HM Inspectorate of Probation



Childhood domestic violence and abuse, and serious violence

Dr Jade Levell

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Foreword

HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth justice services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth justice services.

This report was kindly produced by Dr Jade Levell. It highlights how domestic violence and abuse (DVA), one of the most common forms of childhood victimisation, consistently emerges within the childhood histories of young people involved in serious violence, gangs, county lines, criminal exploitation and persistent offending. The impacts of DVA can take physical, emotional, behavioural and developmental forms, may be heightened by sustained exposure, and can continue well beyond childhood. DVA may also form part of cumulative and overlapping experiences of adversity, with distress expressed through internalising or externalising responses. Practitioners should therefore be alert to the possibility that visible behavioural difficulties may mask significant emotional distress and vulnerability.

The paper identifies three key implications for practice: (i) using a trauma-informed approach; (ii) applying a masculinity-aware and gender-transformative lens; and (iii) understanding the victim/perpetrator overlap. The latter requires practitioners to hold accountability and vulnerability together. Recognising that children who use violence may themselves have experienced significant violence, abuse or trauma does not excuse harmful behaviour, but it enables interventions to address the wider context in which that behaviour occurs. Practitioners therefore need to ask not only "What has this child done?" but also "What has happened to this child?" Crucially, a careful trauma-informed and child-centred approach can help children to process their experiences, understand what underpins their attitudes and behaviours, and move towards safer ways of navigating relationships, identity and conflict.



Dr Robin Moore
Head of Data Analysis & Research

Author profile

Dr Jade Levell is a Senior Lecturer in Social and Public Policy (Criminology and Gender Violence) at the University of Bristol and Head of the Centre for Gender and Violence Research (CGVR). She was awarded the European Society of Criminology Early Career Prize in 2026. Her research explores the intersections between childhood victimisation and later violence, with particular expertise in domestic violence and abuse, serious youth violence, masculinity and vulnerability, and the overlapping experiences of children as both victims and perpetrators of harm.

Jade is the author of several books including *Boys, Childhood Domestic Abuse, and Gang Involvement: Violence at Home, Violence On-Road* (2nd ed., 2026) and *Music, Mattering, and Criminalised Young Men* (2024). She also co-edited, with Tara Young and Rod Earle, *Exploring Urban Youth Culture Outside of the Gang Paradigm: Critical Questions of Youth, Gender and Race On-road* (2023). Her fourth book will be published in 2027 on children's experiences of serious violence and knife crime, entitled *Lost Childhoods: Craftivist Community Action with Children and Young People Impacted by Serious Violence,* written with Jo Staines and Tatiana Powell.

The views expressed in this publication do not necessarily reflect the policy position of HM Inspectorate of Probation

1. Introduction

Domestic violence and abuse (DVA) is one of the most common forms of childhood victimisation in England and Wales, affecting an estimated one in five children during childhood (Foundations, 2024). DVA remains significantly underreported and often hidden, with estimates suggesting that the number of victims is more than four times higher than the number of domestic abuse crimes reported to the police (Youth Endowment Fund, 2026). Recognition of children's experiences of domestic abuse was strengthened through the *Domestic Abuse Act 2021*, which established that children who see, hear or experience the effects of domestic abuse are victims in their own right. However, evidence suggests that this legislative shift has not yet translated into consistent funding and provision (Domestic Abuse Commissioner, 2025). Recent national inspections found that children are still not consistently recognised as direct victims of DVA and that support remains fragmented and uneven (Ofsted et al., 2026). Traditionally, children involved in violence have been categorised as either victims or offenders. However, research increasingly demonstrates that these categories are often blurred, with many children experiencing both victimisation and perpetration within the course of their development.

Across Child Safeguarding Practice Reviews and thematic reviews of serious youth violence, including those conducted in Croydon (Croydon Safeguarding Children Partnership, 2023; Spencer et al., 2019), domestic abuse consistently emerges within the childhood histories of young people involved in serious violence, county lines, criminal exploitation and persistent offending. For example, a recent deep-dive review by Hull Youth Justice Service found that 85 per cent of children in a persistent reoffending cohort had experienced domestic violence within the household (Hull City Council, 2025). Similarly, recent analysis of rapid reviews in London found that two-thirds of cases involving extra-familial harm also featured concurrent intra-familial DVA, illustrating the extent to which harm within and beyond the home can overlap in children's lives (London Safeguarding Children Partnership, 2026). Despite this, we know that across England there is a lack of services that offer specialist child-focused support for children who have experienced DVA (Domestic Abuse Commissioner, 2025). For youth justice and probation practitioners, recognising the victim/perpetrator overlap between domestic abuse and serious youth violence is essential to developing trauma-informed responses that better address the complex pathways through which children move from experiencing early violence to becoming involved in it, with patterns and impacts continuing into adulthood.

