



Cafcass Domestic Abuse Practice Guidance

A structured approach to risk assessment of domestic abuse in the family court

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Introduction to the Domestic Abuse Practice Pathway

The Children Act 1989 and the Family Procedure Rules provide the legislative foundation for Cafcass to undertake any family intervention or assessment. Cafcass also has detailed policies and procedures which guide our work. Our role is to prioritise the voice of the child at the centre of family proceedings and to understand their lived experience in order to provide clear and well reasoned recommendations to the court.

The Cafcass domestic abuse (DA) practice guidance now consists of a Practice Pathway and this complementary, overarching guidance document. The Practice Pathway assists the practitioner to conduct an evidence-based risk assessment focussing on child impact which supports professional judgement and should be used in all cases where domestic abuse is a feature. The Practice Pathway can be used independently as a specific practice tool, or referred to within assessments using the Cafcass Child Impact Assessment Framework. It is grounded in the principles of the Cafcass 'Together' Framework (due for launch in 2021). The Practice Pathway has been updated and refreshed bringing it in to line with current thinking, research and legislation, and integrates both internal and external learning. The Practice Pathway and the final iteration of this guidance have both been produced with feedback from an internal reference group including FCAs and Practice Supervisors, as well as partner agencies including the Family Justice Young People's Board.

Domestic abuse takes many forms across a wide spectrum of behaviours and can feature in any intimate partner context, including separated relationships. It is recognised that all genders can be both victims and perpetrators and this guidance has been written to reflect this understanding, and with the knowledge that women and girls are disproportionately affected. Coercive and controlling behaviour in particular is overwhelmingly a male to female abusive dynamic involving power and control and is therefore highly gendered.

- ⇒ [Cafcass Policies and Procedures](#)
- ⇒ [Children Act 1989](#)
- ⇒ [The Family Procedure Rules](#)
- ⇒ [Home office guidance on coercive and controlling behaviour](#)
- ⇒ [Practice Direction 12J](#)

A note on language: Throughout this document we have used the words 'victim' and 'perpetrator'. Some agencies might also talk about 'survivors', 'the abusing parent', or 'the protective parent'. These are all legitimate uses of language where there are findings, admissions or other evidence of known abuse. We must use our language more cautiously, however, if the facts are disputed between the parties and have not yet been determined by the court. In these circumstances it is appropriate to preface the descriptors 'victim' or 'perpetrator' with 'reported', 'alleged' or 'presenting'. We should sensitively explain to parents why we are writing in this way, and be clear that it is not our intention to diminish or undermine their experiences.



Domestic Abuse Risk Assessment

The underpinning aim of risk assessment is to understand the issues which could cause harm and provide reasoned evidence to make safe decisions. Domestic abuse risk assessment is bespoke to each individual family and child, but should always follow the same structured process which is transparent to families and to the court. It is therefore important to have the consistency of a strong practice model which is used across the organisation, as a foundation for skilled professional judgement. The Domestic Abuse Practice Pathway, which is now embedded across Cafcass practice, has been refreshed whilst remaining familiar to practitioners.

Cafcass has identified five stages for the risk assessment of domestic abuse, which are set out below. Each stage corresponds to good practice points within the Domestic Abuse Practice Pathway which guide the practitioner in a systematic approach to assessment.

Five stages of domestic abuse risk assessment

1. To identify the nature, severity/ impact and duration of the abuse which the child has experienced.
2. To identify with whom the child feels and is, emotionally, physically and psychologically safe.
3. To assess the harm and impact of the domestic abuse on each individual child using a risk and strengths based approach.
4. To assess the likelihood of continued harm from domestic abuse and the seriousness and impact if this were to happen.
5. To provide the court with a clear, evidence-based and well-reasoned onward recommendation in accordance with the child's best interests.

The above stages are compatible with both work to and work after the first hearing in private law proceedings.

The assessment stages reflect the importance of the lived experiences of each family member and on the holistic wellbeing of the child, both now and in the future.



Key practice guidelines for practitioners using the Domestic Abuse Practice Pathway

Safeguarding at Work to First Hearing stage

Screening for domestic abuse begins at the application stage and information contained within the C100 and court papers becomes the foundation of onward assessment and reporting to court. It is important to identify at the earliest possible stage, any risk to the child/ young person, any identified victim and to clarify those protective agencies who may be involved. These early indications of harm begin the golden thread of assessment and should be visible throughout the work with the family. Safeguarding letters will contain:

- A synopsis of the parties' concerns using evidence from the application, safeguarding checks and from the telephone enquiries.
- An interim analysis based on what is currently known.
- Advice on any gaps in information and what the court may need to know to assist determination of a safe outcome.
- Safeguarding advice around any interim child arrangements.
- Advice to the court where appropriate, as to whether either parent requires protective measures in court, as a result of domestic abuse. These measures may include using a separate entrance/exit or sitting in a separate waiting room. Any recommendations should be made following consultation with the alleged victim (Practice Direction 12J para 10).
- Signposting information to assist the parties to access appropriate local and community services such as for [IDVA support](#) or support for the child. Record any action taken.
- Any advice for disposal, or continued work for Cafcass if this is appropriate and useful.

Safeguarding letters should also provide advice to the court as to whether a fact finding hearing may be required where there are disputed facts, or contested allegations. A fact finding hearing may provide clarity regarding the onward progression of the case and mitigate against delay. It is important to highlight the role of PD12J and refer to the [Cafcass fact finding guidance](#).

Key safeguarding principles

If there is information concerning risk to a child, or parent which the court needs to be made aware of immediately, then a risk assessment should be provided under Section 16A CA 1989. A Section 47 child protection referral to the local authority should also be considered in cases where a child is deemed to be at immediate, or significant risk of harm (refer to the [Safeguarding Policy](#)).

Where there is domestic abuse present alongside additional complex safeguarding issues such as child sexual exploitation, trafficking or gang related activity, please consult the [Cafcass Operating Framework](#) for specific guidance. Information regarding inter-agency working to safeguard children can also be found in Working Together 2018.

Cultural context is important to capture but safeguarding the child is paramount and should not be compromised or diminished in importance for any reason.



Case planning

The Domestic Abuse Practice Pathway is designed to assist a systematic and transparent approach to case planning and assessment regarding the impact of domestic abuse on the child. The Practice Pathway should be referenced in all cases where domestic abuse is a feature. Signposting for onward support is recommended.

The case plan should be clear regarding:

- How the practitioner will undertake the work ordered by the court;
- How the practitioner will respond to the issues of concern raised by the parties;
- How the practitioner will undertake the assessment of the impact on the child/young person of living with domestic abuse in their family;
- Any immediate, or continuing risk and how this will be managed.



A good case plan should include:

- A summary of the known information taken from the safeguarding letter, including the static risks, which include any current offender status and criminal history.
- Details of any contested issues.
- Information about the current arrangements for the children/young people.
- The outcome from the FHDRA which will include professional judgement of the risk of any interim orders for child arrangements.
- The work ordered by the court.
- Any identified gaps in information and clear action to address these, with timescales.
- Details of any compounding dynamic risk and complicating factors such as mental health and substance misuse; what are the support needs for each individual?
- Details regarding the process of the assessment and how the parties and the child will be kept informed.
- Which tools from the DA Practice Pathway and CIAF will be used and how each specific tool may be helpful regarding providing clarity around the nature and pattern of the domestic abuse and any compounding issues such as substance misuse and mental health.
- Meaningful consideration of cultural, identity and diversity features.
- Professional judgement and interim analysis.
- Continue forward planning including any new orders and intentions for onward assessment;
- Seek management input where appropriate.

Practice note

Static factors: Those which are factually based and cannot be changed, or addressed by therapeutic intervention, or treatment.

Dynamic factors: Those which can change through treatment, interventions or the passage of time. These include information about the person's current attitudes and beliefs.

Additional factors such as mental health issues, or substance misuse require assessment regarding the potential, or likelihood that they are outcomes of abuse. Issues of diversity which may impact on equality and inclusion should be assessed.



Safeguarding practice note

Tab A on the case plan titled 'Child Arrangements' should be clear about any current contact for children with an alleged perpetrator, so any immediate risk can be actioned appropriately.

A management alert should be considered in order to flag this risk.



Key messages for case planning

- ⇒ What has been happening for this child?
- ⇒ What is happening now?
- ⇒ What might happen?
- ⇒ What is the likelihood of continued harm
- ⇒ How serious would it be?

Interviewing the adults

It is important that all families working alongside Cafcass practitioners are aware of the Domestic Abuse Practice Pathway and how it will contribute to the assessment and a safe outcome for their child. The following guidelines are best practice suggestions for achieving a collaborative approach to interviews and maintaining focus on the children and young people involved.

- ⇒ Be clear from the outset that our primary focus is the child, or young person. Introduction letters and/or the letters of expectation contained within the CIAF can assist with this.
- ⇒ Prepare an interview plan which will provide structure and may assist gathering information concerning individual needs and requirements regarding diversity and inclusion. This should be prepared before the interviews and shared at the beginning with parents, so that they know what to expect from the session.
- ⇒ Where there is indication, or evidence that one parent is a victim of domestic abuse, it is best practice to interview this person first in order to assess risk and to ensure that any domestic abuse allegations can be appropriately challenged with the alleged perpetrator. In cases where coercive and controlling behaviour may be present, the perpetrator may attempt to control the narrative, or influence the assessment if interviewed before the victim.



- ⇒ Use appropriate tools with both parties in order to explore and cross reference differing narratives.
- ⇒ Explain the relevance of using any questionnaires and tools and why you are using them.
- ⇒ Use framing questions, so that the subject of domestic abuse is introduced sensitively.
- ⇒ Be mindful that the presentation of a victim in interview may be influenced by the trauma which they have experienced. This may be particularly evident in cases where coercive control has been a feature and confidence and self esteem may have been eroded. Victims may appear confused, or emotionally dysregulated in contrast to alleged perpetrators, who may present as calm and rational and much easier to interview. This can lead in some cases to misinterpretation of behaviour or misleading attribution of who has abused whom. Perpetrators of coercive control may try to 'groom' the interviewer, or manipulate the narrative. Where there are as yet unsubstantiated allegations, it is also important to be aware how these might affect the presentation of an alleged perpetrator.
- ⇒ It is important to establish the nature, duration and severity/impact of the abuse in order to assess impact on each individual child and contextualise interview presentation (see '[Being trauma informed](#)'). Coercive control is often misinterpreted as being less severe in impact as there may be no physical evidence, or obvious external visibility. Severity in these cases needs to be measured by assessing the impact of the tactics used to control the victim and the consequences for the child in the home. The victims perception of fear is a critical indicator.

