

**Psychological Impacts and Service Provisions of Family Wellness and Interpersonal
Violence in the UK: A Review**

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ABSTRACT

Interpersonal violence, particularly domestic abuse, remains a significant public health, safeguarding, and social-care concern in the United Kingdom, affecting individuals, children, and families across diverse social and economic contexts. This study critically evaluates the systemic impacts of domestic abuse on families and examines the effectiveness of existing UK support services and safeguarding frameworks. The research focuses on the interconnected psychological, social, economic, and physical health consequences of interpersonal violence, barriers to accessing support, and structural gaps within current policy and practice. An interpretivist research philosophy and inductive approach were adopted to facilitate an in-depth understanding of human experiences and social realities associated with domestic abuse. A case study strategy was used to examine the UK context, with a mono-method qualitative methodology based exclusively on secondary data. Relevant literature was obtained from Google Scholar, PubMed, CINAHL, and JSTOR, alongside official government publications and reports from established organisations. Literature published between 2019 and 2025 was considered, with thematic analysis used to identify and interpret major patterns within the evidence. The findings demonstrate that domestic abuse produces substantial psychological, social, economic, and health consequences for individuals and families. Adults may experience anxiety, depression, emotional distress, trauma-related symptoms, financial insecurity, housing instability, and social isolation. Children exposed to domestic abuse may experience emotional, behavioural, developmental, and psychological difficulties, highlighting the importance of recognising children as victims in their own right. Existing safeguarding mechanisms, including Multi-Agency Risk Assessment Conferences (MARACs), Independent Domestic Violence Advisers (IDVAs), refuge services, healthcare, social care, policing, housing, and voluntary-sector organisations, provide important protection and support. However, their effectiveness is affected by geographical inequalities, resource limitations, fragmented inter-agency communication, inconsistent professional training, and variations in local service provision. Victim-survivors may also encounter significant barriers to accessing support, including fear of retaliation, stigma, financial dependence, housing insecurity, social isolation, language barriers, and mistrust of statutory services. The study therefore highlights the need for an integrated, trauma-informed, and family-centred response that addresses safety, psychological recovery, housing, financial security, child wellbeing, and social support simultaneously. Strengthening multi-agency coordination, improving service accessibility, maintaining sustainable specialist provision, enhancing data quality, and ensuring culturally responsive services are identified as important priorities for improving outcomes for families affected by domestic abuse.

Keywords: Interpersonal violence, Domestic abuse Psychological trauma, Safeguarding systems, Refuge networks, Thematic analysis, Interpretivist philosophy, Systemic barriers.

1. Introduction

Interpersonal violence, particularly domestic abuse, remains a significant public health, safeguarding and social-care issue in the UK. Recent evidence demonstrates the scale of the problem. In England and Wales, the Office for National Statistics (ONS) estimated that approximately 3.8 million people aged 16 years and over experienced domestic abuse in the year ending March 2025, representing 7.8% of the population. Approximately 12.5 million people, or 25.8% of those aged 16 years and over, reported having experienced domestic abuse since the age of 16⁽¹⁾. These figures demonstrate that domestic abuse is not an isolated family problem but a substantial issue affecting population health and family wellbeing. However, the ONS cautions that changes to the survey questions mean that estimates from 2024 onwards cannot be directly compared with earlier estimates ^(1,2). This is important when interpreting trends and demonstrates the continuing challenges associated with the consistency of domestic-abuse data.

