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Article:
Featherstone, B., Morris, K., Hood, R. et al. (2026) Domestic violence and abuse: Thinking and doing differently in child protection. The British Journal of Social Work. bcag174. ISSN: 0045-3102

https://doi.org/10.1093/bjsw/bcag174

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British Journal of Social Work (2026) **00**, 1–18
https://doi.org/10.1093/bjsw/bcag174

Domestic violence and abuse: Thinking and doing differently in child protection

Brid Featherstone [1,*], Kate Morris [2], Rick Hood [3], Claire Cunnington [2], Lois Liao [4], Jessica Wild [5], Susannah Boyer [6]

[1]Human and Health Sciences, Queensgate, University of Huddersfield, Huddersfield HD1 3DH, UK
[2]Department of Sociological Studies, University of Sheffield, The Wave, 2 Whitham Road, Sheffield S10 2AH, UK
[3]Department of Social Work, Kingston University, Kingston upon Thames KT1 2EE, London
[4]Department of Social Work, Cascade, Cardiff University, Cardiff CF10 3AT, UK
[5]Department of Politics and International Studies, University of Westminster, 32/38 Wells Street, Westminster WIT 3UW, UK
[6]Research in Practice, National Children's Bureau, 3 Mentmore Terrace, Hackney E8 3PN, London

*Corresponding author. Human and Health Sciences, Queensgate, University of Huddersfield, Huddersfield HD1 3DH, UK. E-mail: b.m.featherstone@hud.ac.uk.

Abstract

This article explores a mixed methods study, set in two sites in England and one in Scotland, that aimed to understand what constitutes domestic violence and abuse (DVA) in child protection and the relationship with intersecting inequalities. The findings reveal a fragile knowledge base that is impeding the understandings required to comprehend and respond to DVA in differing communities. The lack of contextual information on the socio-economic circumstances of families is a particular gap in light of the finding that, by combining data sets in two of the sites, researchers found a social gradient in operation. This challenges a common framing of DVA as unrelated to poverty and highlights the importance of further research into the links. The international scholarship on intersectionality appears poorly understood. This was reflected in the lack of official data gathered on how pathways for children are impacted by intersecting

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inequalities. With important exceptions, evidence-based typologies of risk were not used, contributing to 'one size fits all' responses to those impacted. The research discusses whether a project constituting individual casework and multi-agency working can carry the weight of expectations being placed upon it by a societal problem such as DVA.

Keywords: domestic violence and abuse; child protection; intersectionality social gradient typology.

Accepted: July 2026

Introduction

Domestic violence and abuse (DVA) is recognised worldwide as a serious social problem with impacts at multiple levels, such as the economic, health, social care and criminal justice. Over the last decades, it has become clearly established as a priority for child protection services in the UK and many other countries, a mandate that has been accepted by such services (see Morris et al., 2026). The Domestic Abuse Act (2021), with its recognition of children as victims in their own right, is a relatively recent and very important confirmation of the need for agencies in England and Wales to take the damaging impacts upon children of DVA seriously, as is the Domestic Abuse (Scotland) Act (2018) covering Scotland.

According to a recent report from the Domestic Abuse Commissioner for England and Wales, estimates of the number of children affected by domestic abuse vary and are hampered by underreporting (Domestic Abuse Commissioner 2025). Domestic violence and abuse (DVA) is argued to be a primary driver of need in children's services, with data suggesting over 827,000 children in England and Wales may have experienced DVA by the end of 2023 (Foundations 2023). A lack of a prevalence survey and limited official statistics make assessing the numbers of children affected difficult. As explored further below, there are also problems with the data collected by the Department for Education on the harm experienced by children as a result of DVA (Morris et al., 2026).

Despite the difficulties with estimating prevalence issues, there is considerable agreement that children are harmed, and increased recognition of this has been a key factor in the rise in the numbers being referred to child protection services and those placed on child protection (CP) plans and/or removed from birth families over the last decades (see Association of Directors of Children's Services 2025). Within child protection in the UK, it has become widely accepted over a number of decades that exposure to domestic abuse and violence is harmful to children and that harms to adults (often women) can coincide with those to children (see Cleaver 2025 for a recent review of the evidence).