In your interviews it is important to keep bringing the parents back to the impact of the abusive behaviour on the child. Always establish where the child was when abuse was taking place and how they behaved, children do not need to directly 'witness' abuse to be affected. You are seeking awareness of the parents' perspective in this regard to inform your assessment and also to signpost to appropriate support during, or after proceedings. Domestic abuse which features coercive control has been shown to have the most damaging impact on parenting capacity and child outcomes.

Duration and severity is important to link with harm as the damage will be cumulative and potentially long lasting.



It may also be more difficult to recognise cumulative harm as children can develop an externally resilient appearance which may seem as if they are 'coping', or achieving despite the abuse. What is more likely to be the case, is that the child has strategised a way to keep safe inside the abusive environment and the external presentation is a survival mechanism and a maladaptive behaviour has developed as a response to trauma. Children in these circumstances may require specialist counselling or support.

Nature	Pattern and Duration	Severity and Impact
<p>How has the abuse been perpetrated?</p> <p>What is the pattern of perpetrator behaviour?</p> <p>What is the victim experiencing and feeling?</p> <p>Is there a primary perpetrator? If so, who is this and how might they be identified by attitude and behaviour?</p> <p>What might be triggers for abuse to take place?</p>	<p>When did the abusive behaviour begin and when did it cease, or is it still ongoing?</p> <p>How has the pattern of abuse changed over time, did it become more frequent?</p> <p>What is happening now?</p>	<p>What has been the physical, emotional and psychological impact?</p> <p>Has the abuse escalated, or worsened in severity?</p> <p>What is the impact on the child?</p> <p>What is the victim most afraid of?</p> <p>How has the victim changed over time?</p>

Practice Note

Signposting to specialist community support such as a charity, or IDVA should be considered in all domestic abuse cases. Further information regarding available local services can be found by contacting national helplines, a list can also be found at the end of the Domestic Abuse Practice Pathway.

For additional guidance on safeguarding vulnerable adults, please refer to the [Cafcass Operating Framework](#)



Talking with the Child



The primary role of Cafcass practitioners in every case is to safeguard the child and young person and ensure that their best interests are represented within the court proceedings. In order to do this it is vital that we ascertain their wishes and feelings and balance these against their needs and the assessed risk of continued trauma or harm.

Refer to the '[Seeing children policy](#)' for further details on the expectations of when and how we engage with children.

Children sometimes have confusing and contradictory emotions about the abuse, particularly when asked to tell others about their experiences. They may feel disloyal when asked about a parent's behaviour, or worry if they are getting someone into trouble. Children may also fear consequences if they tell 'family secrets', either for themselves or for the adult parent victim. It is therefore important to triangulate what the child is telling you with observation, your own assessment and with information provided by the parents. Supporting information from external agencies will assist in forming a holistic picture of the child's world. Tools such as the Strengths and Difficulties questionnaire may be helpful to build a picture and can be found in the [CIAF](#). A day in the life of a child can be an illuminating exercise.

Assessing the impact of adult behaviours on the child is the primary reason for your interview

When working with children who have a learning disability, or other additional needs, the usual introductions and explanations of our role should be given, using methods that are consistent with the child's *receptive* communication skills such as PECS, Social Stories, or Makaton. Cafcass practitioners won't always have the specialist skills necessary to do this, so careful planning is required beforehand, drawing on the expertise of professionals known to the child such as teachers, carers, interpreters, or speech and language therapists. These same adults can also help us interpret the child's *expressive* communication, if this is a form not understood by us. It is important to remember that all children, regardless of age, or disability have a right to be seen and heard.

If during your work it becomes evident that the child has unresolved support needs, discuss with parents as is appropriate to do so and offer guidance/signposting to community resources, GP support, or counselling. If a child discloses information which requires an immediate safeguarding response, please refer to [Cafcass safeguarding policy](#) for guidance on referral to the local authority or police.

Children should not be overheard when talking unless there is an adult invited to be present. This is important both for remote working and face to face.

Be empathic and listen without making assumptions about what the child is trying to say.

Avoid using professional jargon to reframe what the child is saying. Children are unlikely to use the words 'domestic abuse' to describe their experience, so be alert to the behaviours they are describing rather than labels.





REMEMBER

Act swiftly on issues of concern using appropriate policies and procedures, record actions and supervision advice.

Plan how you will keep the child informed of actions and recommendations arising from your assessment and court hearings .

AND :

Children may feel powerless because they couldn't stop the abuse

Children may feel angry towards the non abusive parent for not protecting them

Children may feel its their fault for the parents separating

Children may feel confusion around their feeling of loss of the abusive parent

Children may feel afraid of 'others' finding out

Children may feel lonely, or isolated

Children may feel conflicted and worried at the consequences of disclosing

The [Impact on children experiencing domestic abuse document](#) from the CIAF contains further materials and references which FCAs might find useful.

Using tools in the assessment

Tools and questionnaires provide a structured base for assessment and are grouped into the two main categories of information gathering tools and diagnostic tools. Both types should be used in domestic abuse risk assessments as together they will provide a framework to help understand the experience of the child when professional judgement is applied.

It is not mandatory to use any specific tool as each family situation will be different; professional discretion should be used to determine which tools may be appropriate and should be referred to in the case plan. It may also be apparent from the screening and safeguarding information which tools are likely to be most useful.

Reminder

If there is uncertainty between high conflict and domestic abuse, the practitioner should refer to the *screening tool* which will help guide practitioners to the most appropriate assessment tools. Where it is finely balanced, or there are features of both domestic abuse and harmful conflict, we should prioritise the assessment of domestic abuse first.



As general guidance, the following principles may apply when using tools in a risk assessment of domestic abuse. Tools can be used with both presenting victims and perpetrators. It is good practice to consider sending tools to both parents in advance of the interviews, either to complete, or for awareness of their use.

1. Initial information-gathering tools

- [Background to the application tool](#)
- [Tool for reviewing family and environmental factors](#)
- [Parental concerns tool](#)

Why use these tools?

The lived experience of domestic abuse for the child needs to be framed within the dynamics of the adult behaviours and relationship. The assessment of impact on the child will then follow according to their age and stage of development and alongside each child's individual strengths and vulnerabilities. Using the above tools at an early stage will provide an overview of the history of the parental relationship and whether the parents recognise the harm caused to the child by domestic abuse. Deeper and wider lines of enquiry can be followed as appropriate to do so, for example where information regarding coercive control is disclosed.

It may also be helpful to construct a genogram, or eco map to establish the child's place in the family and wider community and use self esteem tools to triangulate information.

2. Tools which gather information on the nature, pattern, duration and severity of the abuse

- [Domestic abuse what we need to know tool](#)
- [Safe Lives DASH](#)
- [Assessment of coercive and controlling behaviour](#)

Why use these tools?

These tools focus on the specific behaviours of the perpetrator and the victim's experience. Each question can stand alone, or be supplemented as appropriate to increase the scope of the assessment. The aim is to develop an understanding regarding the pattern of perpetrator behaviour and as far as possible, interpret the typology of abuse which the child has experienced. The coercive control tool is a deeper dive into the perpetrators behaviour where early evidence indicates this type of abuse may be present. The tool should be used to establish how the abuser has employed tactics to undermine independence and entrap the abused partner over time. Evidence of impact on the child and the parenting capacity of the non abusive parent should be assessed and a risk analysis prepared in regard to the application. There is specific guidance for use of the DASH checklist available [here](#).



The delivery of Cafcass commissioned Domestic Abuse Perpetrator Programmes (DAPPs) has been severely impacted by the ongoing pandemic. Large geographical areas across England continue to have no, or limited access to DAPPs. [Interim DAPP guidance](#) has been published to assist practitioners in these circumstances, where they are considering a DAPP. When a DAPP is not available this heightens the need to explore the perpetrator's motivation and victim empathy, a new tool (based on the work of Sturge and Glaser) has been developed to assist with this. It is clear that there will be some cases where, in the absence of a DAPP, there is no potential for safe and beneficial spending time arrangements, the use of this tool may provide additional evidence for defensible decision-making and recommendation.

3. Diagnostic tools

Why use these tools?

- [Motivation and indicators regarding victim empathy tool](#)
- [Safe contact indicator](#)

The safe contact indicator can be used at any point during proceedings, providing the child's views are known, to consider the safety of any contact which might be taking place. It is recommended for use at the point of analysis to aid assessment of a safe onward recommendation to the court. This tool has its origins in the Sturge and Glaser report (130664 STURGE, Claire; GLASER, Danya (2000). Contact and domestic violence: the experts' court report. Family Law, 30, pp 615-629) which can be requested from the [Cafcass Library](#).

4. Additional tools

The additional tools such as the DoH Assessment Framework scales and self-esteem questionnaires within the [CIAF](#) should also be used where appropriate to supplement the risk assessment at any stage. These tools will address any specific issues for each adult and child and demonstrate a holistic approach to assessment. Use appropriate direct work tools with the child to obtain a really rich understanding of their lived experiences from their perspective.



The Five Stages of Risk Assessment

The stages below are a guideline for the practitioner and provides an assessment outline to maximise the use of the Practice Pathway. Each stage should be visible in the planning of the case and fundamental to ensuring that the lived experience of the child can be captured. The tools can be used at each stage as appropriate and will assist the formation of a safety plan around a child arrangements plan. The stages follow through into the Practice Pathway.