This Academic Insights paper draws on the author's extensive programme of research on childhood DVA, masculinities, gang involvement, vulnerability, and serious youth violence, alongside wider interdisciplinary evidence. The paper examines the interconnected relationships between childhood victimisation, masculinity, trauma, gender-based violence, serious youth violence, and offending behaviour through the lens of youth justice and probation practice. By bringing these diverse strands of evidence together, it argues for the importance of trauma-informed, masculinity-aware, gender-transformative, and child-centred approaches that recognise boys not only as potential perpetrators of harm, but also as children whose experiences of violence, adversity, and structural inequality shape their young lives.

2. Understanding and responding to childhood domestic violence and abuse

2.1 Impact of domestic violence and abuse on children

Domestic violence and abuse (DVA) can have profound and enduring consequences for children, with effects that often continue well beyond childhood (Frances, 2025). Research spanning several decades has demonstrated that children living with DVA experience a range of emotional, behavioural, social, and developmental harms. Common responses include fear for their own safety and that of a parent, sadness, anger, confusion, shame, humiliation, and feelings of isolation (McGee, 2000). Children may also become subject to coercive and controlling dynamics that seek to instil secrecy, fear, dependence, compliance, and loyalty, with shame sometimes manifesting as self-blame, self-loathing, and diminished self-worth (Stark, 2023).

The impacts of DVA often manifest physically as well as emotionally. Children may experience sleep difficulties, nightmares, bed-wetting, heightened vigilance, fear of loud noises, self-harm, speech and language difficulties, and developmental delays (Radford and Hester, 2006). Difficulties at school are also common and may include reduced concentration, poor attendance, aggression, behavioural difficulties, and challenges forming and maintaining friendships (McGee, 2000). Longer-term impacts can extend into adolescence and adulthood, affecting self-esteem, mental health, intimate relationships, sexual wellbeing, and vulnerability to harmful coping strategies, including substance use and risky behaviours (Hague, 2012). The duration, severity, and frequency of abuse appear to influence the extent of these impacts, with sustained exposure often associated with more significant harm (Radford and Hester, 2006). Importantly, children living with DVA are also at increased risk of experiencing other forms of abuse and neglect, including child sexual abuse.

Children exposed to DVA frequently describe feeling trapped, powerless, and isolated. These experiences can be compounded by social and cultural norms that encourage family problems to remain private, making disclosure more difficult and reducing opportunities for support. While some children internalise distress, presenting as withdrawn, anxious, or depressed, others may express trauma through externalising behaviours such as aggression, anger, substance use, conflict, or risk-taking (Holmes et al., 2022). Such behaviours often attract professional attention because they are disruptive and visible. However, there is a risk that these responses are interpreted solely as behavioural problems rather than as indicators of trauma and unmet need (Levell et al., 2026). Children who 'act out' may be punished, excluded from school, or drawn into criminal justice processes, creating further adversity and reinforcing negative perceptions of themselves (Qasir et al., 2022). Practitioners should therefore recognise that visible behavioural difficulties may mask significant emotional distress and vulnerability.