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Given the impact upon services, it is timely to explore how DVA is understood and operationalised in child protection and to build upon and develop the scholarship on child welfare inequalities to shed light on how intersecting inequalities inform experiences and outcomes.

In this article we explore the findings from a three-year mixed-method study, Rethinking Domestic Abuse in Child Protection: Responding Differently (RDAC), funded by the Nuffield Foundation, that had the following aims:

- To address the significant gaps in current knowledge about the nature and characteristics of domestic abuse and violence in child protection.
- To examine the relationship between domestic abuse and violence, child protection responses and intersecting inequalities, identifying how these shape experiences and outcomes.
- Building upon the outputs from these two aims, co-produce with practitioners and families evidence-informed principles to support new approaches in policy and practice.

We explore the rationale for, and background to, the study. We then explain the methods used, including ethical issues and limitations, before moving on to the findings. Ethical governance was granted for the involvement of adults; the study does not include children, but their journeys are captured in the data from files. Because of the complexity of the data, this article concentrates on the findings in relation to the first two aims only. A companion article is being prepared which explores the evidence informed principles. The discussion section locates our findings within the literature and highlights core messages.

Rationale for the study

How policy and practice in relation to DVA has developed over the decades highlights a range of tensions and complexities. While there has been a strong neoliberal impulse that the state should not intrude in large areas of social and economic life, its intervention into the intimate lives of the poor to protect and rescue children has been promoted and expanded (Featherstone et al., 2018). Those concerned about violence to women and children have been important advocates for the expansion of such powers. For example, the link between child deaths and the abuse of women has been highlighted as well as how DVA compromises women's ability to mother well (Cleaver 2025). The damage caused by the exposure of children to violence and abuse between their parents or adult carers has also been highlighted by a range of constituencies. These included those working in the refuges that had been established where evidence of children's distress became apparent. Placing

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the abuse of women on a child welfare/protection agenda not only meant children's needs might be met, but also those of their mothers (Featherstone et al., 2018). Such developments were not by any means unique to the UK and were to be found particularly in English-speaking countries such as Australia, the US and Canada (see, e.g., Ptacek 2010).

Over time, a large body of national and international research has told a consistent and worrying story about the implications of child protection systems dealing with complex social issues such as DVA. A key theme has concerned how the individualising logic at the heart of such systems has too often resulted in women, who are most often the victims, being rendered responsible for protecting their children. Thus, a social problem requiring attention at a range of societal levels has been transformed into a gendered behaviour modification project aimed at improving the performance of mothers (Humphreys and Absler 2011). The emphasis on performance has also been evident in the focus on state agencies working together to deal with this social problem.

Some attention has also been drawn to the problems attendant upon framing of DVA as a problem that affects all women equally and the consequent neglect of a literature exploring how intersecting inequalities render some women more vulnerable than others (Nixon and Humphreys 2010). The 'equal vulnerability' thesis has fostered a form of practice that can neglect the role of poverty, and intersecting inequalities. Practice has struggled to grapple with the role of intersecting inequalities in the causation of, and the consequences for, the lives of those impacted by DVA (Nixon and Humphreys 2010).

A direct impetus for the study, being discussed in this article, came from senior women managers in a number of local authorities in England who were very concerned about how their policies and practices impacted vulnerable women. Discussions with the academic authors led to the development of a 'Change Project' in 2019, supported by the very well established research dissemination organisation Research in Practice, to promote reflective spaces for professionals and academics to explore the international scholarship and share practice wisdom in relation to 'thinking and doing differently'.

The programme of work, involving over 30 agencies from a range of settings, included evidence informed inputs derived both from the international evidence and from ground-breaking practitioners working in innovative ways. This programme of work provided a robust conceptual underpinning for the research project discussed in this article. This drew on scholarship informed by intersectional feminism and feminist systems theory and can be summarised by the following interrelated messages:

- *See the whole person*—this involved interrogating context and engaging with the literature on why attending to the intersections between 'race', class, gender, sexuality and disability mattered to

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understand the challenges faced by different groups and what influenced help-seeking and attitudes to state agencies (Crenshaw 1991). This also involved interrogation of the individualising logic that lies at the heart of the current child protection paradigm where social problems become transformed into gendered behaviour modification projects to be managed very often by vulnerable and highly marginalised mothers.