Assessment Stage 1

To identify the nature, severity/impact and pattern/duration of the abuse which the child has experienced;

Assessment Stage 2

To identify with whom the child feels and is, emotionally, physically and psychologically safe;

Assessment Stage 3

To assess the harm and impact of the domestic abuse on each individual child using a risk and strengths based approach;

Assessment Stage 4

To assess the likelihood of continued harm from domestic abuse and the seriousness and impact if this were to happen;

Assessment Stage 5

To provide the court with a clear, evidence based and well reasoned onward recommendation in accordance with the child's best interests.



Challenging potentially unsafe court orders

Cafcass respects the authority of the court, it is our role to carry out work as directed during proceedings. Sometimes the court will depart from our recommendations. Providing the court is in receipt of all relevant evidence and sets out its reasons for departing from our recommendations this is a legitimate divergence and one which Cafcass must accept and work with.

There may however be occasions where the work the court directs us to do, brings us into conflict with our wider social work values and professional standards – namely where we are asked to progress, observe, endorse, or report on arrangements that we have assessed as being potentially unsafe - or where the court has made findings that the child has not experienced domestic abuse, when our direct work with the child indicates that they have.

In these circumstances the FCA should seek situational supervision as a matter of urgency. The service manager should carry out a review of the case file and then determine which of the following options are most appropriate:

Method	Points to consider
16A risk assessment	This should only be used where there is new information not already before the court.
Manager's letter to court	This should be drafted in a courteous, respectful tone clearly setting out Cafcass' concerns for the safety of the child/ren with some constructive suggestions for next steps.
Appeal (16.4 cases only)	Where the child is joined as a party the child's legal representative should be consulted to consider whether there are grounds for appeal.
Child protection referral	This option should be considered in combination with any of the above options and should always be made in reference to the safeguarding policy.

It is Cafcass' experience to date that the court will usually work in partnership with the FCA and parties to then find a safe and appropriate way forward. If, however, the court rejects our challenge and insists on the original arrangements then we must defer to this. In these circumstances the FCA should clearly record on the case file what steps were taken to challenge the court order on behalf of the child, for the child to read in the event they access their files in future. Seek legal advice as appropriate.

In a small number of cases it may be necessary for local managers (ideally the Head of Practice, or Assistant Director) to escalate matters to the relevant Designated Family Judge. This might be where there is a risk of significant harm to a vulnerable adult or child, or where a court direction poses a serious risk to staff safety.



Coercive and Controlling behaviour

Coercive behaviour is an act or pattern of acts, or assault, threats, humiliation, or intimidation, or other abuse that is used to harm, punish, or frighten their victim.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacity for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive and controlling behaviour does not relate to a single incident. It is a purposeful pattern of controlling tactics which take place over time and are designed to create a climate of fear and establish isolation and confusion in the victim.

Coercive Control has a pervasive effect on children and is damaging to their emotional, psychological and physical health and the longer they have lived it, the greater is the likelihood of long term harm. Children live the experience as victims in their own right and impact is often hard for them to articulate, or explain so there needs to be a trauma focussed approach to interviewing and direct work. Some victims may not know that they are in an abusive relationship and have been groomed to believe that their abusers behaviour is normal, or is their fault. The below may be present in cases to a greater, or lesser degree, but nearly always escalates in severity.

- ⇒ The perpetrator seeks total power and control and will employ strategic behaviours such as humiliation, excessive monitoring and micromanagement of daily activities, accompanied by threats and assaults in order to achieve compliance.
- ⇒ The victim will be increasingly deprived of basic needs and rights and eventually may lose all sense of self. Behaviours can vary in each case and perpetrators will use individual, planned targeting techniques which are designed to have maximum impact on the victim.
- ⇒ At the beginning of a relationship, coercive control can often be misinterpreted as ultra-caring behaviour with patterns such as excessive texting and financial management, which may be framed by the perpetrator as acts of love and then evolve to become instruments of control. Early consequences of challenging these acts are often punished, firstly by withdrawal of affection and ultimately by physical, or sexual violence. Boundary violation eventually becomes impossible.
- ⇒ Physical violence is not always used, or it maybe perpetrated sparingly, but it is often employed as a deterrent to enforce control.
- ⇒ Mind games such as 'gaslighting' are also employed to create a sense of unreality and self doubt so the victim becomes ever increasingly dependent on the abuser. Victims often describe coercive control as not being 'allowed', or having to ask permission, to do everyday things; and being in constant fear of not meeting the abusers expectations, or complying with their demands. The term 'walking on eggshells' is often used. In an assessment situation, perpetrators will often make counter allegations in an attempt to present themselves as a victim, therefore if coercive control is evident, the risk assessment should seek to establish whether the perpetrator is motivated by a desire for contact, or continued control of the victim.



⇒ Proceedings and multiple applications are potentially an extension of abuse by the perpetrator in these circumstances.

To establish the patterns of power and control it may be helpful to map out how the parents functioned on a daily basis in each area of the relationship and to explore who made the decisions and held the resources. This will provide an objective picture of the power dynamic and assist risk analysis. If there is ongoing fear, stalking behaviour, or recent separation, these are high risk factors and may require immediate protective action. Use of language is important when describing how the non abusive parent has sought to keep the child safe, avoiding terms like 'lacks insight' and 'failure to protect' may invalidate the experience of the victim and can be seen as attributing blame.

Coercive control and fact finding hearings



Coercive control can be difficult to evidence and often relies on a history of seemingly minor incidents which have damaging impact over time. Fact finding hearings are mainly held to determine whether something particular happened at a particular time, in a particular context and this can be counterintuitive to the presentation of coercive control. Each action may seem trivial when examined in isolation and it is therefore important that an incident based model is not used. If there are disputed issues in the case relating to coercive control which may be possible to determine as facts, then a fact finding hearing may be appropriate in order to add value to the risk and child impact assessment. It is important to emphasise that PD12J requires the court to consider what evidence is required in every context of domestic abuse to determine the facts. Legal advice should be sought if required. Where fact finding hearings are held in cases where coercive control is a feature, then that context must be applied to the presentation of the victim and alleged perpetrator in oral evidence.

Coercive control is a high risk factor for continued abuse of the victim and child post-separation. It is therefore important to consider not only the conduct of the perpetrator in the relationship, but also what has happened since separation. These tactics may continue to be present and safety planning is particularly important to consider in cases involving coercive control. The emphasis should be on ensuring that any post-proceedings contact between the parents does not permit the perpetrator to continue to exert power and control directly, or through the children.

Grooming of professionals is also a feature of coercive and controlling perpetrators and assessors need to be mindful of this potential during the case. Supervision is key where there may be indications this may be happening.





Research and more detailed information about coercive control

- [Research in practice/Safe Lives/Cafcass Impact of coercive control on young people](#)

Items below can be ordered from the Cafcass Library [here](#).

- **Five Factor Framework** ~ Katz, Emma (2019): *Coercive Control, Domestic Violence, and a Five-Factor Framework: Five Factors That Influence Closeness, Distance, and Strain in Mother–Child Relationships*.
- **Coercive control, domestic violence, and a five-factor framework**: five factors that influence closeness, distance, and strain in mother–child relationships. *Violence Against Women*, 25 (15), pp 1829–1853. 305661 KATZ, Emma (2019).
- [Beyond the physical incident model](#) ~ Emma Katz. *Child Abuse Review*, 25(1), January 2016, pp 46-59
- [Living with Coercive Control: Trapped within a Complex Web of Double Standards, Double Binds and Boundary Violations](#) ~ Torna Pitman. *British Journal of Social Work*, 47 (1), January 2017, pp 143-161
- [Children experiencing interparental coercive control](#) ~ Lauren Smith. *Iriss*, March 2018, p32
- [Dr Jane Monkton-Smith's timeline for domestic homicide](#)

Coercive control as a crime

In December 2015, coercive control became a prosecutable crime in its own right under Section 76 Serious Crime Act 2015. For further information please click [here](#).





Children's experiences of coercive control

Coercive and controlling behaviour is targeted abuse and individual to each victim, it is therefore important to seek to understand how each child is affected by living within the specific abusive environment. Research shows that children experience the perpetrator's controlling behaviour in the same way as the abused parent i.e. they are equally victims and suffer similar physical, emotional and psychological impacts. Children will also directly experience abusive behaviours such as isolation, deprivation of basic needs and economic abuse. These consequences can affect not just their daily lives but can have a forward negative impact into adolescence and adulthood. Damaging effects are cumulative and increase in impact severity the longer the child is living in the abusive home. The risk analysis should take into account the ways in which the child may also have been manipulated and controlled by the perpetrator in order to make sense of their wishes and feelings.

Examples of ways children may be directly involved in the abuse:

- The child being used as a 'tool' in the abuse, possibly being directly harmed, or threatened, in order to instil further control of the victim;
- The child being intentionally influenced against the non-abusing parent in order to create distress and embed control;
- Perpetrators may involve the child directly in the abuse of the adult victim;
- Perpetrators may undermine the victim in front of the children thus rendering them 'weak' in the child's eyes when they are seen to accept abuse;
- Children acting as intervenors and attempting to prevent assaults.

Examples of how children might behave in controlling homes include:

- Modifying their own behaviour to please the abusive parent, for example by being overly compliant at home and/or striving to be high achievers at school. These children often do not display outward signs of trauma;
- Using appeasement, or deflection strategies to mitigate the abuse to the victim;
- Managing their space within the home so they are not visible;
- Hypervigilance regarding reading body language, or changes in mood and atmosphere;
- Forming an alliance with the abuser to please them as a coping strategy to stay safe;
- Be unable to disclose due to threats of harm;
- Older children may absent themselves from the home, or engage in risk taking behaviour;
- Some children will become intervenors and try to stop the abuse;
- Making up a different reality outside the home to friends and family.
- A critical analysis of the impact of coercive control is required in order to reach a clear, well-reasoned judgement about the benefits of promoting an ongoing relationship with the abusive parent through an order. In some cases, perpetrators may use the courts to perpetuate control and motivation should be explored before making a recommendation. Assessment should consider the relationship between the child and each parent in order to establish whether there is a meaningful basis for any contact and balance the child's view with their long term best interests. Impact on the non abusing parent with supporting contact should be a factor for consideration within the safety planning tool in accordance with PD12J.





