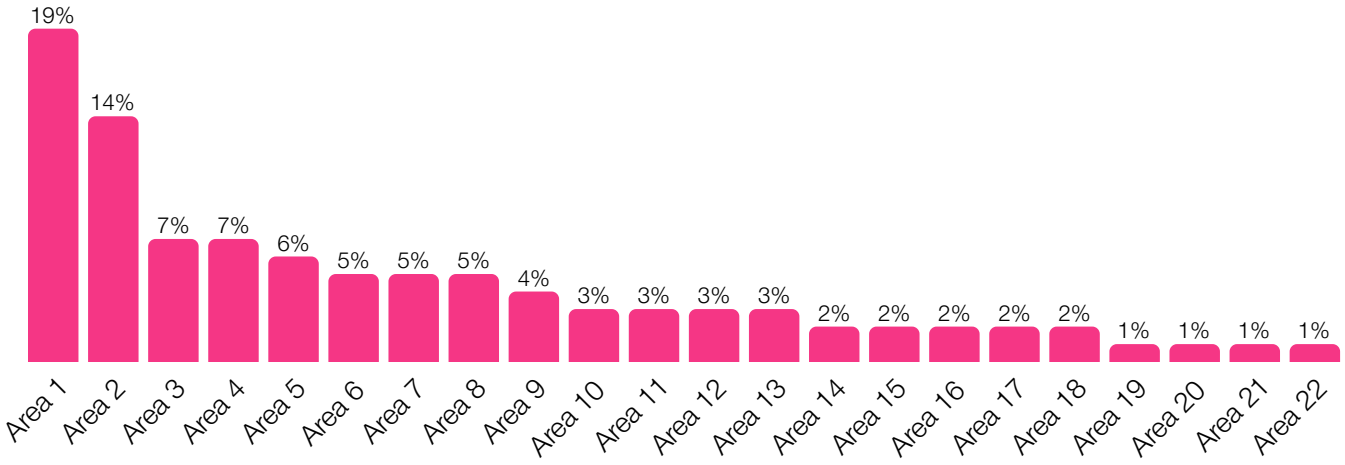
Appendices

Appendix A: Cohort - further details

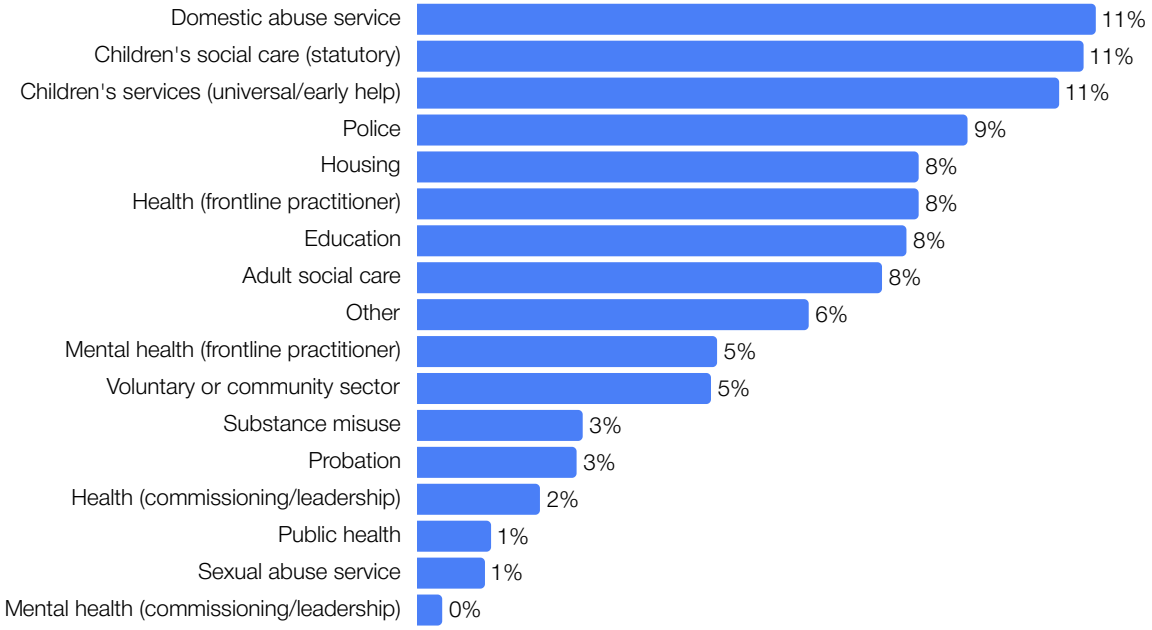
Data for this analysis was drawn from two surveys conducted with victim-survivors of domestic abuse and professionals across local areas in England and Wales. Responses were collected from victim-survivors in 21 local areas, and professionals in over 17 different agencies from 22 local areas, between March 2021 and February 2025.