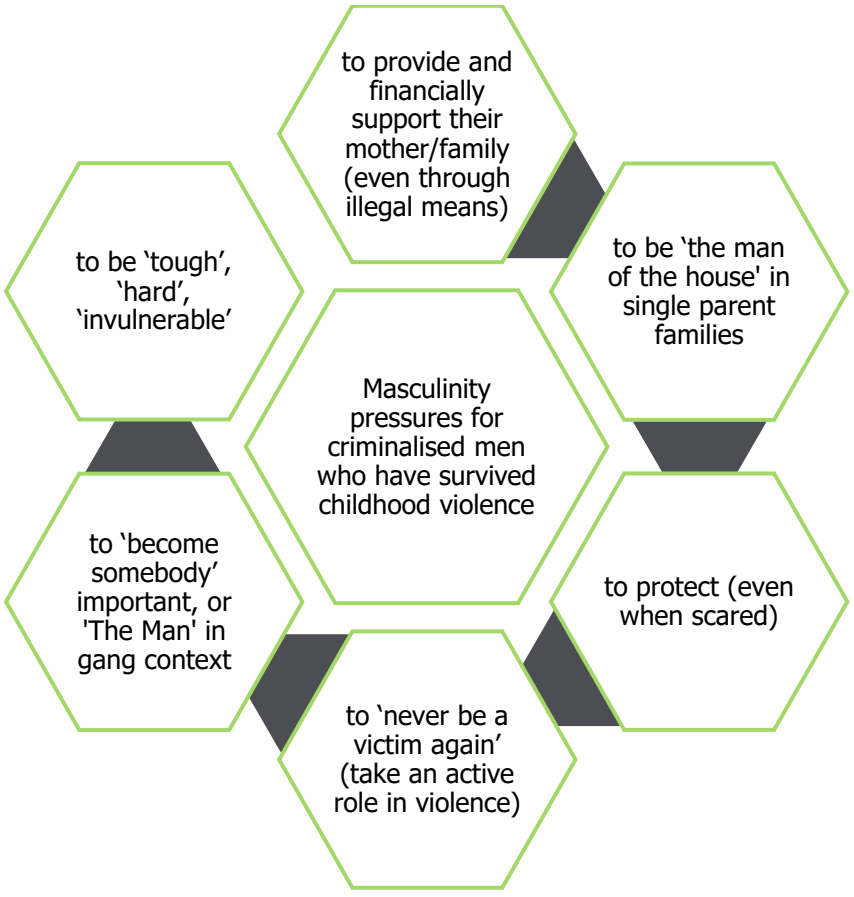
Children's relationships with their parents can also become highly complex within contexts of DVA. Feelings towards parents may include love, loyalty, frustration, anger, guilt, or disappointment, often experienced simultaneously. Some children blame themselves for being unable to protect a parent, while others struggle to understand why abuse was not resisted or stopped (Qasir et al., 2022). In some circumstances, the effects of trauma may contribute to strained parent-child relationships or additional forms of harm within the family, such as child-to-parent violence (Contreras and Cano, 2016; see also Academic Insights paper 2022/08

by Holt). Much DVA continues after parental separation, with family court processes and child contact arrangements used as a point for continuation of abuse (Katz et al., 2020).

2.2 Masculinity, vulnerability and childhood domestic violence

Children should not be understood as passive witnesses to DVA, but as actively responding to, resisting and surviving abuse (Katz, 2022). Their efforts to protect themselves, siblings or non-abusive parents can demonstrate resilience and agency, while also placing significant responsibilities upon them (Callaghan et al., 2025; Frances, 2025). For boys, agency may be constrained by masculine norms and broader marginalisation (through race, class, and poverty for instance). In my research with men who experienced childhood DVA and later gang involvement, survivors discussed a range of pressures that they felt when living with DVA and in the aftermath (see Figure 1). Feelings of fear, shame and powerlessness also created a desire to reclaim masculine status in peer and street contexts.

Figure 1: Masculinity pressures for criminalised men who experienced childhood violence (Levell, 2024, 2026)



Masculinity theory can provide a useful framework for understanding these patterns. Connell's (Connell, 2000, 2005; Levell, 2020) concept of the hierarchy of masculinities views masculinity not as a single fixed identity but as a set of multiple and hierarchical social performances shaped by culture, power, and social location (see also Academic Insights paper 2026/03 by King-Hill). Within many Western contexts, hegemonic masculinity represents the culturally dominant ideal of manhood, often associated with self-reliance, emotional restraint, toughness, and control. It is often also associated with Whiteness, wealth, and career success. For some boys who experience marginalisation, poverty, family violence, educational exclusion, racism, or community disadvantage, achieving culturally valued forms of masculinity may feel unattainable

(Maguire, 2021; Walsh, 2025). This can give rise to 'protest masculinity', an exaggerated performance of traditionally masculine traits such as toughness, risk-taking, and violence, within the context of life on-road or in a street hustle (Levell, 2020, 2026). Protest masculinity can function as a coping and survival strategy in response to feelings of powerlessness, vulnerability, and subordinate social status. Billingham and Irwin-Rogers (2022) framed this search for significance through violence as a way for marginalised young people to find ways to 'matter'. Rather than eliminating vulnerability, these performances are strategies to conceal it.