- *Hear the whole story*—the importance of exploring whether, and how, differentiating between types of abuse could promote service responses that were more attuned to the risks and needs in different situations. For this very important topic, the insights from innovative practitioners using differentiated models of assessment involved in the Change Project were to prove highly influential. Attending to the meanings attached to risk and safety by those impacted was considered key to avoiding top-down, expert-led responses that were often experienced as alienating and unhelpful by those impacted by DVA (Johnson 2008, Mennicke 2019). The use of shorthand terms, such as DV, was interrogated critically with a recognition that existing data systems were not necessarily helping to understand the risks and resources in particular families or communities.
- *Think both/and*—this explored the role life histories and trauma could play in the lives of those harming and being harmed and highlighted the need to apply sophisticated and nuanced understandings of causation. The widespread framing of DVA as a rational choice, especially by those harming, was interrogated, particularly in the light of the scholarship on the contributions that mental health and substance misuse issues can make to abusive behaviours. Thinking both/and was also informed by the work of feminist family therapists who noted decades ago that to argue that violence, domination, subordination and victimisation are psychological, does not imply that they are not also material, moral or legal (Goldner et al., 1990). Goldner et al. weaved ideas across four levels of explanation and description: psychodynamic, social learning, sociopolitical and systemic in their work with men and women.
- *Stay curious*—this message addressed the tendency to become fixed in thinking—a tendency that was often apparent in the area generally but particularly in relation to men who harm. The assumption here was that the reasons for harmful behaviour were clear and well known, but the international scholarship highlighted the need for more attention to staying open to how differing factors played out in everyday lives. Staying curious also highlighted the need to address the dearth of learning and reflective opportunities available to practitioners as they grappled with this complex area of practice.

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To summarise, it was apparent throughout the Change Project that not only was there a lack of learning opportunities available to those working in the field, but it was also unclear how far existing data systems were supporting staff to develop responses to the needs of diverse communities. What was clear was the widespread recognition that, although DVA was indeed a child protection matter, professionals did not feel that current systems were serving women, men or children well, and there was an expressed need for change as evidenced by the commitment shown by attendance at the programme and support for the study that emerged from the programme and is the subject of this article (for links to the outputs from the Change Programme see: https://www.researchinpractice.org.uk/all/content-pages/digital-resources/changeproject-dva/).

RDAC study: design

To reiterate, the aims were:

- To address the significant gaps in current knowledge about the nature and characteristics of domestic abuse and violence in child protection.
- To examine the relationship between domestic abuse and violence, child protection responses and intersecting inequalities, identifying how these shape experiences and outcomes.
- Building upon the outputs from these two aims, co-produce with practitioners and families evidence informed principles to support new approaches in policy and practice.

A team of academics led the study (Universities of Sheffield, Huddersfield and Kingston) supported by Research in Practice and Safe Lives (a large charity in the area of domestic abuse) as well as a smaller charity, Future Men, working with marginalised young men and an independent consultant on restorative justice (Sharon Inglis). The design was also informed by a commitment to involve professionals and family members in the development of the research, the analysis of the data and production of the principles. The study, therefore, benefitted from a dynamic and highly productive Community of Practice (CoP), building upon the group of professionals who had participated in the earlier Change Project. Representatives of over 50 local areas were involved, primarily children's services staff but also specialist DVA and CP practitioners. The CoP met throughout the life of the study and participated in a series of national events that shared emerging findings and discussed implications. Family involvement was a more complex experience for the research team. (It should be noted that, for the purposes of this article, 'family' refers to any adult in a family with children impacted by child protection involvement due to DVA concerns. We did not have ethical clearance to include

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children). Initial plans to support a family forum that mirrored the CoP and ran throughout the study proved unworkable, in part because of the emotive and often traumatising nature of the topic and because of concerns about individual safety and support. Instead, the study supported a dispersed approach, with the NGO partners coordinating and supporting a range of individual and small group inputs as the study developed.