Typologies of domestic abuse behaviour

There are several underpinning theoretical models which identify and categorise domestic abuse; the main approaches are discussed below. Typologies involve differentiation between groups of perpetrators and behaviours which can then be used to match any appropriate intervention to need and assess risk with a greater contextual nuance. The benefit of this approach for the child is to reflect the reality that abusive behaviours within intimate partner and family relationships vary widely.

When undertaking an assessment of impact on the child of their lived experience, it is vital to have a clear understanding whether for example, the child has been immersed in a coercive and controlling environment, or witnessed a distressing abusive incident at the point of separation. Both examples and many others come under the umbrella of domestic abuse and the risk to the child should be assessed from that individualised context. Impact on the child is not linked to any one typology and children will experience trauma in all situations where abuse is present.

The key message is that each case requires a bespoke risk analysis which brings to life the experience of the child. Using a typology approach also allows compounding risk factors such as adult mental health and substance misuse to become more meaningful, as the context of use is clearer. The child's individual characteristics, resilience factors and history of trauma will also impact on the outcome of the risk assessment and safe planning for child arrangements.

Examples of typology research

Michael Johnson (2008) is considered to be the most influential and accepted researcher on the subject of domestic abuse typologies. Johnson outlines three main types of contextual behaviours which vary in patterns of control (for research articles regarding Johnson and Kelly and Johnson typologies please request library articles):

- **Coercive Controlling Violence (CCV) also known as Intimate Terrorism**

CCV refers to a pattern of emotionally abusive intimidation, coercion, and control, sometimes combined with physical violence which is perpetrated against an intimate partner (Kelly & Johnson, 2008). It refers to a pattern of control and manipulation by a partner against their intimate partner. A person controls their spouse's actions, relationships, and activities. The coercive partner keeps the victim under surveillance, and failure to follow the rules established by them often results in punitive action (Beck et al., 2013; Kelly & Johnson, 2008). Major forms of abuse, as shown in the **power and control wheel** (see [Appendix B](#)) include intimidation, emotional abuse, isolation, minimising, denying, blaming, use of children, asserting male privilege, economic abuse, and coercion and threats. Johnson maintains that the abuser may use one or a combination of several tactics to keep the victim under control (Johnson, 1995). In heterosexual relationships, CCV is most often perpetrated by men (Johnson, 2006).



Note: Little systematic research has been undertaken on women's use of CCV, but some studies have identified women as perpetrators of this type of violence in both heterosexual and same sex relationships (Beck et al., 2013; Hines, Brown, & Dunning, 2007; Migliaccio, 2002; Renzetti, 1992). More evidence is also emerging across the sector regarding male victims of this typology of abuse, perpetrated by women.

- **Violent resistance**

This refers to violence used by the victim to resist violence from a coercive controlling partner either as self defence, or retaliation. Pre-emptive assaults also feature where a woman has expectations of imminent abuse. Domestic Homicides by females to males often fall into this category when the relationship history is explored.

- **Situational couple violence (SCV)**

This is abuse and violence which occurs when arguments escalate into emotional and often physical violence and abuse and is in response to particular situations and/or stressors. There is an inability to manage conflict and involves both women and men as perpetrators and victims. Abuse can be chronic and severe, with alcohol often featuring as a catalyst for escalation. The control element fluctuates within the incident itself and is not part of a coercive dynamic (*see the explanatory table on the next page for further details*).

Johnson also identifies two further typology categories:

- **Separation instigated violence**

Abuse which occurs in the context of separation and does not continue afterwards. There is no pattern of control or previous abuse.

- **Mutual violent control**

Both partners engage in coercive controlling abuse.

Note on typologies

Typologies are a useful tool and may offer a route to greater understanding of the intimate partner relationship. When this approach is used, it is important to recognise that situational couple violence and abuse is not a 'lower' form of risk and each child will be individually affected and impacted by frequency, duration and severity across all typologies.

It is also important to emphasise that coercive control is overwhelmingly perpetrated by men against women and is therefore highly gendered.



Table for recognising Situational Couple Abuse (Johnson) and points of caution NOTE: It is important to guard against making early assumptions regarding whether the abuse is situational in nature. Early indications may be misleading regarding perpetration. Expressed fear is a critical indicator.

Situational couple violence – power dynamic	Recognising Situational Couple Violence	Points to consider
No persisting imbalance of power in the relationship	<p>Where a pattern of coercive control is absent, behaviours may be evident either as an incident or as a relational pattern, examples as below but not limited to:</p> <ul style="list-style-type: none"> • There has been repeated violence and the instigator of violence varies. • There has been an incident of violence which is not part of a pattern and may be related to specific context, or event • High or persistent mutual verbal abuse, violence instigated and inflicted by both partners, shifting patterns of control. • Neither partner is significantly restricted in their choices, or fearful of the other in everyday life • Physical and emotional impact on either partner is not clearly asymmetrical. • Violence can on occasions escalate to become chronic and severe. • Alcohol can play a significant role in SCV as a source of conflict which leads to escalation of violence/abuse. 	<ul style="list-style-type: none"> • Situational couple abuse/violence may be low, or high risk as the frequency, severity and impact on adults and children as well as the context need to be assessed. The impact and consequent risk may fall anywhere along a continuum of severity from verbal arguments and/or involving minor acts of violence by each partner, to ‘mutual combat’ involving severe violence by each partner. It is therefore important to be clear as to the frequency and pattern of incidents in the relational context • Persistent ‘low-severity’ abuse is very likely to cause significant emotional harm to children who have to live with this, and violence that carries a high risk of severe harm can still be used in a context where neither partner has (yet) established a pattern of control over the other. • Women are as likely as men to engage in SCV but impact on women (when committed by men) tends to be much larger (due to physical size etc) in terms of physical injury as well as fear and psychological consequences • Some who are experiencing quite severe violence and abuse will deny victim status because they do not want to feel like a victim. • Perpetrator may make allegations to deflect from his role as instigator of the abuse

Johnson, M.P. (2008). *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Boston: North-eastern University Press. These are modified items from the Psychological Maltreatment of Women Inventory (Tolman, 1999)

Michalski J (2004) Making Sociological Sense Out of Trends in Intimate Partner Violence: The Social Structure of Violence Against Women *Violence Against Women* 10 (6) 652-675

Some additional notes regarding a victim of coercive control who is using violence and abuse as a defence:

- Violence is a response to perpetrator’s violence/ coercive control
- Perpetrator will present this as mutual – “she gives as good as gets”. Identify not by who initiates the abusive violence but who ends it and who is most scared and at risk.
- Allegations of violence by a parent, but information about the context of assaults indicates that this took place in a context of fear and threat. Victim (generally female) often accepts responsibility, can be self-blaming. This kind of violence can be severe in situations of imminent, or sustained threat to the victim, may involve use of a weapon to compensate for superior size/strength of perpetrator.
- Where the victim has been subject to sexual abuse and psychological control this may not be disclosed and therefore the victim’s behaviour looks like situational couple violence, as the underlying threat is not visible.



Additional typology research

Miller and Meloy's Typology

Suzanne Miller and Michelle Meloy studied 95 female offenders who had been ordered to attend treatment programs as part of their probation following conviction for a domestic violence offense (Miller & Meloy, 2006). They explored the context of Intimate Partner Violence and proposed three categories of abusive women, which included generalised violent behaviour, frustration response, and defensive behaviour:

- **Generalised Violent Behaviour**

This category referred to the women who were generally violent in their life in and outside family life. However, these women did not exert control over their intimate partners; the victims did not fear them nor change their behaviour out of a sense of intimidation – responses that would be typical in a scenario with female victims abused by men.

- **Frustration Response Behaviour**

Women in this category were those who responded to stressful situations in relationships with abuse. These women had a history of experiencing abuse from their current, or former partner and had responded with violence after trying other measures. However, the use of violence by these women did not change their partner's abusive behaviour, or the power dynamics of their relationship and often led to mutual abuse, violence and escalation.

- **Defensive Behaviour**

Women in this category were those who used violence as a form of self-defence. They used violence in situations where they knew their partner was about to become more abusive, or in an attempt to get away. Most of these women used violence in order to protect their children.

Note: There are clear limitations to this study due to the sample size, as such it should be used/ referred to with caution.

Further research articles which may be helpful

Hester, M. (2013) 'Who Does What to Whom? Gender and Domestic Violence Perpetrators in English Police Records', *European Journal of Criminology*, 10: 623- 637. 30

Dobash, R.P. and Dobash, R.E. (2004) 'Women's violence to men in intimate relationships. Working on a Puzzle', *British Journal of Criminology*, 44(3), pp. 324–349, p. 341

Hester, M., Jones, C., Williamson, E., Fahmy, E., & Feder, G. (2017) 'Is it coercive controlling violence? A cross-sectional domestic violence and abuse survey of men attending general practice in England.' *Psychology of Violence*, 7(3), 417-427. (From a sample of 707 men.)



Working with Trauma

Being trauma informed: Applying sensitivity to practice

Trauma informed organisations are responsive to trauma and understand the ongoing impact on adult and child victims. The dynamics of power within systems can sometimes mirror the abusive environment for the victim, but this can be mitigated by sensitive and appropriate processes and procedures which prioritise safety from the victims perspective. In practice, this means our work with families should adhere to the following three key principles:

1. What happened to you?

This question is at the heart of trauma informed information gathering and should be the context in which professional judgement is applied. Ensuring physical and psychological safety during interviews is the foundation to being able to capture the stories and histories which will drive the impact assessment. Providing victims with information about trauma responses may assist them to learn about why they may feel and behave as they do and potentially encourage self referrals for therapeutic support or advocacy. Examples of trauma informed questions might be:

- ⇒ Ask about ways in which they may feel differently about themselves
- ⇒ Ask if they are having any concerning feelings, or thoughts
- ⇒ Ask about the impact of domestic abuse on their emotional well-being and mental health.
- ⇒ Discuss the role of culture, faith and community in their life
- ⇒ Talk about how their experiences of abuse can affect responses to children as a parent
- ⇒ Ask if the abusive partner interfered with past mental health treatment or medication.