2.3 Child-survivors of DVA and serious youth violence

This section explores what is currently known about the overlap between childhood DVA and serious youth violence. Crucially, the evidence does not suggest a causal pathway from experiencing DVA to criminality. Instead, it highlights the need to recognise that many children involved in serious violence have themselves experienced earlier violence and abuse at home, and to understand these experiences as part of their broader life histories.

Childhood DVA and knife carrying

Knife carrying has become increasingly normalised among some justice-involved young people, often functioning as a perceived strategy of protection within contexts characterised by violence and insecurity (Gray et al., 2023). Research indicates that exposure to violence is a significant predictor of weapon carrying. Villadsen and Fitzsimons (2021) identified domestic abuse between parents as a key risk factor associated with carrying or using a weapon by age 17, while Brennan (2020) found that prior direct experiences of violence were the strongest predictor of knife carrying, with the likelihood increasing by approximately six per cent for each additional violent incident experienced. Although Brennan's study did not isolate childhood DVA specifically, these findings are particularly relevant given that children living with DVA are often exposed to repeated experiences of fear, threat, and violence within the home. For some young people, carrying a knife may therefore be understood less as an intention to cause harm and more as an adaptive response to perceived vulnerability, victimisation, and the anticipation of future violence.

Childhood DVA and serious youth violence perpetration and victimisation

Research consistently demonstrates that DVA often forms part of a wider cluster of adverse childhood experiences (ACEs) commonly found in the backgrounds of children involved in serious violence. ACEs are strongly associated with violent offending, with Gray et al. (2023) reporting that each additional ACE increases the likelihood of perpetrating a violent offence by between 35 and 144 per cent, and that children exposed to multiple adversities are substantially more likely to be classified as serious violent offenders (see also Academic Insights paper 2021/13 by Gray et al.). Experiences such as DVA, abuse, neglect, parental substance misuse, and family instability can shape children's emotional development, sense of safety, and relationships with others, increasing the risk of trauma-related responses including aggression, hypervigilance, and risk-taking.

Recent research in partnership with the National Child Mortality Database (NCMD) looked at the NCMD records from 2019–2024 to examine knife related deaths of children under 18 years old (Levell et al., 2026; Roberts and Levell, 2026). This provides the strongest national evidence to date on the patterns of fatal injuries and the adversity children experienced long before the moment of harm. Results report the demographics of 145 children who died from knife injuries, with a detailed analysis of 58 cases. Of the 145 children who died, most were male (90 per cent), with an average age of 14.4 years. Children in the most deprived areas were over seven times more likely to die than those in the least deprived areas. Black/Black British children were

more than thirteen times more likely to die than White children. About three in five (58 per cent) had experienced domestic abuse at home, and in three cases the fatal incident occurred during or following an attack on their mother by a perpetrator of domestic abuse. Despite this, none received specialist child-focused domestic abuse support. Only seven per cent received any domestic abuse–related referral, typically aimed at supporting the non-abusing parent, contingent on an assessment of immediate risk of harm.

Childhood DVA, gang involvement, and child criminal exploitation

Childhood DVA may increase vulnerability to gang involvement through a range of interconnected pathways. For some children, gangs can offer a sense of belonging, protection, and status that may be absent within violent or unstable home environments. Experiences of DVA can also result in the normalisation and desensitisation of violence, meaning that some boys perceive themselves as tougher, more resilient, or better equipped to engage in violent situations than their peers. In addition, a desire to spend time away from home, gain independence, or contribute financially to a struggling single-parent household may further increase the appeal of gang involvement (Levell, 2026). This may also expose them to child criminal exploitation (CCE) by older peers who recognise this vulnerability (Marsh, 2026; see also Academic Insights paper 2024/04 by Maxwell). Indeed, as highlighted in a recent Home Office deep dive, the coercive dynamics of CCE may mirror dynamics of coercive control experienced by children within their own households (McManus et al., 2026). The Children's Commissioner for England reported that children identified as gang involved within the criminal justice system were 37 per cent more likely than other young offenders to have witnessed domestic violence (Children's Commissioner, 2019). The relationship between gang involvement and wellbeing is also reciprocal: experiences of trauma, poor mental health, and victimisation may increase susceptibility to gang affiliation, while gang environments frequently expose young people to further violence, exploitation, and insecurity, contributing to deteriorating mental health and the normalisation of harm (Dodzro and Goode, 2023).