Professional survey

Data for this analysis was drawn from our survey of professionals working in local areas as part of our Public Health Approach for ending domestic abuse, with responses collected from 22 local areas and over 17 different agencies – as outlined in the below graphs. Note that anonymised areas do not match the survivor survey i.e. Area 1 may differ in which area it refers to.



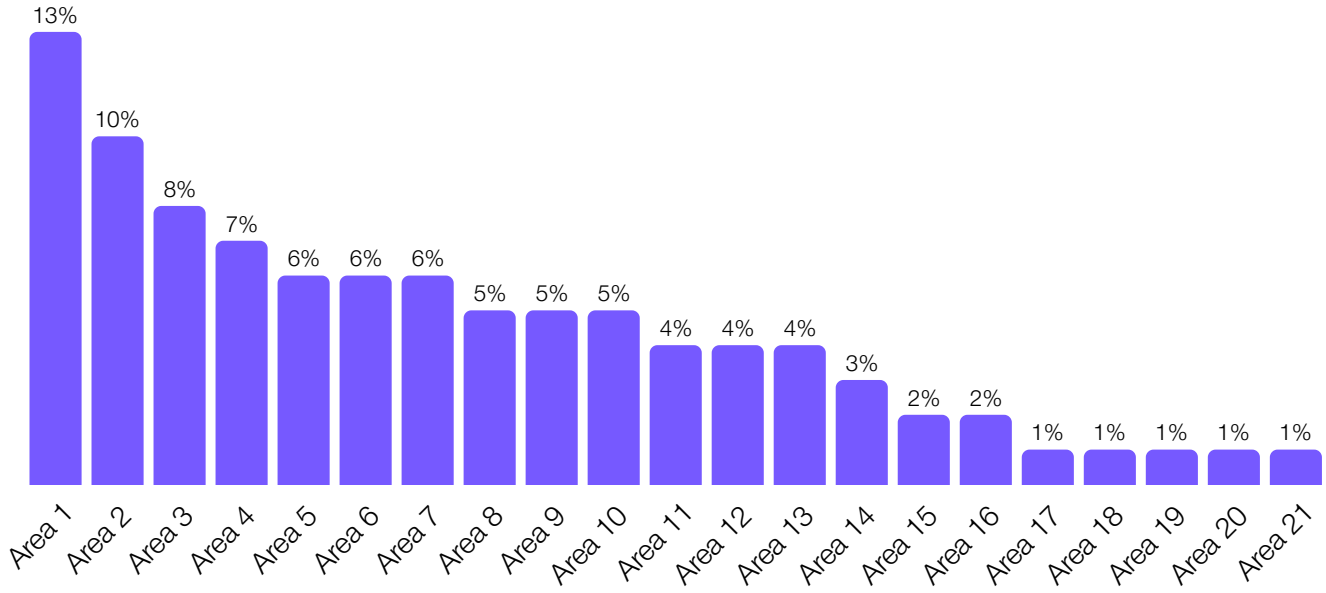
Graph 7. Proportion of professional responses from each area. Percentages are out of total responses to the survey N=2257



Graph 8. Proportion of professional responses from each agency. Percentages are out of total responses to the survey N=2257. Mental health (commissioning/leadership) n=0.4%

Survivor survey

Data for this analysis was drawn from our survey of victim-survivors in local areas as part of our Public Health Approach for ending domestic abuse. Responses were collected from victim-survivors in 21 local areas as outlined in the below graphs. Note that anonymised areas do not match the professionals survey i.e. Area 1 may differ in which area it refers to.