2. Sharing power

Domestic abuse victims, particularly those who have experienced coercive control have often been disempowered by perpetrator power and control tactics. This calculated assault has a significant impact on victim confidence and independence, both of action and of thought. Ensuring the assessment process feels safe, is open, honest and transparent will provide a base for a collaborative working relationship and mitigate against victims feeling further traumatised within the system.

3. Promoting safe positive change

Trauma informed practice requires the practitioner to recognise how the working relationship can itself be a helpful tool to assist victims move forward. Our interventions may be brief, but are potentially powerful with regard to bringing trauma impact into focus for the victim and potentially encouraging self referrals for community support. Assisting victims to recognise their own strengths and resilience within the assessment process can grow self esteem and promote self-confidence and independence.





Further reading

[Trauma-informed practice knowledge bite](#) UK Gov (2018)

[Understanding and Use of Trauma Informed Practice](#) Howes, N (2016)

[Adversity and Trauma Informed Practice: A guide for professionals working on the front line](#)

The Importance of Strengths and Resilience

Children are affected differently by domestic abuse depending on many factors including age, gender and developmental capacity. It is important to balance a risk assessment with any mitigating effects of strengths and resilience of each individual child and situation. There are direct work tools and resilience questionnaires within the CIAF, which will assist the practitioner to form an holistic view of the child's capacity to manage adversity and highlight specific vulnerabilities and strengths. The resilience/ vulnerability matrix is also a useful assessment tool.

There is a comprehensive guide to protective factors by developmental age in the appendix.

A useful framework is provided by Daniel and Wassell 2002 which can be expanded during assessment to take into account each individual situation. Resilience can be enhanced if the following is present.

Intrinsic factors

- A secure base: The child feels nurtured and trusts at least one other person and is able to feel a sense of security and safety. This person, or place may be outside the home, but important to the child.
- Good self esteem: The child has a sense of identity and is able to recognise intrinsic strengths in themselves despite living in an abusive environment
- A sense of having some control in some areas of their lives and the potential for self efficacy

Extrinsic Factors

- Access to wider supports and a sense of community belonging
- Positive education or social experiences and opportunities
- A lack of poverty and destitution



ACES: Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) is the term used to describe traumatic experiences before the age of 18 that can lead to negative, lifelong emotional and physical outcomes. Children who live within traumatic situations for a prolonged time become subject to 'toxic stress' which alters the architecture of the brain and affects cognitive and emotional functioning. Toxic stress means that the brain is flooded with adrenalin and cortisol on a regular basis as a 'fight, or flight' response to fear-inducing situations. Eventually this survival response becomes the brain's normal way of functioning when responding to real, or perceived threats which in children can affect self-regulation and behaviour. The negative effects of toxic stress can include long-term developmental, physical and mental health consequences which are exacerbated where there is no protective adult for the child. Understanding the physiological and psychological consequences of trauma is fundamental to interpreting child and adult behaviour and responses.

Domestic abuse is one of 10 identified adverse experiences noted to have a detrimental effect on life outcomes. Research has demonstrated that the risks are likely to increase with each adverse experience. Children who live with domestic abuse and additional compounding risk factors are statistically more likely to develop negative social, emotional and health issues as adults. The 10 Aces are below.

NOTE: It is important to highlight that a child's life trajectory can not be predicted on any single criteria, or research base and the presences of ACEs should be balanced with strengths and resilience factors for every individual. The list of ACEs should not be used as a checklist, or screening tool to be used on a standalone basis to demonstrate trauma.

White et al (2019) All the ACEs: A chaotic concept for Family Policy and decision making? In Social Policy and Society 18 –3

Arbelour et al (2019) Adverse Childhood Experiences Tackling Violence Against Women and Girls. The need for an equally informed safe approach to ACEs

ABUSE

- Physical
- Sexual
- Verbal

NEGLECT

- Emotional
- Physical

GROWING UP IN A HOUSEHOLD WHERE:

- There are adults with alcohol and drug use problems
- There are adults with mental health problems
- There is domestic abuse
- There are adults who have spent time in prison
- Parents have separated



Safety planning for a child arrangements order



Our risk assessment will lead to a recommendation to the court as to how the best interests of the child can be represented in an order. The recommendation needs to flow from the evidence as to how the child will be kept emotionally and physically safe when the terms of the order are put into practice. The following safety checklist will assist the practitioner to be clear to the parents and the court what checks and balances have been considered before the recommendation was made.

1. **The safe contact indicator has been employed and referenced appropriately and includes analysis and interpretation of the outcome.** The safe contact indicator is able to be used at any point in proceedings, providing the child's views are known, when considering child arrangements. The originating Sturge and Glaser report can be requested from the Cafcass Library.
2. **Has there been consideration of whether a bridging intervention is required in order to promote and improve the relationship and/or to achieve safe and beneficial contact?**
The type of intervention which might be considered could be:
 - Improving Child and Family Arrangements Service (ICFA - formerly CCIs) - see the [NCT](#) pages for details).
 - Counselling or direct work with the child (which may need to be accessed/ signposting to externally).
 - Consideration can also be given to a Domestic Abuse Perpetrator Programme (where these are available). NOTE: *The Practice guidance is not yet operational and will be available as soon as possible.*
3. **Where your risk analysis indicates that the severity and likelihood of current, or future harm is low/manageable, and an intervention is not essential, it may be defensible to progress some form of spending time arrangements. However we must carefully detail how a recommendation for a final order can be managed safely. The following suggestions for safety planning may be helpful:**
 - Consider gradually building up the time the child spends with their parent. A stepped plan which offers contact at the child's pace can build confidence and security.
 - Involve children in the planning as much as is age appropriate and where it is safe to do so.
 - Consider the new Domestic Abuse Safety Planning tool available on the CIAF
 - Scheduling contact in a public place
 - Having a trusted adult to manage handovers where safe to do so
 - Drawing up a mediated agreement regarding what is acceptable behaviour, which will underpin the commitment to making the order work
 - Organising collection from school to minimise parental contact
 - Scheduling contact around activities, so the child's normal pattern is maintained
 - Involving extended family in contact arrangements where safe to do so
 - Using a handover book for parents to record any important issues and information

Whilst the above measures will work well for some parents, practitioners should be mindful that they may not be appropriate in all cases, particularly where coercive control has been a feature.



4. In cases where it is not safe to recommend spending time arrangements, or there are concerns regarding continued abuse post separation, it may be appropriate to refer to the Local Authority or the Police. Signposting to advocacy agencies such as Women's Aid and Safe Lives is also recommended

5. Supervised and supported contact require separate safety planning and the following should be noted:

- **Supported contact** at a contact centre should not be recommended where there are domestic abuse concerns, this includes contact supported by a family member.
- **Improving Child and Family Arrangements Service (ICFAs)** are specific and time limited resources which are designed to facilitate a stepped plan towards increasing time spent . Please refer to the NCT pages for further details.
- **Supervised contact** requires safety planning alongside the supervising agency, or designated person and is not recommended as a long term solution outside of court proceedings. It is likely that the court would review these arrangements. It is more common in 16.4 cases and public law proceedings.

6. There will be occasions where no direct, or in person contact has been recommended, these cases also require safety planning. The risk to the victim and child has the potential to increase following a recommendation in a report, or court decision or there may be concerns regarding the impact of the decision on the child:

- Letterbox contact for the child still maintains the connection between the victim and the abusive partner and is not without risk. It is important to consider whether the risk is manageable and whether the content is likely to be safe and appropriate. In case where coercive control is a feature, letterbox contact may be unsafe.
- If the perpetrator is likely to react to a recommendation/order for no contact with aggression and/or increased coercive tactics, a referral should be made to the local authority. If a referral has already been made (as might be the case if we have been concerned about continued abuse throughout the proceedings) then consider updating the local authority of the outcome and of your concerns regarding the perpetrators response.
- Before a recommendation is made for no contact, it should be clear from your professional judgment that you have weighed up and considered any potential negative impact this may have on the child for example in terms of their identity. Showing you have weighed up both

the
pros
and
cons



of your recommendation is likely to make it more persuasive overall.



Diversity and domestic abuse

Domestic abuse is an international human rights issue and crosses all societal and cultural boundaries. When working with families it is important to recognise any specific cultural norms which may have contextual relevance to the abuse, but these should not excuse, or explain away harmful behaviours. Asking open questions and maintaining professional curiosity is best practice. Explore how issues of culture, race, or other aspects of a person's identity may be influencing victim, or perpetrator behaviour, or attitudes.

Victims from minority groups will often be disproportionately disadvantaged when disclosing abuse and seeking help. Victims may also have specific reasons for fearing those perceived to have authority over them, due to previous societal experience, or domestic abuse which has marginalized, or controlled them. Systemic and societal oppression can cause social exclusion and influence responses to domestic abuse and to the ability of victims to seek safety. Constraints which may exist for women from minority ethnic backgrounds include issues around language, housing, finance and immigration status, all of which may be barriers to independence. Cultural norms around gender roles, family and 'honour' may be deeply rooted and difficult to assess and require additional expert advice and support.

In addition to issues of faith and race we must also be mindful of other protected characteristics such as sexual orientation, disability, age and sex—exploring how these features of a person's identity either lessen, or heighten their vulnerability/resilience.

Skilled social work practitioners should also be competent in exploring how different aspects of a person's identity can combine to create layered, more complex forms of discrimination and privilege. These forms of discrimination might not always be rooted in disadvantage as we might expect, for example a parent being told their allegations of abuse are implausible because they are from a professional background, or assumptions being made about their ability to seek help and articulate their experiences because of social class and education.