Childhood DVA and risks of involvement in adolescent DVA

Research suggests that exposure to DVA in childhood can shape adolescents' understandings of relationships and conflict, with some young people becoming more accepting of violence as a means of resolving disputes (Evans et al., 2022). Gadd et al. (2015) argue that some young men's perpetration of DVA may emerge from unresolved experiences of violence, humiliation, insecurity and neglect, which, shaped by intersecting inequalities and harmful gender norms, can lead to feelings of inadequacy and powerlessness being projected onto others through violence. A recent international review identified experiences of violence and abuse across home, school and other settings as important risk factors for both the perpetration and victimisation of adolescent domestic abuse (Weir et al., 2026). While children who experience childhood DVA are not destined to replicate these patterns in later life, evidence indicates that boys who have experienced domestic abuse in childhood face a slightly elevated risk of involvement in future DVA (Ehrensaft and Langhinrichsen-Rohling, 2022). Gender appears to play an important role in these pathways: boys are more likely than girls to view hitting as justified and are less likely to disclose abuse from a partner (Devaney and Lazenbatt, 2016), while women reflecting on childhood exposure to DVA have described concerns about being drawn into unhealthy relationships during adolescence (Frances, 2025).

2.4 Practice implications

Talking about childhood DVA in a trauma-informed way

Talking to children about DVA requires a trauma-informed approach. Rather than focusing narrowly on whether a child witnessed particular incidents, practitioners should recognise the wider impacts of living with DVA and create safe opportunities for children to make sense of their experiences (Levell et al., 2026). Disclosure may be inhibited by fears of harm, family separation or not being believed, making it important to prioritise safety, trust and the prevention of re-traumatisation (Burton et al., 2024; Qasir et al., 2022). Since childhood DVA is such a hidden issue, many people do not tell anyone whilst it is happening. Professionals can facilitate recovery by *making the unspeakable, speakable* (Morrison, 2024). Seeking to understand the cumulative and often overlapping forms of trauma that children may experience prior to their offending can open up a space to interpret behaviours and emotional responses as possible adaptations to trauma, while helping children recognise that their abuse was not their fault (Elkins et al., 2017; Stuart and Maynard, 2024).

This should also be gender-responsive: boys may find vulnerability and disclosure particularly difficult where masculine norms emphasise strength, independence and emotional control (Gough, 2018; Marsh, 2026). In my research with this group, I have often used creative ways to open up discussions on childhood violence. This has included music elicitation (Levell, 2019, 2024, 2026) which involves co-listening to music together around the question, '*Share three music tracks which help tell your life story*', and, more recently, participatory arts and craftivism (Levell et al., 2027 forthcoming). Considering creative, compassionate, and non-invasive ways to open up conversations about difficult experiences can enable disclosure to be led by and go at the individual's own pace. It is vital to ensure that staff are trained to deal with these conversations and disclosures with confidence, and that they have knowledge of specialist referral pathways.

Masculinity-aware and gender-transformative practice

Masculinity-aware and gender-transformative practice recognises that socially constructed norms associating masculinity with dominance, aggression, status and emotional suppression can contribute to violence, while also acknowledging that boys and young men may themselves experience gendered violence and trauma (Snowdon et al., 2025). For boys growing up with DVA, these norms may intersect with behaviours modelled within the home and contemporary cultural messages promoting restrictive ideals of masculinity. Practitioners should therefore create safe opportunities for boys to critically examine dominant ideas about masculinity and develop healthier understandings of gender, relationships and emotional expression (King-Hill, 2025). Feminist gender-transformative approaches can acknowledge structural gender inequalities while also recognising the harms these norms can cause boys and men, including those who have experienced male violence or begun to use violence in their own relationships (EVAW and Beyond Equality, 2026; Nikula et al., 2024). Effective practice should also be intersectional and culturally responsive, recognising how racism, discrimination and institutional experiences can shape boys' relationships with masculinity, vulnerability and help-seeking (Dodzro and Goode, 2023). Ultimately, practitioners should create environments in which emotional expression and vulnerability are understood not as threats to masculine identity, but as compatible with strength, resilience and positive relationships (Gough, 2018).