Research methods

The study sought to investigate the nature and characteristics of DVA in the context of child protection, as well as interrogating the working definitions and assumptions that underlie current approaches to assessment, response and intervention. Three case study sites (two in England, hereafter referred to as C1 and C2, and one in Scotland referred to as C3) were agreed on the basis of reflecting diverse geographies and populations and having already evidenced a commitment to supporting change in approaches to DVA within children's services. Ethical agreements were secured with each site and approved by the University of Sheffield as the lead university.

The study adopted a mixed methods approach to addressing the research questions. A secondary quantitative analysis of administrative data was undertaken in each of the three case study sites. Child-level data on children's social care (CSC) provision over a three-year period were combined with demographic data on small neighbourhoods in two sites. The CSC data consisted of extracts from data collections prepared by local authorities, which are reported on an annual basis to the national governments in England and Scotland. These data are considered sensitive and were subject to data sharing agreements between the research team and the corresponding local authorities.

The analysis focused on cases in which at least one of the concerns identified was about domestic violence and abuse (DVA). It proceeded in three main stages:

1. Descriptive analysis of the social gradient of assessment and intervention, based on neighbourhood demographics (C1 and C3 only);
2. Latent class analysis to identify clusters of concerns recorded in social work assessments (C1 and C2), or at CP conferences (C3);
3. Analysis of intervention pathways following assessments/conferences for different clusters of concerns and for different intersectional groups (all sites).

For the first stage of analysis, publicly available data on deprivation and other demographic characteristics for small neighbourhoods were combined with the social care data provided by C1 and C3. This linkage was not possible for C2 because of a lack of data on postcodes for children

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receiving services. Rates of children receiving assessments, CP conferences, and other interventions were then ranked in deciles based on the national indices of multiple deprivation for England and Scotland, respectively.

For the second stage, the unit of analysis was assessments in C1 and C2, and CP conferences in C3. In England, social workers are required to record the main risks identified in an assessment from a checklist of 40 factors, which include concerns about domestic violence. These are concerns about the child being the subject of domestic violence; and concerns about the child's parent(s)/carer(s) being the subject of domestic violence; and concerns about another person living in the household being the subject of domestic violence (Department for Education 2024). In Scotland, there is an equivalent checklist for conferences, which also includes concerns about domestic abuse. (Please note the terminology used differs between England and Scotland).

Because multiple concerns are usually recorded, we carried out a latent class analysis (LCA) to identify a small number of mutually exclusive and distinct clusters of DVA/CP cases. Each cluster comprised one or more factors, which predictably occurred across the entire population of cases. All assessments or conferences containing at least one DVA factor were included in the LCA. A separate model was estimated for each site, using goodness of fit statistics to identify the optimal number of clusters. Descriptive statistics were then prepared to compare the demographic profiles and intervention pathways for children categorised in different clusters. All analysis was carried out in Latent Gold 6.0.

In stage three, we used a binary logistic regression model to estimate the contribution of different co-variates to the provision received by children in DVA/CP cases. For C1 and C3, the outcome variable was the intervention following a social work assessment, categorised as either CIN (Child in Need), assessed as not-CIN, or a CP plan. For C3, the outcome variable was the decision to register or not register the childat a CP conference. Independent variables were the child's age, gender and ethnicity, as well as neighbourhood deprivation (C1 and C3 only). First, we examined the marginal effect of each co-variate in turn, after adjustment for the others. Secondly, we created mutually exclusive intersectional groups based on demographic characteristics and repeated the analysis using the same outcomes.

Building upon the development of the clusters described above, we undertook qualitative fieldwork in each site. This included semi-structured interviews with senior leaders, managers and frontline staff in children's services. We undertook focus groups with child protection chairs, reviewing officers and family group conference co-ordinators (where appropriate). Where possible, we also interviewed DVA specialist service staff and family advisory panel members. We also conducted in-depth file reviews using a common template, with the sampling of the files shaped by the

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cluster analysis. This allowed us to test the validity of the clusters, and to explore needs, experiences and pathways within each cluster. Interviews were recorded, and initial organising analysis was conducted using NVivo, with the research questions shaping the overall interrogation of the data.

