DDSCP 7 Minute Briefing
Domestic Abuse Audit
Key Learning for Practitioners

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Summary This briefing summarises the key learning and best practice for practitioners following a multi-agency audit looking at the response to Domestic Abuse. The audit included colleagues from a wide range of agencies and feedback from service users and covered six cases per area with a child under three years on a child protection plan. Each case featured domestic abuse, although most were classified as neglect.

Theme	Working Well	Improve Practice
Children as victims	• Children recognised and treated as victims. • Clear child voice, including for non-verbal • Voice of the child toolkit well used in Derby	• Inconsistent use of 'victim' terminology for children. • Adult/environmental issues sometimes overshadow impact on child.
Unborn babies	• Prompt referrals from midwifery • Practitioners are aware of DA risks in pregnancy.	• Routine Enquiry is often negative despite known DA.
Safety and support	• Effective multi-agency safety planning is supported by robust information sharing. • Access to commissioned support services. • Trauma-informed practice is evident in many cases.	• Over-reliance on perpetrator absence. • Victims can be overwhelmed by multiple agencies and expectations (feedback). • Written agreements sometimes placed excessive expectations on victims.
Assessment	• Child centred and focussed on lived experience • Strong multi-agency contributions • Strong pre-birth work	• Limited use of DVRIM, GCP. • DA sometimes described as "conflict" with limited evidence or analysis. • Some assessments focused more on practical issues than DA dynamics.
Parental insight / behaviour change	• Clear improvements in parental insight after interventions. • Commissioned services and IDVA work are valued. • Positive outcomes overall (reduced risk, improved confidence/resilience).	• Drift/delay where early assessments were weaker • Victim-blaming language in some police cases. • Limited perpetrator engagement post-separation.
Categories	• Professionals recognised DA as a driver of cumulative harm/neglect. • Plans stayed DA-focused even under a neglect category.	• "Neglect" labels sometimes increased parental resistance (stigma). • Limited use of tools (GCP, DVRIM) to articulate DA–neglect links.
Supervision, management oversight and support	• Regular supervision. • Practitioners seek advice from multiple sources. • Appropriate challenge around procedural gaps (e.g. minutes)	• Coercion vs conflict not always explored in supervision. • Limited challenge of plans or decision-making

Top Takeaways for Practitioners and Managers

1 **Children as Victims** Under Section 3 of the Domestic Abuse Act 2021, children are recognised as victims of domestic abuse in their own right when they see, hear, or experience the effects of the abuse. This reinforces the need to acknowledge and record children's experiences accurately, so their emotional harm and risk are fully recognised and responded to. We must consistently refer to children experiencing domestic abuse as victims, not witnesses. Clear, consistent terminology strengthens professional curiosity, supports parents to understand the impact on their children and robust, child-centred planning.

2 **Safety Planning** Safety planning was most effective when agencies worked proactively and collaboratively, with robust information-sharing and a shared understanding of risk. Early planning, particularly in pre-birth cases, supported calmer, more manageable interventions for both families and practitioners.

In some cases, practice relied heavily on victim compliance. While this can sometimes be unavoidable, practitioners should promote shared accountability. Adult victims described early safety planning as fast-paced and at times overwhelming due to professional involvement, highlighting the need for practitioner sensitivity.

3 **Fostering Insight and Behaviour Change** Victim focused interventions were trauma-informed and persistent, with open communication enabling victims to access support when ready. Reasonable adjustments for additional needs were observed, however there was limited analysis of how these needs affect vulnerability, insight, and behaviour change. Practice should therefore be individually responsive and culturally competent, recognising how identity and lived experience influence risk, engagement, and parental capacity.

Perpetrator engagement remained challenging, especially post-separation, with some individuals showing repeated abusive behaviour and limited insight. Where possible, practitioners should keep responsibility with the perpetrator wherever possible, actively seeking and coordinating perpetrator engagement. Use supervision to challenge minimisation and maintain a perpetrator-focused lens. Although victim support was strong, perpetrator provision was sometimes delayed. Practitioners can support this by escalating delays in risk assessments and ensuring perpetrators remain visible within multi-agency plans.

4 **Interplay with Neglect** In most cases, children were appropriately categorised under neglect despite domestic abuse being the primary issue, due to a variety of factors. In some cases, the term neglect was a barrier due to the stigma and general understanding of the term, particularly where behaviours associated with neglect were linked to the adult victim's reduced capacity under coercive control and trauma. Assessments must therefore recognise coercive control as a key driver of diminished parental capacity, ensuring practitioners distinguish between wilful neglect and the functional impact of sustained abuse.

5 **Distinguishing Conflict vs Domestic Abuse In** a small number of cases, issues were framed as *conflict* without sufficient analysis. Mislabelling Domestic Abuse in this way minimises harm and obscures the underlying dynamics of fear, coercion, and control. Practitioners must avoid colluding with perpetrator narratives that present abuse as mutual disagreement and instead maintain strong professional curiosity—questioning initial accounts, exploring inconsistencies, and seeking the victim's lived experience to understand the true pattern and intent behind behaviours. Professional curiosity, joint analysis, and structured discussions (supported by reflective supervision) help practitioners assess power imbalance, escalation, repeated patterns, and any attempts by perpetrators to reframe the narrative.

6 **Early Intervention** When early engagement was unsuccessful, support services maintained clear lines of contact ensuring opportunities for victims to re-engage when ready. Timely, multi-agency pre-birth planning remains the most effective approach. While some safety planning must occur close to birth, practitioners should be mindful of the additional pressure on the adult victim. Expectations should be realistic, clearly communicated, and jointly owned across agencies to prevent the burden of managing risk from falling disproportionately on the victim at a time of heightened vulnerability.

Further reading:
DDSCP Procedures Chapter: Domestic Abuse
DDSCP Domestic Abuse Handbook
DDSCP Domestic Abuse Referral Pathway
DDSCP Briefing Note Derbyshire Constabulary: Stopping Domestic Abuse Together (SDAT) and Operation Encompass Update
DDSCP pre-birth-protocol-november-2025-.pdf (Web view)
Domestic Abuse Statutory Guidance
Domestic Abuse Commissioner: Victims in their own right?
NSPCC Learning: Protecting Children From Domestic Abuse
NSPCC Learning: The Impact of Coercive Control on Children and Young People
DDSCP Briefing Note Derbyshire Constabulary: Stopping Domestic Abuse Together (SDAT) and Operation Encompass Update

What Should I Do Now?

1. **Share the briefing:** DDSCP subgroup and thematic group members should share this briefing within their own agencies
2. **Practitioners and mangers should reflect on current cases** and identify where the learning applies.
3. **Discuss key messages** in team meetings and supervision to strengthen practice.

We'd love to hear your thoughts on the content of this briefing! If you have any comments or would like to tell us how you have used the briefing note in practice, please get in touch using the form here: DDSCP Briefing Note Feedback Form – Fill out form (5 minutes)