Working with the victim/perpetrator overlap

For youth justice, probation and safeguarding practitioners, recognising the victim-perpetrator overlap means holding accountability and vulnerability together. Understanding that children who use violence may themselves have experienced significant violence, abuse or trauma does not excuse harmful behaviour but enables interventions to address its wider context. Current risk and needs assessments may struggle to identify concurrent and overlapping experiences of victimisation and perpetration, particularly where different forms of harm are divided between intra- and extra-familial, or private and public, contexts (Levell et al., 2026). More integrated working, including collaboration with DVA specialists, can help prevent children from falling between service boundaries.

Practice must also be attentive to racialised processes of adultification and criminalisation, through which Black children, particularly boys, may have their vulnerability minimised and receive more punitive responses (Davis and Marsh, 2020; Dodzro and Goode, 2023; Marsh, 2026; see also Academic Insights paper 2022/06 by Davis). This may mean that Black children are even less likely to be offered DVA support services (Bernard, 2016). Trauma-related behaviours may consequently be read primarily as indicators of risk rather than as possible signs of victimisation and unmet need. Effective practice therefore requires practitioners to ask not only "What has this child done?" but also "What has happened to this child?", while maintaining appropriate responsibility for harm caused. Framing the question in this way exposes the paradox of violence and vulnerability; that for some boys, the more vulnerable they feel, the more important performing invulnerability can become.

Using a trauma-informed approach	• **Recognise child survivors of DVA:** a child living with DVA is a victim in their own right. • **Create safe opportunities to talk** about experiences of DVA. • **Understand long-term impact of DVA:** even if DVA is framed as a historic risk factor, it may still be having an impact. • **Consider creative ways to open up these conversations**, such as music, art, or crafting.
Masculinity-aware and gender-transformative lens	• **Challenge restrictive ideas of masculinity:** create safe opportunities for boys to question gender norms. • **Encourage discussions about gender-inequality:** this may also be a way to process their own and mother's abuse. • **Recognise gendered perspectives:** be aware that understandings of fear, safety, and violence can be gendered and impacted by masculinity norms.
Understanding the victim/perpetrator overlap	• **Hold accountability and vulnerability together:** victimisation does not excuse harm, but is essential to understanding and responding effectively to it. • **Look across contexts of harm:** avoid separating victimisation at home from violence outside it. • **Look beneath performances of invulnerability.**

3. Conclusion

For youth justice and probation services, the evidence highlights the importance of understanding adolescent violence within the context of children's broader life histories and cumulative experiences of harm. The often-hidden nature of DVA and limited availability of child-centred specialist support mean that some children may reach the youth justice system without their earlier experiences of violence having been fully heard, recognised, or supported. Youth justice intervention may therefore provide an important opportunity for individuals to talk about what has happened to them and their families, to begin to make sense of it, and to access appropriate support.

As outlined earlier, the ramifications of DVA can be life-long and multi-faceted, and when an individual is no longer residing with the abuser, it is likely still having an impact on the individual's wellbeing and self-esteem. An intersectional understanding is essential, one which recognises that wider experiences of racial marginalisation can further impede the ability of child victims to access support. Growing up with early adult male violence can shape experiences of fear and insecurity, as well as developing understandings of gender, relationships and masculinity. This needs to be approached sensitively, as children may have developing coping mechanisms which convey invulnerability as a self-protection strategy, within the limited means they had at their disposal in childhood.

Preventing and responding to serious youth violence requires practitioners to hold accountability and vulnerability together, recognising offending not only as behaviour requiring intervention but also, in some cases, as a possible indicator of trauma, victimisation and unmet need. Childhood DVA does not cause later violence or criminality, nor does experiencing abuse diminish responsibility for later harmful behaviour. Trauma-informed, masculinity-aware, and gender-transformative practice can offer opportunities for individuals to recognise what underpins their own behaviours, responses, and attitudes. It can also be the first step to process their own experiences of harm and abuse, with the aim that this may help support safer ways of navigating relationships, identity and conflict.

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The HM Inspectorate of Probation Data Analysis & Research Team can be contacted via HMIProbationResearch@hmiprobation.gov.uk

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