It is important to bring out in any assessment how the impact of domestic abuse is compounded by diversity features such as poor mental health, or learning difficulties. Children who are on the autistic spectrum, for example, may find engagement difficult in a formal setting especially if they are also impacted by trauma. Having an understanding of each person's unique vulnerabilities alongside their experience of domestic abuse will ensure a holistic and meaningful evidence based assessment can be presented to the family and court.

Here are two services designed for and by black and minoritised survivors:

<https://www.imkaan.org.uk/get-help>

www.southallblacksisters.org.uk

Honour Based Abuse



The [Safe Lives spotlight report \(2017\)](#) HBV - Forced marriage and domestic abuse gives a contextual overview of the extent and impact of these issues and signposts to organisations which can offer support and advice. There is eLearning on HBV available via Cafcass Learning and consultations can be booked with the Peer Practice Specialist where there are concerns of this nature.

Social Work Models for Reference



Cafcass does not commission/operate any of the below social work models, but recognises the importance of keeping abreast of contemporary thinking across the social work landscape. The models below are examples which may lend valuable knowledge to our assessment of the impact of domestic abuse on children and also provide a further reservoir of tools. A synopsis of each is provided below.

Signs of Safety

The [Signs of Safety \(SoS\) framework](#) was developed in Western Australia in the 1990s. Drawing on Solution Focused Brief Therapy (SFBT), it is a strengths-based, safety-orientated approach to casework designed for use throughout the safeguarding and assessment process. Many local authorities use this approach in child protection work. The model emphasises strengths within families and encourages collaboration to achieve goals. The model has the following main principles:

- Balancing safety and risk – by recognising protective factors and strengths where appropriate and prioritising safety planning;
- Being child friendly and communicating clearly in a manner that everyone involved can understand;
- Working in partnership with families and external agencies;
- Viewing parents and children as experts in their own lives;
- Being clear, open and honest, and looking for opportunities to challenge and co-develop plans for the future.



There are tools and worksheets which can be accessed [here](#) which may assist during planning and interviews and supplement the CIAF resources. In particular the 'Three Houses' worksheet may be useful when talking to children. It may also be helpful to request the SOS plan for families where there has been LA intervention and Cafcass is completing a section 7 report. SOS uses scaling questions to benchmark worries which can offer immediate insights into levels of fear and concerns.

Safe and Together Model


The Safe and Together model was developed in the US by David Mandel. It is based on the premise that work around domestic abuse must focus on keeping the child safe with the non abusing parent while intervening with the perpetrator to hold them accountable and effect change. The framework has the following main components:

⇒ **Establishing perpetrator pattern of coercive control**

⇒ **Establishing and evidencing how this behaviour has harmed the child**




- ⇒ **Establishing how the protective and non abusing parent has been able to promote safety and nurture within that environment and considers the impact on parenting capacity.**

The model highlights the impact of perpetrator behaviour on the child directly and on how the child  may be adversely affected by the actions of the perpetrator to undermine the capacity of the non

abusing parent. Research by Katz (2015) found that children whose attachment to their mother is disrupted by coercively controlling domestic abuse show greater negative outcomes across all the developmental areas, whereas children whose mothers who are able to maintain a close nurturing relationship with them despite the abuse show greater resilience. Further information on this model can be found [here](#).

Family Group Conference

 Family Group conferencing is an established social work intervention method which is led by families. The goal for those involved is to plan and make safe decisions for children at risk of harm and in need of support. It is a voluntary process and should only be considered where it is safe to do so. Circumstances in which it might be appropriate include where a child arrangements plan requires family to be involved in contact support, or where the risk might need to be shared among extended family to promote safety. The court should be in agreement with this approach and any resulting plan should be built into an order around the arrangements for the child. FGC is not promoted as a specific Cafcass intervention, however there may be benefits to this approach in certain cases.

Restorative practice

Restorative practice in social work has its roots in restorative justice. This is a way of looking at criminal justice that emphasises repairing the harm done to people and relationships rather than focussing on only a punitive approach (Zehr, 1990). The fundamental principle of restorative practice embodies 'fair process' by asserting that "people are happier, more cooperative and productive, and more likely to make positive changes in behaviour when those in authority do things **with** them, rather than **to** them, or **for** them." (Kim & Mauborgne, 2003). Key themes are:

- **Engagement:** Involving individuals in decisions that affect them by listening to their views and genuinely taking their opinions into account.
- **Explanation:** Explaining the reasoning behind a decision to everyone who has been involved or who is affected by it.
- **Expectation clarity:** Making sure that everyone clearly understands a decision and what is expected of them in the future.

The above themes of restorative practice should be visible in assessments of domestic abuse alongside robust challenge to hold perpetrators accountable and the offer of appropriate support





Coercive and controlling behaviour tactics are increasingly being augmented by the wide range of digital technology available for surveillance and monitoring. It is not just a barrage of abusive texts, or emails which present as digital weapons, nowadays there is a wide range of apps and technologies which perpetrators can access to increase their power and control.

Stalking, harassment and intimidation can be initiated and maintained from a distance by perpetrators both during the relationship and post-separation. These tactics create constant fear, anxiety and a sense of never being able to escape. It is not unusual to hear accounts of 'gas lighting' techniques being employed by abusers whether they are in, or out of the home such as controlling home speakers, doorbells and turning appliances on and off and using CCTV to monitor who comes to the house.

The use of spyware on smartphones can be used to cyberstalk victims and tracking apps can reveal locations and movements. Identities can be hacked and abusers can often imitate their victims online to cause economic abuse, or to damage personal integrity for example by uploading damaging material to public sites. Children will often be drawn into this abuse as their phones, or electronic devices are also likely to be used in this way and they may also be contacted via live gaming sites outside of agreed child arrangements which may be unknown to the adult victim.

Perpetrators may seek to weaponise the child's phone for example by using it to contact the victim, or withholding its use in contact to cause distress and concern.

It is difficult to evidence these abuses but the possibility should be discussed during interviews particularly where coercive control has been identified. Holding the abuser to account for these actions is also difficult as they are likely to deny them but should always be explored in assessment with both parties. Support for victims to disengage from electronic surveillance may be needed.

Advice and support can be obtained from the [Refuge](#) website which has an excellent explanatory resource around types of tech abuse and advice re logging incidences as evidence for the police.



A note regarding violence against women and girls in interrelated contexts

Violence against women and girls (VAWG) is a fundamental human rights abuse and a global issue affecting one in three women and girls worldwide. Women face many forms of violence alongside domestic abuse such as honour-based violence (HBV), female genital mutilation (FGM), forced marriage, child sexual exploitation (CSE) and child trafficking. Cafcass duties when these abuses are suspected or made known are outlined in [Section 9](#) of the Cafcass Operating Framework where there are also explanatory details and case examples. Further information can be found in the child protection policy. The Government VAWG strategy can be found [here](#).

Male victims of domestic abuse and female perpetrators



There are important differences between male to female and female to male domestic abuse in frequency, severity and impact. Women are more likely to experience higher rates of attacks and suffer greater harm and are overwhelmingly the predominant victims of coercive control. A gender responsive approach to assessment however recognises these differences without negating, or minimising the effect on men of being abused by their female partner (the statistics for men experiencing domestic abuse in the UK can be found here at [ONS website](#) and further statistics can be found on the [ManKind Initiative website](#)).

Research regarding female perpetrators is less established than the opposing dynamic, but there is growing recognition and body of evidence which highlights how men experience abuse and how their responses to being a victim might differ from women. There is evidence that men experience physical injuries, emotional and psychological trauma, loss of self worth and suicidal ideation (Tsui 2014). Hines and Douglas in 2014 found symptoms associated with PTSD and associations with binge drinking as consequences of domestic abuse. There are gender constructs within society which underpin male and female roles and these influences may affect how we view male victims and how they may view themselves. Male victims may be less likely to admit to being abused and seek help through disclosure, or may not recognise they are victims of domestic abuse as this might be perceived by them as being applicable only to women. Men also fear the practical implications of disclosure i.e. having nowhere to go and losing out financially. The fear around the break up of the family centres around losing contact with the children and possible false allegations of being the perpetrator. (Huntley Potter & Williamson et al 2019). One study by Hogan 2016 which focussed on gay African American men discusses the intersectionality of sexuality, masculinity and abuse and highlighted the internal struggles some of the participants associated with being a victim.



Young men and male children are often told that feeling and expressing emotional pain is somehow not masculine and they can grow up repressing feelings and emotion. The inability to articulate feelings can lead to physical expression of anger against themselves, or other people including intimate partners. Men will often disclose being belittled as a man by his partner but also by people outside the relationship who will use phrases such as 'if you were a real man you wouldn't put up with it'. Respect have an excellent resource on their website called a 'toolkit for working with male victims of domestic abuse' which highlights the case of Alex Skeel who was coercively controlled by his partner. Research by Marianne Hester reminds us that men who are presenting with mental health issues should always be asked about domestic abuse. It is increasingly becoming the case that men are presenting as victims within family proceedings to a greater degree and there is also a growing awareness across the sector that female perpetrators do engage in the entire spectrum of abuse which includes coercive controlling behaviours.

It is encouraging that men who experience domestic abuse within all intimate partner relationships is being recognised at a national level and included in the framing of new policy and the Home office in 2019 have published a position statement regarding their commitment to tackling violence and abuse against men.

<https://www.gov.uk/government/news/government-unveils-commitments-to-tackle-abuse-against-men>

Information can also be found here from [Mankind Initiative conference handouts](#).

Further research

Huntley AL, Potter L, Williamson E, et al

Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis

BMJ Open 2019;9:e021960. doi: 10.1136/bmjopen-2018-021960

Hester M, Ferrari G, Jones SK, et al

Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey. BMJ Open 2015;5:e007141. doi:10.1136/bmjopen-2014-007141

Hester M, Williamson E, Regan L, et al

Exploring the service and support needs of male, lesbian, gay, bisexual and transgendered and black and other minority ethnic victims of domestic and sexual violence. Report prepared for the home office SRG/06/017. 2012 <http://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/domesticsexualviolencesupportneeds.pdf>

Hines DA, Douglas EM

A closer look at men who sustain intimate terrorism by women. Partner Abuse 2010;1:286–313. doi:10.1891/1946-6560.1.3.286



Hogan K

Men's experiences of female-perpetrated intimate partner violence: a qualitative exploration. D Couns Psych: University of the West of England, 2016.