The CoP and family forums were involved in sense-checking as different findings emerged from the range of methods used.

Findings

This was a complex study, and the findings are correspondingly complex. We address these in relation to two of the three research aims as outlined above:

Aim One: To address the significant gaps in current knowledge about the nature and characteristics of domestic abuse and violence in child protection.

Quantitative findings

Our quantitative analysis of the existing data sources showed that one third of cases assessed by social workers, and a third of CP conferences, involved concerns about DVA. Our analysis of administrative data on factors at assessment and of the concerns recorded at CP conferences showed that DVA/CP was recorded in a heterogenous way. In C1 and C2, six clusters of assessment factors were identified. In both sites, the most prevalent cluster was 'single factor' DVA, characterised by concerns about the child's parent/carer being the subject of domestic violence. Other clusters were characterised by a central concern with DVA in combination with other risk factors, such as substance misuse; mental health concerns (child or parent); concerns about maltreatment–particularly emotional abuse; and risks outside the home. Both case-study sites had clusters in which the main DVA concern was not about the parent/carer but about the child or another person in the household. In C3, four clusters were identified at the conference stage, with concerns about domestic abuse even more likely to be combined with other risk factors, particularly neglect, physical abuse and emotional abuse.

Qualitative findings

The qualitative data (such as responses in interviews and focus groups) highlighted that perceptions of the proportion of DVA concerns driving demand in children's services were far higher than the third we found in our quantitative data. This finding was sense checked with the CoP who noted the need to have some discussion about professional practices in relation to completing data at the end of an assessment. For example, it was

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noted that if there was DVA at the beginning of an assessment, it might be considered that it had been dealt with by the end of the process and therefore not recorded as an issue.

It was also noted that the accurate completion of this data was not always accorded a high priority by practitioners or indeed managers. Furthermore, the categories being used in England were not considered very useful, and the use of language such as domestic violence was considered outdated.

The in-depth file review challenged the quantitative data analysis that DVA as a single issue was the most common case among DVA/CP cases at the assessment stage in C1 and C2 and one of the two most common clusters at the CP conference stage in C3. The review revealed that domestic abuse as a single issue was rarely, if ever, present in this dominant cluster. The files revealed that DVA in families routinely involved difficulties with (for example) addiction, mental health and childhood trauma. This raises questions about the extent to which administrative data are accurately capturing the nature of 'demand' in these cases, as discussed further below.

The qualitative data confirmed insights from the preceding change programme that there was little evidence of the use of differential assessments or frameworks to ascertain the exact nature, type and causes of the abuse. Generally, staff and files, rarely described or contained a detailed understanding of DVA as experienced by those harmed and those harming. The generic use of labels such as 'DV' confirmed and reinforced the absence of a nuanced understanding of the different forms and nature of domestic abuse. The plans contained in the case files were rarely tailored to addressing the specific needs, and consequences generated by the types of abuse were often formulaic. This resulted in a limited repertoire of responses. Separation from the perpetrator and attendance at freedom programmes for women were routinely deployed as generic responses.

C2 had developed a highly innovative specialist service using a typology developed by Johnson (2008), and this was considered very helpful as well as needing to be used in a careful and considered manner by skilled and supported practitioners. The case files on that site, however, revealed difficulties in embedding this in everyday practice. But it was notable that the managers in that site displayed an awareness in their interviews, not found in other case-study sites, of the need to 'think outside the box' in relation to developing more complex understandings of what was happening in families and what the contributory causes might be. The difficulties experienced in embedding the methods from the specialist project were attributed to workforce churn, lack of skills and fear of 'getting it wrong'.