Domestic abuse represents a pervasive public health and social care crisis within the United Kingdom, transcending age groups, socioeconomic strata, and cultural boundaries. It is characterised as a continuous pattern of controlling, coercive, threatening, or violent behaviours occurring between intimate partners or family members. This crisis imposes an immense burden on mental health infrastructure, emergency responders, safeguarding agencies, and community health and social care services. Beyond immediate physical injuries, the consequences span profound psychological, emotional, social, and relational dimensions, with children suffering severe developmental and emotional harm when exposed to abusive home environments⁽³⁾. As a long-standing social and policy challenge in the UK, domestic abuse continues to persist despite the historical establishment of various support frameworks. Although the state utilizes a structured safeguarding network comprising Multi-Agency Risk Assessment Conferences (MARACs), Independent Interpersonal violence Advisors (IDVAs), specialized police safeguarding units, and dedicated refuge networks systemic vulnerabilities remain evident⁽⁴⁾. Key operational failures include significant geographical disparities in service quality, a stark deficit of support options in economically deprived rural areas, pervasive victim fear and social stigma surrounding reporting, and delayed intervention timelines. Consequently, serious concerns persist regarding whether the current framework can deliver timely, equitable, and effective assistance to victims and their dependent families. This research critically evaluates family dynamics under the strain of domestic abuse, alongside the systemic efficacy of UK support services operating within health and social care sectors⁽⁵⁾. It examines the operational implications for inter-agency collaboration, safeguarding practices, and early intervention programs. Ultimately, this analysis highlights critical domains requiring urgent policy refinement, particularly regarding service accessibility, structural consistency, and the sustainability of long-term support systems.

The primary aim of this study is to critically evaluate the systemic impacts of domestic abuse on families and assess the effectiveness of the support services currently available within the United Kingdom. The objectives of this study as follows; (a) To evaluate the interconnected psychological, social, economic, and physical health impacts of interpersonal violence and/or abuse on UK individuals and families. (b) To assess the operational effectiveness of existing UK support networks and overarching safeguarding frameworks. (c) To identify the primary systemic, social, and geographical barriers preventing victims and their families from accessing appropriate support services. (d) To analyse structural gaps within current policy and practice regarding the national response to domestic abuse in the UK.

2. Rationale of the Study

The profound prevalence and enduring consequences of Interpersonal violence and abuse (DVA) on families across the United Kingdom make it a critical area of investigation. Within the domains of health and social care, safeguarding vulnerable populations and addressing complex family dynamics remain foundational professional duties. Because DVA directly impacts public wellbeing, child protection, and long-term mental health outcomes, it warrants continuous academic and clinical evaluation⁽⁶⁾.

While extensive academic literature documents the theoretical frameworks of domestic abuse, substantial gaps persist regarding the real-world effectiveness of current UK support systems. Existing interventions—such as Multi-Agency Risk Assessment Conferences (MARAC), Independent Interpersonal violence Advisors (IDVA), and refuge networks—provide a structured emergency framework, yet evidence reveals notable disparities in geographic accessibility, regional service delivery, and long-term recovery outcomes for survivors. These systemic inconsistencies justify a rigorous, critical inquiry into how successfully these interventions meet the multi-layered needs of affected families⁽⁷⁾.

Furthermore, this topic holds significant professional utility for practitioners in nursing care, social work, and community health services who operate on the frontlines of safeguarding. By evaluating these structures, this study bridges the gap between policy and frontline delivery, fostering a deeply applied understanding of how domestic abuse interventions function within contemporary practice.

3. Research Operation

3.1 Philosophy

Research philosophy represents the core beliefs and assumptions that guide how knowledge is developed, interpreted, and understood within a study. For this research, an interpretivist philosophy was selected because it focuses on understanding human experiences, subjective meanings, and social realities. This approach is highly suited to the study of Interpersonal violence a deeply sensitive and complex social issue that cannot be fully captured by objective, quantitative measurements alone. Utilizing interpretivism makes it possible to explore lived experiences and contextual factors deeply, providing a richer understanding of family impacts through qualitative evidence and literature⁽⁸⁾.

3.2 Approach

A research approach provides the structural plan and logic used to connect data collection with final conclusions. This study adopts an inductive approach, which derives patterns, meanings, and insights directly from the literature rather than testing a pre-defined hypothesis. This approach is justified given that domestic abuse is a constantly evolving, multifaceted social issue. It allows the study to transition smoothly from specific findings within secondary sources to broader, comprehensive conclusions, particularly regarding gaps in support services and the systemic impact of abuse on families.⁽⁹⁾

3.3 Strategy

A research strategy outlines the overall framework used to conduct a study and gather the

evidence needed to answer the core research questions. This study utilizes a case study strategy to explore domestic abuse in depth within the specific context of the United Kingdom. This strategy is ideal because it allows for a detailed, real-world examination of operational safeguarding systems, including Multi-Agency Risk Assessment Conference (MARAC) processes, Independent Interpersonal violence Advisor (IDVA) interventions, and refuge services. By focusing on these specific mechanisms, the strategy helps build a comprehensive understanding of how these services function in practice and how they protect vulnerable individuals⁽¹⁰⁾.