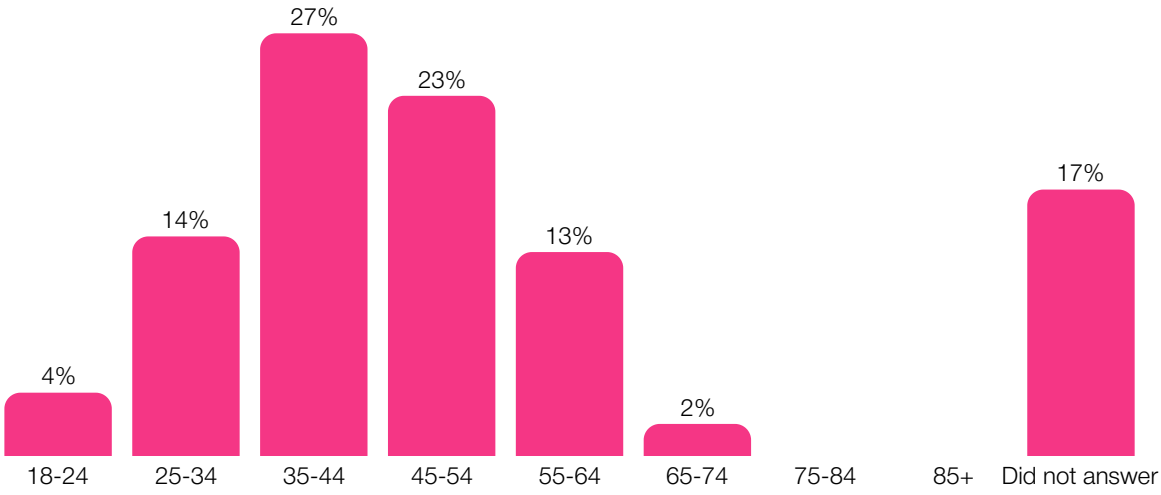
Graph 9. Proportion of survivor responses from each area. Percentages are out of total responses to the survey N=403

Survivor demographics

A breakdown of the demographic data for survivor survey is shown below. Percentages are out of total responses N=403.

Age

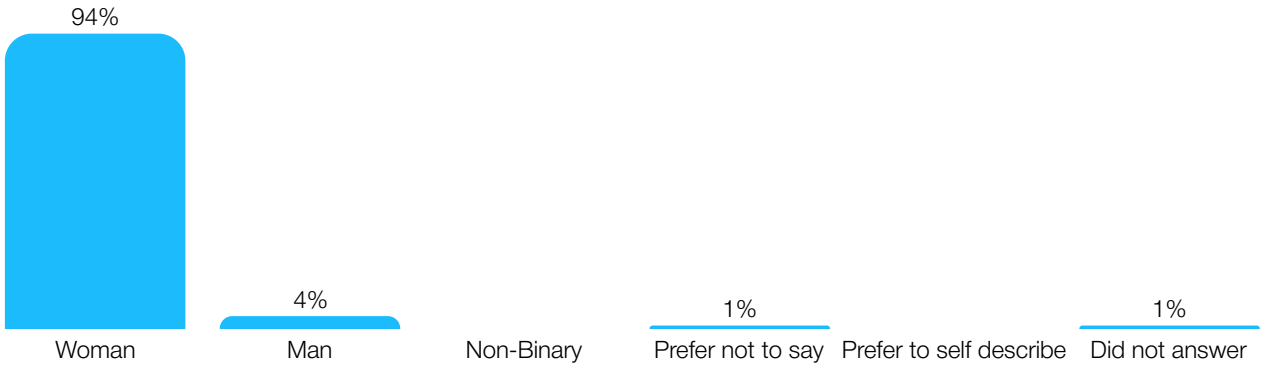
The age of victim-survivors participating in the survey were collected. The majority of respondents were between 35 and 54 years old (50%). The full breakdown of ages can be seen in graph 9.



Graph 10. Proportion of survivor responses by age category

Gender

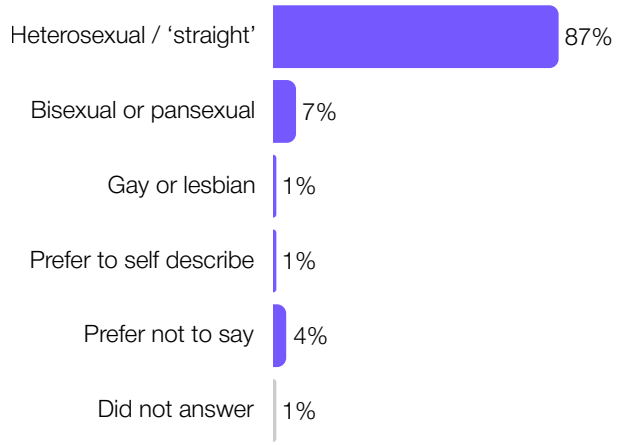
The victim-survivors participating in the survey were asked what gender they identify with. The majority (94%) identified as female. The full breakdown of gender can be seen in graph 10. Respondents were asked if the gender they identify with is the same as their sex assigned at birth. 96% answered yes, 0.5% answered no, 1% answered prefer not to say, and 2% did not answer.