- Men's Advice Line for men experiencing abuse: Monday-Friday 9am-5pm: 0808 801 0327
- National LGBT Domestic Abuse Helpline: 0800 999 5428
- National Domestic Violence 24 hr Helpline for women experiencing abuse: 0808 2000 247

RESPECT Phoneline: Confidential helpline offering advice, information and support to anyone concerned about their own or someone else's violent or abusive behaviour. Monday-Friday 9am-5pm: 0808 802 4040

https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf



Complicating factors which may compound harm

Domestic abuse and alcohol/substance misuse

The relationship between domestic abuse and alcohol/substance misuse is complex. While alcohol, or drug misuse cannot be said to cause abusive behaviour, they can be present alongside each other and can act as a catalyst to increase the frequency, or severity of the abuse. The overarching message is that domestic abuse always remains a choice of the perpetrator. Research indicates that assaults by men tend to be more severe when accentuated by alcohol (Graham et al 2011) and men can use intoxication to deflect accountability, sometimes victim blaming his partner for making him drink. Where coercive control is present the perpetrator can be less likely to be under the influence of alcohol, or substance misuse, as the nature of this abuse is to stay in control. The practitioner should ensure that the assessment captures any compounding factors and then is reflective of how any substance misuse relates to the domestic abuse. The alcohol scale is a useful tool to structure the conversation.



Victims of domestic abuse will sometimes use alcohol as a coping strategy, or as self-medication to relieve anxiety and stress. Due to the effect of alcohol on the brain, it is not uncommon for addiction to occur as a result. Alcohol and/or drugs can also be used by a perpetrator to maintain control of a victim and to increase dependence by supplying, or withholding drugs, or alcohol. Victims may also self blame for the abuse because they had been drinking, not recognising the underlying causes or reaction to trauma.

The impact on children is exacerbated by the effect of alcohol and/or substance misuse on the parenting capacity of the victim and in some cases this can undermine the relationship leaving the child with little or no safe haven in the home. This is an even greater risk if the child is also experiencing coercive control.

Domestic abuse and mental health

Domestic abuse can have an enduring impact on psychological and mental health and deterioration can happen over time and become increasingly debilitating. Victims with poor mental health sometimes also have additional complex needs and significant trauma histories. It is therefore important to assess disclosed mental health issue through the trauma lens.



Please consider accessing additional expert, or professional information to assist assessing impact where this may be required.

Examples of correlations between mental health issues and domestic abuse

- Those with poor mental health may be more vulnerable to abuse.
- Mental health issues are significantly correlated as a risk factor with regard to perpetration of abuse.
- Mental health, substance misuse and domestic abuse has been referred to in the past as the



'toxic trio' but this is experienced as stigmatising and is now increasingly being referred to as a trio of vulnerabilities, or additional complicating factors. In an analysis of 139 serious case reviews, between 2009-2011 (Brandon et al 2012), investigations showed that in over three quarters of incidents (86%) where children were seriously harmed, or died one, or more factors of mental illness, substance misuse and domestic abuse – played a significant part. These have all been identified as common features of families where harm to women and children occurs. It is important to see all presentation of mental health issues, or substance misuse through the lens of trauma to lessen the potential for victim blaming and misattribution of behaviours.

- Victims of coercive control can be impacted psychologically in terms of changes to their sense of self and place in the world. This can have a deleterious affect on mental health often leading to clinical symptoms which can go unrecognised by the victim. Perpetrators may create mental health problems by abusive tactics over time and then use this as a weapon against the victim, sometimes using a tactic of 'gaslighting' to increase confusion and anxiety. Perpetrators can also use their own poor mental health as a tool to emotionally blackmail their victims by threatening suicide or blaming the victim for causing them distress.
- It is important therefore to recognise that poor mental health can be a consequence of abuse and can lead to reduced parenting capacity and concerns that authorities will see the child/ren to be at risk. This is a very real concern for victims who fear that they will be negatively judged. Domestic abuse victims require support and safety to improve mental health.
- Children who live in abusive homes where the abused parent has poor mental health are less likely to be resilient. The lack of a safe base for children in abusive homes also negatively impacts on attachment especially if the perpetrator is deliberately undermining the ability of the victim to have a loving relationship with the child.
- There are many additional factors which may impact such as poverty, immigration status, family support and housing for example which will be required to take into account when assessing the complexity of the abusive situation and the lived experience of the child. The factoring in of these issues will bring the complexity of intersectionality into focus.

Where there is a mental health, or a substance misuse issue which requires support, consideration should be given as to how this can be accessed either during or following proceedings. Where an intervention is required in order to make contact safer, it is important to ensure any underlying issues which may impact on outcomes, or learning are addressed first. Safeguarding the child is the primary concern throughout.

Additional supportive literature and research

Safe Lives: Safe and Well report

British Journal of Psychiatry: Female survivors of intimate partner violence and risk of depression, anxiety and serious mental illness (Cambridge University press 7/6/19)

National Domestic Abuse Hotline: Abuse and mental illness, is there a connection? Blog: 6/5/15

Humphreys, C. and Thiara, R. (2003). 'Mental health and domestic abuse: "I call it symptoms of abuse"' in *British Journal of Social Work* 33 pp. 209-226

Oram, S. et al (2016). *Violence against women and mental health*. Women's Mental Health 4, Lancet Psychiatry

The Women's Mental Health Taskforce (2018). *Final report*. DHSC and Agenda





Domestic abuse in the LGBTQ+ community

Domestic abuse exists in all intimate partner relationships and across the spectrum of sexuality and gender. Domestic abuse is likely to be under-reported within the lesbian, gay, bisexual and transgender community, but is estimated that 1 in 4 people experience it during relationships. Alongside the reasons heterosexual victims may not disclose, are other unique issues pertinent to LGBTQ+ victims which may be relevant. Examples might be:

- Perpetrators threatening to 'out' the victim in public, where full knowledge of sexual orientation has not been shared
- The victim may be afraid that they will not be believed by authorities
- The potential judgement that same sex domestic abuse is not serious, or that both parties are equal perpetrators
- Concern that sexuality would be judged, rather than the act of abuse
- Concern that the community would ostracise and shun those who made allegations and disclosed abuse
- Lack of resources and support for victims
- Fear of sexuality and gender may be made the reasons for being abused.

There is currently limited research on domestic abuse in the trans community, but some small studies have been done which identified a similar rate of prevalence as in other groups. The Scottish Transgender Alliance produced a paper in 2010, which highlighted that the type of domestic abuse most frequently experienced by the transgender respondents was transphobic emotional abuse and jealous surveillance.

Further information

[GALOP](#) > Factsheets and support

[Stonewall](#) > As above

Safe Lives Spotlight have blogs and information regarding statistics and survivors experiences,
RISE Mutual website > Videos and information



The importance of seeing the whole picture (professional curiosity in domestic abuse)



Professional curiosity, or 'respectful uncertainty' is an essential social work skill which should be engaged in all cases, but particular diligence is needed when domestic abuse is a feature. Professionally curious practitioners will ask questions designed to dig deeper into narratives and accounts in order to gain as accurate a perspective as possible from each parent regarding domestic abuse. Appropriate tools can also assist the assessor to capture specific information and identify areas where further scrutiny would shine a light on the experience of the child. Good practice is using all our social work skills in order to:

⇒ **Identify the nature of domestic abuse and perpetrator behaviour**

Be curious as to the pattern of abuse, who is the primary perpetrator and how the behaviour can be evidenced. Who is in fear?

⇒ **Keep the focus on the child's lived experience**

Be curious as to how it might feel to be in that child's shoes.

⇒ **Develop a risk/ strengths led evidence base for a safe recommendation**

Be curious as to where resilience can be found in the family system to balance risk.

NOTE: Many homicide and serious case reviews highlight professional curiosity as one of the key agency requirements for improvement (see Marion Brandon Triennial review.)

It is also necessary to be culturally competent with families who may have a different understanding of domestic abuse and its impact on children. It is important to recognise where parenting styles, life choices and cultural influences may differ from our own experiences, or personal values and to keep the focus on the experience of the child.

Important to remember!

- Domestic abuse can be present in any family and across all cultures
- Domestic abuse is not acceptable in any circumstance despite any identified cultural practices, or norms
- Children are always impacted

Cross examination

Being cross examined always requires skill, but can be particularly challenging when you have made a recommendation against a potentially unsafe consent order, or where the court has previously dismissed our concerns about domestic abuse. The FCA should seek situational supervision in advance of the hearing and together with their supervisor anticipate some of the potential lines of questioning (try to think like a lawyer). Preparation is key. In the box, have a copy of your report in front of you to refer back to, and whenever possible relate the adult behaviours back to the impact on the child. Focusing on the child in this way and incorporating any direct quotes from them during your evidence can be one of the most powerful and persuasive ways to advance your position. Address your answers directly to the judge, or bench (rather than counsel, or the parents), and don't be rushed into answering quickly, take your time and remember to breathe. If the court departs from your recommendation/evidence and makes what you assess to be a potentially unsafe order, then please consider the guidance on challenging unsafe court orders.





Risk assessment overview

The practitioner assessment should follow the five stages of risk assessment, as identified on pages 5 and 13 of this guidance, which is also reflected in the Practice Pathway. Interactions should be respectful, trauma led and sensitive to the experiences lived by the victim and child.

The assessment objective is to clarify how the impact of the domestic abuse experienced by the child relates to the present risk in a child arrangements situation and how any risk may change over time. The recommendation is based on the evidence and reasoned professional judgement as to what could potentially be the future impact on the child of either contact, or no contact with the abusive parent. It is also important to assess whether any residual risk can be managed with a safety plan.