3.4 Methodology

A research method encompasses the specific techniques and procedures used to collect and analyze data within an investigation. This study utilizes a mono-method qualitative approach, relying exclusively on non-numerical data extracted from existing literature. This methodology is highly appropriate as it facilitates a deeper understanding of human meanings, lived experiences, and subjective interpretations surrounding domestic abuse. Furthermore, a qualitative lens is particularly suited for evaluating the social and emotional impacts of abuse on families areas where rigid statistical metrics often prove insufficient⁽¹¹⁾.

3.5 Collection of Data

Collection data is defined as the systematic process of gathering information necessary to resolve a defined research problem. This study relies on secondary data collection rather than primary data, utilizing existing academic and institutional literature. The reviewed material includes peer-reviewed journal articles, official UK government publications (such as the Office for National Statistics and Home Office reports), and publications from prominent non-governmental organizations (NGOs) including Women's Aid and Refuge. This reliance on secondary sources is methodologically justified as it eliminates the ethical risks associated with directly involving vulnerable populations while granting access to credible, large-scale evidence⁽¹²⁾.

Literature was retrieved across four primary databases: Google Scholar, PubMed, CINAHL, and JSTOR. Search strings included terms such as "*domestic abuse UK*", "*family impact*", "*support services effectiveness*", and "*MARAC outcomes*". To ensure relevance, academic rigor, and reliability, strict inclusion filters were applied: studies had to be UK-based, published in the English language, and dated between 2019 and 2025.

3.6 Analysis of Data

Analysis of data refers to the systematic process of examining, organizing, and interpreting collected data to uncover meaningful patterns that address the core objectives of a study. This research employs thematic analysis to evaluate the secondary qualitative data. The process involved coding the selected literature and categorizing the findings into overarching themes, which include the psychological, social, and economic impacts of Interpersonal violence; systemic barriers to accessing support services; and the efficacy of current UK Interpersonal violence interventions. This analytical approach is highly valid as it provides a clear framework to organize complex qualitative data, enables rigorous comparisons across diverse studies, and fosters a critical, deep interpretation of the findings^(13, 14).

4. Research Findings

4.1 Psychological, Social, Economic and Health Impacts of Interpersonal Violence on Individuals and Families in the UK

Interpersonal violence (IPV) encompassing domestic abuse and partner violence exerts a profound and systemic toll on family mental health and long-term socio-economic wellbeing across the UK ^(15, 16). Exposure to parental Interpersonal violence severely disrupts early childhood development. Children in these environments face a heightened risk of emotional dysregulation, behavioral difficulties, and profound psychological vulnerabilities, which frequently manifest as intergenerational trauma.

The systemic harm of IPV is deeply exacerbated by structural inequalities and humanitarian crises. During the COVID-19 pandemic, racially minoritized women in the UK who experienced domestic abuse reported significantly elevated levels of anxiety and depression. These victim-survivors encountered severe barriers to accessing mental health and safeguarding services, worsening their psychological trauma⁽¹⁷⁾.

Furthermore, the economic and institutional impacts of interpersonal violence undermine individual stability and workplace security ^(18, 19). Intimate partner violence frequently acts as a driver of economic insecurity, undermining labor market participation and trapping low-income victims in abusive situations due to a lack of independent financial means ⁽²⁰⁾. This institutional friction is prominently observed within sectors like healthcare. Healthcare workers who are survivors of domestic abuse routinely navigate severe emotional distress, heavy psychological workloads, social stigma, and an acute lack of supportive organizational infrastructure, which directly hinders their professional capacity and recovery ⁽¹⁸⁾.

Collectively, these findings demonstrate that interpersonal violence functions as a complex, multi-layered crisis ⁽¹⁷⁻²⁰⁾. Mitigating its impacts requires holistic safeguarding, structural economic support, and culturally competent mental health responses ^(17, 18).