Graph 11. Proportion of survivor responses by gender

Sexual orientation

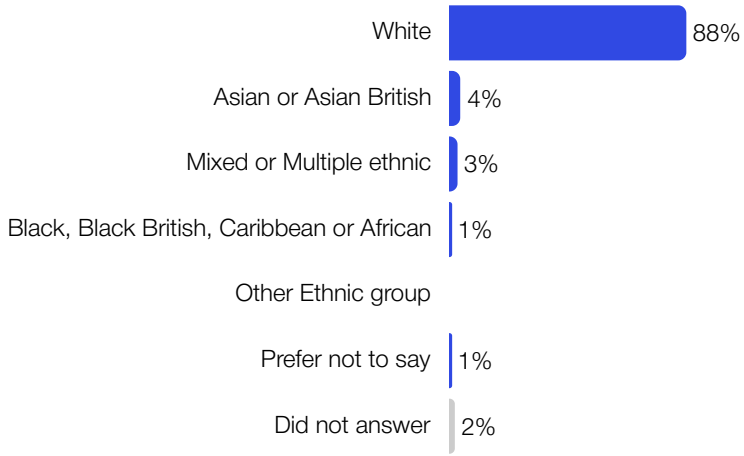
The victim-survivors participating in the survey were asked what their sexual orientation was. The majority (87%) identified as heterosexual. The full breakdown of sexual orientation can be seen in graph 11.



Graph 12. Proportion of survivor responses by sexual orientation

Ethnicity

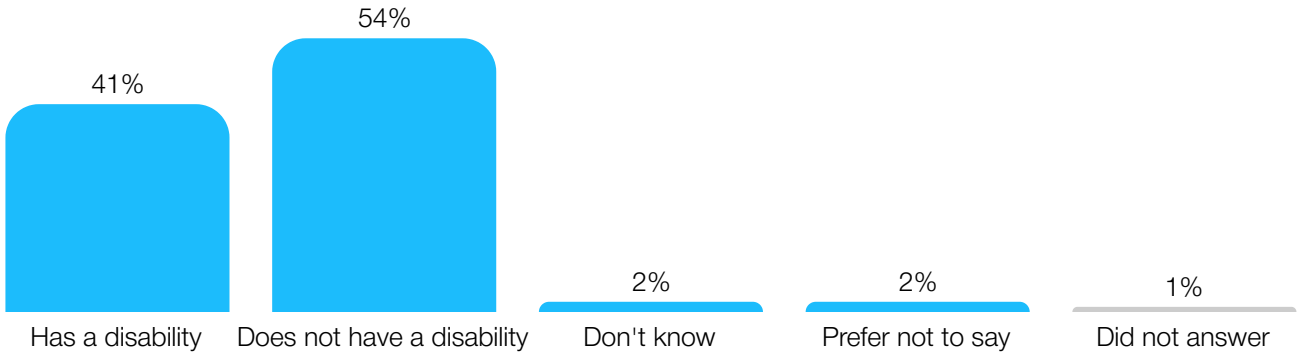
The ethnicity of victim-survivors participating in the survey was collected. The majority (88%) selected White. The full breakdown of ethnicity can be seen in graph 12.



Graph 13. Proportion of survivor responses by ethnicity

Disability

Victim-survivors who took part in the survey were asked whether they identified as having a disability or physical or mental health condition. The full breakdown of disability can be seen in graph 13.



Graph 14. Proportion of survivor responses by disability

Appendix B: Methodology - further details

As part of our work, some open-text responses from both the survivor and professional survey had already been analysed as relevant to children and young people, which allowed us to identify responding to children and young people as an overarching theme at an aggregate level. These are shown under the relevant question from which they are coded.