The language of 'choice' recurred in the data, especially in relation to men who harm. In the main they were constructed as rational actors choosing to behave abusively or, in one site where the model Safe and Together (https://safeandtogetherinstitute.com/about-david-mandel) was

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being piloted, making poor parenting choices. However, staff in the specialist service noted above demonstrated extensive knowledge of the life histories of the men they were either able to engage with or those they failed to engage with. They considered that many of the men had grown up in families where there was DVA in earlier societal contexts where there was little acknowledgement of the harms caused to children by DVA. Early intervention was therefore key. They advocated the use of a trauma informed lens to work with high harm adults, though they also recognised the difficulties in engaging such men.

Distrust of services by both men and women was recognised as a defining feature of the landscapes which professionals had to navigate. The strategies deployed to manage this involved strengthening relationship-based case work, rolling out Safe and Together and developing family involvement approaches.

The findings confirmed insights from the Change Programme that there was little knowledge of the scholarship on factors involved in DVA. As we explore further below, in relation to the findings from Aim Two, the literature on how understanding contextual factors such as poverty, intersecting inequalities or how substance misuse and mental health issues could support understandings of, and responses to, violent and abusive behaviours was not well known.

Coupled with the lack of detailed understandings of causes, consequences and types of abuse was the use of the 'public story' by interviewees. As Donovan and Hester (2010) have noted, this story, constituting domestic abuse as a phenomenon that involved physical acts carried out by men in heterosexual relationships, is problematic in its silencing of a range of voices and sexualities. In our research, practice discussions and reflections focused almost exclusively on male to female violence and abuse, albeit with a recognition that it was not just about physical violence. However, the case file audit data suggested a more complex picture. Whilst male to female DVA was the most common form, there was also evidence of abusive episodes and relationships between women, adult child to parent, child to parent, women to men and between siblings. The embedded nature of the public story reinforced the marginalisation of relationships and families whose experiences did not 'fit' and, therefore, a limited number of service responses appeared to be available.

To summarise, the data revealed significant gaps in terms of the data being gathered and offered insights into why this might be the case. The data revealed, as had already been highlighted in the Change Programme, gaps in the literature being used (or not) to understand DVA. The findings in the next section further reinforce these.

Aim Two: To examine the relationship between domestic abuse and violence, child protection responses and intersecting inequalities, identifying how these shape experiences and outcomes.

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This was a challenging aspect of the study. As has been noted by many researchers, the data currently being gathered by government agencies does not include the socio-economic circumstances of the families being dealt with by CSC or understanding patterns of intersecting inequalities (see, for example, Bywaters 2020). Thus, we had to combine different data sets, and this was only possible, as noted previously, in two sites, C1 and C3.

Our analysis found a social gradient operated in relation to assessment and intervention in DVA/CP in both sites. The social gradient is a concept that describes the relationship between people's socio-economic status and their health and wellbeing. In public health contexts, it refers to the fact that people who are more disadvantaged tend to have worse health than people who are more advantaged. In child welfare contexts, the term can be used to describe the disproportionate rates of referrals, assessments and interventions in deprived areas and among many structurally disadvantaged groups. The research carried out by the Child Welfare Inequalities Project found that the social gradient operated in relation to children's chances of becoming looked after or subject to child protection interventions in all the four nations of the UK (Bywaters 2020).

In relation to DVA, in C1 rates of assessments in relation to DVA for children from the most deprived 10% of neighbourhoods were nearly five times higher than the corresponding rate for children from the least deprived neighbourhoods. Similar gradients were evident for children receiving services as CIN or who were subject to CP plans. For CP conferences in C3, the social gradient was even steeper, with a near ten-fold differential between children in the most and least deprived deciles.

Understanding what is happening to children and families who are impacted by intersecting inequalities (for example, class, gender, age and minority ethnic status) is extremely difficult given current data constraints. Here, our findings are very tentative and highlight the importance of improving data collection here. We did find that when rates of assessments in C1 were stratified by the proportion of children in the local neighbourhood from ethnic minority backgrounds, a social gradient emerged, and this was similar to the social gradient for deprivation. Rates of assessments in relation to DVA for children from neighbourhoods with the highest proportion of children from an ethnic minority background were nearly five times higher than in neighbourhoods with the lowest. However, there was a close correlation between the two measures, that is, in C1, children from an ethnic minority background tended also to live in more deprived neighbourhoods. In C3, on the other hand, there was no evidence of this type of social gradient. Rates of CP conferences fluctuated with no clear pattern when comparing neighbourhoods with a different population percentage of ethnic minority children. Likewise, in C3 there was no significant correlation between deprivation and the proportion of children from ethnic minority communities at the neighbourhood level.