4.2 Effectiveness of UK Support Services and Safeguarding Frameworks

Interpersonal violence (IPV) support services in the UK demonstrate moderate overall effectiveness regarding victim safety, early identification, and long-term recovery metrics. Structured interventions including advocacy initiatives, dedicated refuge provisions, and targeted safeguarding programmes significantly mitigate risk and enhance well-being for victim-survivors. However, service delivery remains highly variable across the UK due to pronounced geographical disparities in institutional resource allocation, framework accessibility, and service quality.

Furthermore, systemic fragmentation severely compromises multi-agency intervention pathways. Cross-sector coordination between primary care networks, mental health professionals, and specialist domestic abuse service providers is heavily siloed. This structural disconnection induces prolonged delays in institutional referral loops, disrupts inter-agency communication, and breaks the continuity of care needed by vulnerable families. Such operational fractures actively dilute the protective impact of local safeguarding frameworks, rendering them less capable of delivering timely, holistic care to children and individuals navigating complex, multi-layered crises.

Conversely, the targeted implementation of clinically embedded screening frameworks has substantially optimized early detection and intervention. Deploying structured pathways designed to improve identification and clinical referral mechanisms markedly advances the initial detection of interpersonal violence cases while facilitating immediate, proactive safety

planning. Despite these clear micro-level successes, the macro-level efficiency of the UK safeguarding architecture remains consistently bottlenecked by unequal regional execution, systemic funding scarcity, and gaps in standardized professional training ^(21, 22).

4.3 Barriers to Accessing Interpersonal Violence Support Services in the UK

Victim-survivors and families navigating interpersonal violence (IPV) in the UK encounter a complex network of overlapping barriers that restrict their access to essential support systems. Psychological impediments significantly obstruct initial help-seeking behaviours. High levels of fear, trauma, induced emotional dependency, and prior negative encounters with formal agencies diminish a victim's capacity to trust public institutions, leading to prolonged delays in reporting abuse and accessing critical safeguarding networks even when safety risk factors are elevated.

These challenges are heavily compounded by structural and cultural intersections for Black and minoritised women across the UK. These populations face distinct institutional barriers, including deep-seated mistrust of statutory authorities, language communication barriers, and a critical shortage of culturally competent service provisions. Compounded by community-level stigma regarding public disclosure, these systemic failures critically restrict access to emergency refuge spaces and specialized interpersonal violence interventions for marginalized groups.

Consequently, macro-level data indicates that interpersonal violence and domestic abuse remain profoundly under-reported across the UK. This systemic under-reporting stems from insufficient community awareness of available resources, fear of perpetrator retaliation, and highly inconsistent public visibility of local service pathways. Collectively, these psychological, cultural, and structural barriers restrict engagement with support services, ultimately undermining the reach and efficacy of national safeguarding frameworks ^(23, 24).

4.4 Gaps in Policy and Practice within the UK Interpersonal Abuse Response

Policy design and frontline practice in the UK domestic abuse response exhibit significant discrepancies, despite national safeguarding frameworks like the Domestic Abuse Act 2021. Aldridge ⁽²⁵⁾ argues that UK policy frequently overlooks the nuances of interpersonal violence by adopting a broad-brush approach. This approach limits awareness of coercive control and structural power imbalances, resulting in inconsistent protection and reducing the efficacy of targeted interventions.

Furthermore, Bunce et al. ⁽²⁶⁾ highlight that inconsistent data reporting and a lack of inter-agency standardisation create significant obstacles for developing evidence-based policies and measuring service effectiveness. This creates a distinct division between national policy and local delivery, where resources and practices vary widely. Finally, Stanley et al. ⁽²⁷⁾ identify persistent structural deficits, including insufficient refuge spaces, unequal regional service distribution, and weak inter-agency cooperation. These systemic gaps delay access to vital support for victims and families, demonstrating that policy fragmentation, deficient data tracking, and inconsistent delivery compromise the overall national response.