Professional survey

Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?
Coded for 'Children and young people'

Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area?
Coded for 'Children and young people'

When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?
Coded for 'Children'

When you have identified someone that uses abusive behaviours, what do you usually find to be the biggest challenges in ensuring they get the support they need to change?
Coded for 'Victim and children priority'

Survivor survey

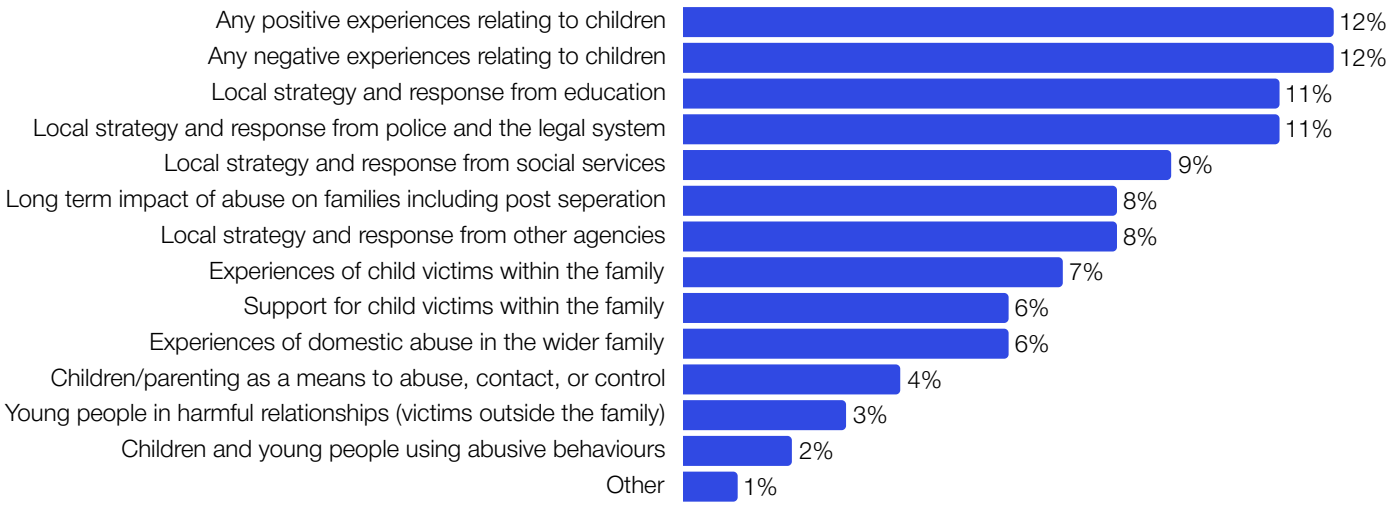
Please tell us a bit about your experience of the service(s) that you used/ are using?
Coded for 'Good support for children' and for 'Poor support for children'

Finally, is there anything else about your experience of services in relation to domestic abuse in your local area?
Coded for 'Children and young people'

In addition to those responses initially identified as relevant, responses across all open-text questions in the survivor and professional survey were searched for the following key terms:

child*	CYP	parent*	CAMHS	pregnan*
young person	kids	mother*	paediatric*	born
young people	daughter*	mum*	youth	nursery
adolescen*	* son*	father*	juvenile	early years
teenage*	school*	dad*	whole family	baby
				infan*

Following an initial review of the identified responses, a framework was drawn up for content analysis. The distribution of codes from this analysis are shown in graph 14.



Graph 15. Proportion of codes. Percentages are out of total number of codes=1462

Endnotes

1. Baker, V., & Bonnick, H., (2021), Understanding CAPVA: A rapid literature review on child and adolescent to parent violence and abuse for the Domestic Abuse Commissioner's Office - Respect
2. Victims and Prisoners Bill: Provision of child-specific advocates for victims of domestic abuse and sexual violence, FOI Data - Barnardo's
3. Who are 'children in need'? - Children's Commissioner for England
4. Multi-systemic Therapy (MST) - Foundations
5. Public protection notice (PPN) - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services
6. Homepage - Youth Endowment Fund
7. Boyson, L., & Taylor-Gee, C., (2022), "I love it – but wish it was taken more seriously": An exploration of relationships and sex education in English secondary school settings - SafeLives
8. Verge of Harming Phase 2 resource: Empowering Engagement. A practical framework for supporting young people who harm - SafeLives
9. Professionals' views on MARAC: What is working well and what are the challenges, (2025) - SafeLives
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25. Young people and interpersonal violence: final data report from the young people's programme, (2015) - SafeLives
26. SOS - amplifying the voices of young people - SafeLives
27. Victims in their own right? Babies, children and young people's experiences of domestic abuse (accessible) - GOV.UK

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