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In both C1 and C2, male children were more likely to be subject to a CP plan even after adjusting for other co-variates. Similarly, in C3 male children were more likely to be registered at the conference. The child's age was also relevant, with younger children more likely to receive a CP intervention in all three sites.

We suggest there is a need to understand patterns of response towards specific groups and communities, who may have quite different experiences of child welfare services. and this needs to be informed by better data collection methods.

Qualitative findings

The different experiences of families with, or without, economic and associated resources were apparent from researching case-file data. In C1 we were able to explore the experiences and outcomes of more affluent families, an important and underdeveloped area of study. The ability to fund services and facilities that improved safety meant that the lived experiences of affluent families of domestic abuse and children's services differed markedly from those of families dealing with poverty. For example, the use of second homes to provide alternative accommodation, full time childcare (including boarding schools), private therapeutic child and adult support and legal advocacy were options available to a limited number of families.

Access to such resources resulted in affluent families stepping out of child protection systems and producing and funding their own safety plans. For the majority of families, however, the lack of suitable housing and the everyday pressures of trying to manage with very scarce resources were important features in exacerbating their difficulties. Sense checking with the family forums reinforced the urgency of addressing housing and associated material factors in order to support families and particularly women seeking to separate safely.

Generally, the dominance of the public story and the reliance on a casework discourse premised upon the centrality of 'individual choices', undermined possibilities for exploring context. While there was a recognition that poverty contributed to family difficulties and some knowledge of the literature on child welfare inequalities, this was not explicitly applied to tackling DVA. Indeed, although poverty aware practice was a valued approach in one area with a financial health check offered to all involved with CSC, there was an apparent lack of join-up between policies on tackling poverty and those tackling DVA.

There were few services that engaged with the issues for families from different minority ethnic backgrounds, although there was an understanding that fear of agencies impacted help-seeking and engagement. But this fear was not considered from within an intersectional frame that recognises the implications of the racism often experienced by minoritised communities from state agencies. Therefore, there was little interrogation of

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the possible implications of relying on robust multi-agency working. Communities were not usually seen as a possible resource but rather as a problem with constructions of them as 'in denial' or 'collusive' often. The emphasis was on communicating with other professionals and improving such relationships, and this appeared to be prioritised over detailed discussions with families and communities, a feature exacerbated and reinforced by the time constraints experienced by practitioners.

It is important to note that C2 had developed innovative community engagement strategies aimed at prevention and targeting local employers, and group work was also being used in this area with children who experienced DVA and those involved in child to parent violence. However, individual casework was the dominant approach overall, and the answers offered to redressing poor practice were strengthening relationships, employing Safe and Together and working with men who harm.

An important issue raised by the case files was that while children were ostensibly at the heart of interventions, they were often invisible in the files. Their thoughts and desires were not recorded. Moreover, in families where there had been decades of intervention, adolescents and young men who were harming highlighted troubling issues. Debates were had about whether they were victims or perpetrators. Which service category did they fall into? Indeed, the lack of trust they expressed in the case files towards professionals could at times be understood in terms of the apparent lack of engagement with them as children experiencing DVA.

To summarise, combining data sets allowed for the findings in relation to a social gradient to emerge. In terms of other differences, younger children were more likely to receive a CP intervention in all three sites. The intersections of gender and ethnicity raise questions that require further exploration as well as more clarity on the use of categories. Overall, the files revealed a persistent pattern of focusing on mothers, a focus that was recognised as very regrettable by all those interviewed, the use of multi-agency working to manage professional relationships and the absence of sustained support focused on the child.