5. Discussion

5.1 Psychological Impacts on Adults

The psychological consequences of domestic abuse can be substantial and may continue after the immediate abusive incident has ended. Victims may experience fear, anxiety, depression, low self-esteem, sleep difficulties, emotional distress and trauma-related symptoms. The

effects can be particularly severe when abuse is persistent or involves coercive and controlling behaviour. Emotional and psychological abuse can restrict a person's autonomy and social relationships even in the absence of physical injury.

Recent ONS data demonstrate the importance of recognising different forms of abuse rather than concentrating exclusively on physical violence. In the year ending March 2025, emotional abuse was the most prevalent form of domestic abuse reported since the age of 16, affecting approximately 18.1% of people aged 16 years and over. Threats and economic abuse were also reported at substantial levels⁽¹⁾. These findings are relevant to psychological wellbeing because persistent emotional abuse, intimidation and economic control can undermine an individual's independence, security and ability to make decisions.

Domestic abuse can also interact with other forms of vulnerability. A person experiencing abuse may simultaneously experience financial insecurity, housing instability, social isolation and mental-health difficulties. Consequently, psychological recovery cannot always be achieved through counselling alone. Effective support may require safety planning, legal assistance, housing support, financial advice, advocacy and access to mental-health services.

5.2 Effects on Children and Young People

Children should be regarded as affected individuals within families experiencing domestic abuse rather than merely as witnesses to violence. The statutory guidance associated with the Domestic Abuse Act 2021 specifically recognises children as victims of domestic abuse in their own right⁽²⁸⁾. Exposure to violence or coercive behaviour within the family can affect children's emotional security, relationships, behaviour and development.

Evidence concerning adverse childhood experiences further illustrates the long-term importance of abuse during childhood. The ONS reported that, in the year ending March 2024, an estimated 13.6 million adults in England and Wales had experienced some form of abuse before the age of 18. Those who reported childhood abuse were more likely to report low life satisfaction than those who had not experienced childhood abuse. The same ONS analysis found that adults who had experienced abuse during childhood were more likely to report experiencing domestic abuse during the previous 12 months⁽²⁹⁾. These findings should not be interpreted as establishing a simple causal relationship, but they demonstrate an important association between adverse childhood experiences and later wellbeing.

Children may respond to domestic abuse in different ways. Some may experience anxiety, withdrawal, emotional distress or difficulties at school, while others may demonstrate anger, aggression or other behavioural changes. Some children may also attempt to protect a parent or siblings, placing them under considerable emotional pressure. Therefore, safeguarding responses need to consider both immediate safety and longer-term developmental and psychological needs.

5.3 Effects on family relationships and family wellness

Domestic abuse can undermine the relationships that normally provide emotional and practical support within families. Fear, surveillance, isolation and controlling behaviour can restrict victims' contact with relatives, friends and community networks. This can increase dependence on the perpetrator and make help-seeking more difficult.

Family wellness should therefore be understood as more than the absence of physical violence. It includes psychological safety, stable relationships, adequate housing, financial security, social support and access to appropriate health and social services. Domestic abuse can negatively affect several of these dimensions simultaneously. This supports the argument for an integrated approach in which physical safety, psychological wellbeing and social circumstances are addressed together.

5.4 UK Safeguarding and Service Provision

The UK has developed a substantial network of services intended to identify, protect and support victims of domestic abuse. In England, the Domestic Abuse Act 2021 established a statutory framework and the associated statutory guidance provides guidance for organisations working with victims, children and perpetrators⁽³⁰⁾. Safe accommodation, specialist domestic-abuse services, healthcare, social care, policing, housing and voluntary-sector organisations all have roles in responding to domestic abuse.

Independent Domestic Violence Advisers (IDVAs) provide specialist advocacy and safety planning for victims at significant risk. More recently, the Independent Domestic Violence Adviser Statutory Guidance, issued in 2025 under the Victims and Prisoners Act 2024, established clearer expectations concerning the IDVA role, training and collaboration with other professionals⁽³¹⁾. This development indicates continued efforts to strengthen specialist support and improve consistency in service provision.

Multi-Agency Risk Assessment Conferences (MARACs) are another important component of the safeguarding response. Government guidance describes MARAC as a multi-agency process for supporting adult and child victims assessed as being at high risk of serious harm or homicide. Relevant agencies can include the police, IDVA services, housing, children's services, probation, health, mental health, substance-misuse services and adult social care⁽²⁶⁾. The purpose of this approach is to ensure that no single agency has to manage the complete risk picture independently.