The assessment must firstly clarify the nature of the domestic abuse by perpetrator behaviour and impact on the victim and child. **For example**, situational couple abuse should be evidenced by triggers for the bi directional violence/abuse and a general acceptance by both parties regarding accountability. Where coercive control has been identified the evidence should include examples of how the pattern of control by the perpetrator has built up over time and how the daily lives of the victim and child have been affected.

Ensure you have clearly distinguished between harmful conflict, domestic abuse and bond breaking behaviours which lead to resistance to contact. Refer to the [CIAF](#) for appropriate tools and guidance where there is doubt or overlap. As a quick guide to the differences, see [Appendix A](#).

Counter-allegations of alienation: perpetrators of domestic abuse will sometimes attempt to deflect blame, or reverse culpability, by making allegations that the victim is alienating the child against them. In these circumstances it is important that we are guided by the evidence/ findings and do not lose sight of the distinction between the child's 'justified', or 'appropriate rejection' of a parent (as will sometimes be the case where the child has suffered domestic abuse) and rejection caused by deliberately alienating, or unjustified behaviours. We must also remember that where allegations of domestic abuse are made, *but not upheld at fact finding*, it does not automatically follow that the parent making the allegations was deliberately attempting to alienate the child, further enquiries should be undertaken, as directed by the court.

Use your evidence base to consider risk in the context of the application alongside the child's views and use professional judgement to determine **the likelihood** of further harm to the victim and child if contact were to proceed via an order. Apply the resilience and strengths factors to your judgement and take into account any compounding issues as has been described.

If your assessment concludes that there is a likelihood of any further harm to the child from domestic abuse, consider the **level of seriousness** and consequent impact if a child arrangements plan was to be recommended. Be clear regarding what evidence leads you to that conclusion. Consider whether a safety plan could lower the risk and be clear as to how the order for time spent will benefit the child and also keep the victim safe.

The following scales are an example only regarding how likelihood and seriousness may be conceptualised and offer a guide as to how your reasoning may be framed.



Scales of likelihood of DA

Remote likelihood

Extremely unlikely to occur

Low likelihood

Unlikely to occur but possible

Moderate likelihood

A real possibility of occurrence

High likelihood

Very likely to occur

**Seriousness of the harm x likelihood of further experience of domestic abuse
= overall risk**

DASH severity classifications

Level 1	Level 2	Level 3	Level 4
No	Standard/ minor	Moderate	High

Physical abuse

Never, or not currently	Slapping, pushing; no injuries	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation (this is likely to become a stand alone criminal offence in the near future), holding under water, or threat to use, or use of weapons, loss of consciousness, head injury, internal injury, permanent injury, miscarriage.
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Sexual abuse

Never, or not currently	Use of sexual insults.	Uses pressure to obtain sex, unwanted touching, non violent acts that make victim feel uncomfortable about sex, their gender identity, or sexual orientation.	Uses threats, or force to obtain sex, rape, serious sexual assaults. Deliberately inflicts pain during sex, combines sex and violence including weapons, sexually abuses children and forces partner to watch, enforced prostitution, intentional transmission of STIs/ HIV/ AIDS.
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Harassment or stalking

Never or not currently	Occasional phone calls, texts and emails.	Frequent phone calls, texts, emails.	Constant/ obsessive phone calls, texts or emails, uninvited visits to home, workplace etc. or loitering. Destroys, or vandalises property, pursues victim after separation, stalking, threats of suicide/homicide to victim and other family members, threats of sexual violence, involvement of others in the violence.
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Jealous or controlling behaviour/emotional abuse

Never or no current impact	Made to account for victim's time, some isolation from family/ friends or support network, put down in public.	Increased control over victim's time, significant isolation from family and friends, intercepting mail or phone calls, controls access to money, irrational accusations of infidelity, constant criticism of role as partner/wife/ mother.	Controls most or all of victim's daily activities, prevention from taking medication, accessing care needs (especially relevant for survivors with disabilities); extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, e.g. 'If I can't have you, no-one can', with belief that abuser will act on this. Locks person up, or severely restricts their movements, threats to take the children. Suicide/homicide/familicide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.
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Appendix A

A brief guide to help distinguish between domestic abuse and conflict behaviours

The set of behaviours (not exhaustive) below may present as an overarching dynamic, but there may also be elements of each which overlap in some cases.

Harmful conflict	Situational couple abuse <i>Where a pattern of coercive control is absent, behaviours may be evident either as an incident or as a relational pattern, examples as below but not limited to:</i>	Coercive control <i>Perpetrator pattern of behaviours may appear as below. Controlling motive: to seek power</i>	Resistance to contact
<ul style="list-style-type: none"> • High degree of anger and mistrust • Incidents of verbal abuse • Ongoing difficulties in communication and co operation • Loss of focus on the child • Digging in of position and no ability to compromise, such as micro managing contact and communication • The child, dependent on age may be drawn into managing the parents communication and behaviour • Lengthy proceedings or repeat litigation 	<ul style="list-style-type: none"> • There has been repeated violence and the instigator of violence varies. • There has been an incident of violence which is not part of a pattern and may be related to specific context or event • High or persistent mutual verbal abuse, violence instigated and inflicted by both partners, shifting patterns of control. • Neither partner is significantly restricted in their choices, or fearful of the other in everyday life • Physical and emotional impact on either partner is not clearly asymmetrical. • Violence can on occasions escalate to become chronic and severe. • Alcohol can play a significant role in SCV as a source of conflict 	<ul style="list-style-type: none"> • Restricting freedoms • Isolation from family and friends • Micro managing daily life of the victim to gain control and instil fear • Denying medical care • Not allowing access to money, or resources • Using children as weapons • Gaslighting • Tracking movements • Deprivation of food/ sleep • Destroying property and belongings • Sexual abuse and rape • Threatening to out, or shame the victim • Belittling and degrading comments made towards the victim to undermine self esteem 	<ul style="list-style-type: none"> • The child's vilification of the parent appears unjustified, or without reason • Positive memories of the parent are rejected, or denied by the alienating parent • Parent claims to be fearful of the other parent but in reality is assertive/ aggressive and uncooperative • One parent actively denigrates the other parent in front of the child on a regular basis • One parent portrays the other parent as dangerous without evidence, or history of danger • Parent withdraws affection from the child who demonstrates positivity towards the other parent



Appendix B: The Duluth Power and Control Wheel



Appendix C: High risk factors for DA

High Risk Factors: As identified by Laura Richards/ DASH Training

1. Victim's perception of risk of harm: victims of domestic abuse often tend to underestimate their risk of harm from perpetrators of domestic violence. However, if they say they fear further harm to themselves, their child(ren), or someone else this should be taken seriously when assessing future risk of harm.
2. Separation (child contact): victims who attempt to end a violent relationship are strongly linked to intimate partner homicide. Many incidents happen as a result of child contact or disputes over custody.
3. Pregnancy/New Birth (Under 18 months old): domestic abuse can start or get worse in pregnancy. Victims who are assaulted while pregnant, when they have recently given birth, or who have young children should be considered as high risk. This is in terms of future harm to them and to the unborn/young child.
4. Escalation: repeat victimisation and escalation must be identified. Domestic abuse victims are more likely to become repeat victims than any other type of crime; as violence is repeated it gets more serious.
5. Community Issues/Isolation: needs may differ amongst ethnic minority victims, newly arrived communities, asylum seekers, older people, people with disabilities, as well as travelling, or gay, lesbian, bisexual or transgender people. This might be in terms of perceived racism, language, culture, insecure immigration status and/or accessing relevant support services. Be aware of forced marriage and honour based violence where family/community try to restore their mistaken sense of honour and respect. Victims may be particularly isolated and/or vulnerable. Take their concerns seriously.
6. Stalking: Persistent and consistent calling, texting, sending letters, following. Stalking and physical assault, are significantly associated with murder and attempted murder. This is not just about physical violence but also coercive control and jealous surveillance. Consider the perpetrator's behaviour and whether victim believes it is being done to deliberately intimidate. Stalking is about fixation and obsession. We now know through research that 1 in 2 of domestic stalkers, if they make a threat will act on it.
7. Sexual Assault: those who are sexually assaulted are subjected to more serious injury. Those who report a domestic sexual assault tend to have a history of domestic abuse whether, or not it has been reported previously. Many domestic sexual offenders are high risk and potentially dangerous offenders. Be aware of the link between domestic and stranger rape.
8. Strangulation (choking/suffocation/drowning): Escalating violence, including the use of weapons and attempts at strangulation must be recorded when identifying and assessing risk. This includes all attempts at blocking someone's airway.
9. Credible Threats to Kill: A credible threat of violent death can very effectively control people and some may carry out this threat.
10. Use of Weapons: Abusers who have used a weapon, or have threatened to use a weapon, are at increased risk of violent recidivism.
11. Coercively Control and/or Excessive Jealous Behaviour: complete control of the victim's activities and extreme jealousy are associated with serious violence and homicide. Consider honour based violence – the victim may not have the freedom of choice. Examples may include fear of, or actual forced marriage, controlling sexual activity, domestic abuse, child abuse, rape, kidnapping, false imprisonment, threats to kill, assault, harassment, forced abortion. The perpetrator may well try and control professionals as well.



Appendix C: High risk factors for DA cont'd...

12. Child Abuse: Evidence shows that both DA and child abuse can occur in the same family. Child abuse can act as an indicator of DA in the family and vice versa – please note if the child(ren) witness, or hear the abuse.
13. Animal/Pets Abuse: there is a link between cruelty to animals, child abuse and domestic abuse. The use or threat of abuse against pets is often used to control others in the family. Abuse of animals may also indicate a risk of future harm.
14. Alcohol/Drugs/Mental Health: the abuser's use of drugs and alcohol are not the cause of the abuse, but as with all violent crime they might be a risk of further harm. Physical and mental ill health does appear to increase the risk of domestic abuse.
15. Suicide-Homicide: Threats from an offender to commit suicide have been highlighted as a factor in domestic homicide. A person who is suicidal should also be considered homicidal. - See more at:

<http://www.womensviewsonnews.org/2015/06/dv-risk-assessment-tool-training-crucial#sthash.cy3YVjUn.CnRi7qyR.dpuf>