Discussion

This was a mixed-methods study involving three case-study sites in two countries, and so the results cannot be seen as generalisable. Instead, the research established important trends that are worthy of further exploration. For example, the operation of a social gradient challenges the common framing of DVA as a phenomenon experienced equally by women across classes and cultures. The findings shed further light on intersectional differences in vulnerability to DVA but also in the service response

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to DVA, for example, in relation to age and ethnicity as well as gender. These differences are important to acknowledge and understand in order to develop appropriately responsive services. We also found that the data being collected both reflected, and reinforced an apparent lack of interest in capturing and exploring the complexities and lived realities of DVA. The degree to which risk perceptions about DVA dominate child protection narratives is a symptom and cause here. This is compounded by the absence of robust engagement with those harming the causes and characteristics.

Overall, our data shows the fragility of the existing knowledge base, and, in line with other researchers, we advocate for improvement in the data that is collected in order to inform service responses. There is also an urgent need to support learning cultures that are grounded in an evolving international scholarship, which has increasingly accepted the need for intersectional responses to DVA.

While we saw innovative attempts to think and do differently, such as community engagement strategies, casework had achieved the status of practice orthodoxy and was coupled with multi-agency working as the central planks underpinning everyday practice.

We would suggest the reliance on casework may help in understanding what has been the most long-standing criticism of practice in DVA, the tendency to focus on mothers. That reliance on casework, aimed at mothers in contexts of limited time and resources, supports practices that could be considered highly rational. Yet, these practices pose considerable ethical challenges, as the vast majority of those who engaged in our research agreed. Thinking 'outside the box' and moving beyond casework requires consideration. Even if casework works as a short-term fix, when viewed over time, its efficacy and sustainability in dealing with a serious societal problem such as DVA are questionable.

The other element of the practice orthodoxy couplet, multi-agency working, needs to be interrogated in the context of our findings about how communities were viewed. In the absence of any sustained engagement with communities, the dominance of notions such as 'in denial' or 'collusive' reinforced a reliance on multi-agency working. Yet this approach failed to explore how agencies were viewed by communities, especially those from minority ethnic backgrounds. This was a rather paradoxical finding given that there was widespread acknowledgement of the need by professionals to navigate a landscape of fear and distrust. However, this was not often accompanied by thinking about whether strategies, other than strengthening individual casework, might be needed to engage with such fear and distrust.

It is important to acknowledge the broader story within which these findings must be understood. They reflect not only the context of children's social care in the UK, which has been driven into a high-intervention low-support model of provision through a decade and a half of government

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budget cuts, but also the difficulty of acknowledging complexity when there are political, institutional and financial incentives to reduce and simplify it. Multi-layered responses to children impacted by DVA, rooted in communities where multiple forms of disadvantage shape the lived reality of vulnerability and violence, demand 'cohesive and combined efforts by social services, justice, and education policymakers' (Etherington and Baker 2018: 70). Such efforts have been notably absent over the last decades.

Conclusion

This mixed-methods study set out to understand what constitutes DVA in child protection, the relationship with intersecting inequalities and the practice challenges and opportunities in order to inform principles to effect changes. This article has focused on the first two aims. The findings revealed significant gaps in terms of the data being gathered and the literature being used (or not) to understand DVA. Combining data sets allowed for the findings in relation to a social gradient to emerge. Using the lens of intersecting inequalities, our findings suggest the need to fundamentally rethink how a complex social problem such as DVA can be dealt with within narrow child protection systems. Existing child protection rests on what is essentially an individualising project focused on casework and multi-agency working. This is tied to modes of governance organised around assessing performance, ultimately the performance of mothers and state agencies.

By positioning DVA as a complex social problem and resisting attempts to squeeze this into the narrow confines of the risk management system of child protection, new opportunities can open up. As the findings of this study highlight, our existing fragile knowledge base is unfit to be the basis for urgently needed fresh approaches that can reduce DVA and support children, women, men and communities to thrive.

Acknowledgements

The research team would like to thank most sincerely all those who provided invaluable input and support in the case study sites, community of practice, family forums and the research advisory group.

Conflicts of interest. None declared.

Funding

This research was funded by the Nuffield Foundation (grant number: FR-000023261). Research in Practice facilitated the Change Project.

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British Journal of Social Work, 2026, 00, 1–18
https://doi.org/10.1093/bjsw/bcag174
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