5.5 Refuge and Safe Accommodation Services

Safe accommodation is particularly important when remaining in the family home presents an ongoing risk. The Domestic Abuse Act 2021 introduced statutory duties in England concerning the provision of accommodation-based domestic-abuse services. Government guidance recognises refuges as a core element of the housing response and emphasises their importance for victims, including children, who cannot safely remain at home⁽³⁰⁾.

However, the availability of accommodation does not automatically guarantee accessibility. Victims may face difficulties relating to geographical location, disability, mental health, financial circumstances, childcare responsibilities or other forms of disadvantage. Consequently, service planning needs to be based on local assessments of need rather than assuming that a uniform service model will meet the needs of every population.

5.6 Barriers to Accessing Support

Although specialist services exist, victims may not seek assistance or may experience difficulties obtaining appropriate support. Fear of retaliation is a major barrier, particularly where the

perpetrator continues to exercise control following separation. Shame, stigma, financial dependence, concern for children, housing insecurity and lack of confidence in services may also influence disclosure.

The problem is further complicated by the fact that domestic abuse can involve multiple forms of control. Economic abuse, for example, can make it difficult for a victim to leave because the perpetrator may restrict access to money, employment or financial resources. Emotional abuse and social isolation can similarly reduce a person's access to informal support networks.

These barriers demonstrate why early intervention cannot depend entirely on victims making formal reports. Health professionals, social workers, teachers, housing professionals and other frontline workers may be in important positions to identify signs of abuse and provide information about available support. Such professionals require appropriate training to respond safely and sensitively to disclosures.

5.7 Multi-agency Working and Coordination

Effective intervention requires cooperation across organisational boundaries. Domestic abuse can simultaneously involve criminal justice, health, housing, child protection, adult social care and specialist voluntary services. Government guidance explicitly identifies multi-agency working as an important component of the response and emphasises cooperation between statutory agencies and the voluntary sector⁽³⁰⁾.

MARAC provides one example of structured multi-agency working. Nevertheless, coordination can remain challenging because agencies operate under different statutory responsibilities, professional frameworks, information systems and resource constraints. Fragmented services can result in victims having to repeatedly explain their circumstances to different organisations. Greater continuity and information sharing, subject to appropriate safeguarding and data-protection requirements, could help reduce this fragmentation.

5.8 Data Quality and Service Planning

An important issue identified by the recent evidence is the measurement of domestic abuse. The ONS revised its domestic-abuse survey questions from 2024, producing improved measures but also limiting direct comparisons with previous years^(1,2). This illustrates a broader methodological challenge: reliable and consistent data are essential for estimating need, monitoring trends and allocating resources.

The distinction between survey data and police-recorded data is also important. Police records measure incidents and crimes that come to police attention and therefore should not be interpreted as a direct measure of prevalence⁽¹⁾. Survey data can capture experiences that may never have been reported to authorities, but they are subject to their own methodological limitations. Using both sources, while recognising their differences, provides a more comprehensive basis for policy and service planning.

5.9 Implications for Family Wellness and Practice

The evidence suggests that effective responses to interpersonal violence need to move beyond crisis intervention towards integrated, long-term support. Immediate safety remains essential, but victims may also require psychological support, housing, financial assistance, legal advice,

advocacy and support for children. Services should therefore be designed around the multiple and interconnected consequences of abuse.

Trauma-informed practice is particularly relevant because many victims have experienced prolonged fear, loss of autonomy and psychological distress. Professionals should provide safe and respectful opportunities for disclosure and avoid approaches that unintentionally increase feelings of powerlessness. At the same time, interventions should recognise that victims have different circumstances and support needs.

Children also require specific consideration. Since the statutory framework recognises children as victims in their own right⁽²⁸⁾, safeguarding responses should assess their individual experiences rather than assuming that protecting the non-abusive parent automatically resolves their needs. Access to appropriate therapeutic, educational and social support may be necessary to promote recovery and resilience.

Overall, recent UK evidence demonstrates that interpersonal violence and domestic abuse have substantial implications for psychological wellbeing, family relationships and wider social and health outcomes. Current evidence indicates that domestic abuse affects millions of people, while children can experience both immediate and longer-term consequences associated with exposure to abuse^(1,29). The UK has established important safeguarding and support mechanisms, including MARACs, IDVAs, refuges and multi-agency services^(28,30). Nevertheless, challenges remain concerning accessibility, coordination, resources and the consistency of data.

The evidence therefore supports an integrated model of family wellness in which safety, psychological recovery, housing, financial security, child wellbeing and social support are addressed together. Strengthening coordination between statutory and voluntary organisations, maintaining sustainable specialist services, improving data collection and ensuring that services are accessible to diverse groups are important components of an effective response. The continuing development of statutory guidance, including the 2025 IDVA guidance, demonstrates ongoing efforts to strengthen the support framework⁽³²⁾. However, the effectiveness of these arrangements ultimately depends on their consistent implementation and the availability of appropriate services at local level.

Domestic abuse is one important form of interpersonal violence, but interpersonal violence can also include child abuse, sexual violence, elder abuse and violence occurring in other interpersonal relationships. The discussion above therefore focuses mainly on domestic abuse while incorporating evidence concerning childhood abuse and family wellbeing.

6. Future of This Research

Future research could further explore the long-term impact of domestic abuse on families in the UK, particularly the psychological, social and economic consequences for victims and children. Further studies could examine how these impacts change over time and how effectively existing support services respond to the different needs of families. There is also scope for more comparative research across different regions of the UK to identify variations in the availability, accessibility and effectiveness of domestic abuse support services. Research could also investigate the experiences of groups who may face additional barriers to accessing support, including those experiencing financial difficulties, social isolation or limited awareness of available services.

Future studies could make greater use of primary research, such as interviews and surveys with survivors, support workers and relevant professionals, alongside existing academic literature. This could provide a deeper understanding of the practical challenges faced by families and help identify areas where current policies and services could be improved.

If this research were undertaken again, an earlier and more systematic literature search would be beneficial. Including a wider range of recent comparative UK studies and primary research could strengthen the critical analysis and provide a broader evidence base. Overall, future research should continue to examine how policy, support services and community-based interventions can work together to improve outcomes for families affected by domestic abuse.

7. Conclusion

This study critically evaluated the impact of interpersonal violence, particularly domestic abuse, on individuals and families in the United Kingdom and examined the effectiveness of existing health, social care and safeguarding support services. The evidence demonstrates that domestic abuse is a substantial public health and social-care issue with wide-ranging psychological, social, economic and physical consequences. Its effects extend beyond individual victims to children, family relationships and wider community wellbeing. Children exposed to domestic abuse may experience emotional, behavioural and developmental difficulties, highlighting the importance of recognising them as victims in their own right.

The study also identified that the UK has established important safeguarding and support mechanisms, including MARACs, IDVAs, refuge services and multi-agency interventions. These services can contribute to risk identification, safety planning and victim support. However, their effectiveness is affected by geographical inequalities, limited resources, inconsistent professional training, fragmented inter-agency communication and differences in local service provision. Consequently, the availability of a national safeguarding framework does not always result in consistent or timely support for all families.

Multiple barriers continue to prevent victims from accessing appropriate services. Fear of retaliation, stigma, financial dependence, housing insecurity, social isolation, limited awareness and difficulties faced by Black and minoritised communities can delay disclosure and intervention. The findings therefore indicate that responses to domestic abuse should extend beyond crisis intervention and address the interconnected needs of safety, psychological recovery, housing, financial security, legal assistance, social support and child wellbeing.

Overall, the study supports the need for a coordinated, trauma-informed and family-centred approach to domestic abuse. Stronger collaboration between health, social care, housing, policing and voluntary-sector organisations, together with sustainable specialist services, improved data collection and equitable access, could strengthen the national response. Future research should further examine regional differences and the long-term experiences of survivors and families, while incorporating primary research to complement existing literature. Ultimately, consistent implementation of policy and accessible, integrated services at the local level remain essential for improving outcomes and promoting long-term family wellness among those affected by domestic abuse.

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