

Domestic Violence Informed Practice

Guidance for Practitioners



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Foreword



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I am pleased to present the first edition of Tusla's Domestic Violence Informed Practice Guidance. This guidance represents the culmination of extensive work committed to under Zero Tolerance, the government's Third National Strategy on Domestic, Sexual and Gender Based Violence: 2024 Implementation Plan, and supports the essential contribution our staff make to tackling domestic violence in all its forms, and supporting and protecting children from its devastating affects.

The Agency's understanding of domestic and family violence and coercive control, and how they are experienced across the community, continues to be enhanced through the lived expertise of children and adult survivors, staff experience and expertise, national and international research, and feedback from a wide range of experts from across the DSGBV service sector. I wish to sincerely thank all those who contributed to the guidance and, in particular, the working group and agencies listed below who were so generous with their time and wisdom in informing our work. Tusla remains committed to working in partnership with the newly

established Cuan, the Garda Síochána and other important statutory and non-statutory providers to support evidence-informed ways of tackling the increasing and worrying levels of violence we know children and other victims experience across our society on a daily basis.

Responding to such violence is exceptionally challenging work for services and practitioners, who face ever-growing demand and complexity when intervening in private family life and navigating safety for children and adult victims of abuse, and in holding perpetrators accountable for their behaviour. The aim of the guidance is to support our staff and funded partners in the effective use of our National Approach to Practice, ensuring it continues to be domestic violence informed, evolving as we continually learn. This guidance, alongside other learning and development opportunities, aims to enhance our learning about what helps keep children and families safer and seeks to support effective collaboration with them, the people naturally connected to them, and other key professionals to build safer communities for children.

Acknowledgements

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Some members of the working group changed job position and/or agency during the development of the practice guidance. This record reflects their professional position when the working group was established.

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- **Barnardos**
- **Women's Aid**
- **Safe Ireland**
- **Daughters of Charity Child and Family Service**
- **Domestic Violence Advocacy Service**
- **Men's Aid**
- **Men's Network**
- **Men's Development Network**
- **Signs of Safety Practice Leads, Learning and Development Team, Tusla**

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Introduction

About this guidance

One of the most basic human rights principles is the right to live free from violence, including the threat of violence. Article 19 of the United Nations Convention on the Rights of the Child (UNCRC), which came into force in September 1990, guarantees this right to every child, and obliges states to take appropriate measures to protect the child from all forms of violence (United Nations, 1989).

When children live with domestic violence, abuse and coercive control, it is always a child protection and welfare concern. Research tells us that they are not passive bystanders or witnesses to specific incidents of abuse (Overlien & Hyden, 2009; Overlien & Holt, 2018). Rather they are centrally involved and experience it with their whole being. When children are living with these experiences it requires professionals to enquire into the harm they are experiencing, the danger they are in and how they are being kept safe.

This practice guidance has been developed to support practitioners in analysis and safety planning with families who are living with domestic violence, abuse and coercive control. It has been developed in response to feedback from practitioners that applying the analysis and safety planning process in these cases is challenging. Practitioners are trying to balance their responsibilities for assessing and responding to the safety needs of the children while being mindful not to compromise the safety of the non-abusing parent, and are working to hold the perpetrator of the harm to account for the

parenting choices they are making and for the changes required. All of this work takes place within the context of the complex dynamics of domestic abuse, power and control, perpetrator manipulation of systems, as well as a cultural and societal context that complicates the work.

In line with Tusla's national approach to practice, Signs of Safety, practitioners are expected to align to the principle of working collaboratively with families to develop family-owned safety plans. A significant practice question is: *How do you do this in an open, transparent and accountable manner without compromising the individual safety plan that may have been developed by the non-abusive parent?*

This aim of this guidance is to demonstrate the Analysis and Safety Planning process in action in domestic abuse cases. International best practice and external stakeholder feedback have informed this guide. Excerpts from case examples and questions will be used throughout to demonstrate the application of the safety planning process in a domestic violence informed way. The document contains examples from a variety of real de-identified cases to provide a wide lens and vision of how the work might look. Some end-to-end case examples are available in the Signs of Safety Knowledge Bank (<https://www.signsofsafety.net/knowledgebank/>). It is intended that practitioners will use this guidance as reference point when working in this complex area.

Practitioners are encouraged to consider this guidance as a part of what will support, develop and enhance their practice. It is not intended to be a rigid, linear or procedural tool. When case examples, question examples and illustrations are provided, it is anticipated that practitioners will bring their own engagement skills to those to grow them into meaningful conversations that make sense to the people we are working with.

For example, in a resource the practitioner might read a question like *What are all the ways Dad recognises that he has been abusive and controlling and frightening to his wife and children?* This is intended to indicate what the practitioner will need to inquire into and gives the prompt that we need to ask Dad about his pattern of behaviour in a way that is holding him responsible for the harmful experiences of his children. It is expected that a practitioner would not directly ask Dad the question in that scripted manner without having first built rapport and engaged in middle-column analysis.

Practitioners will always need to bring their whole self into this work with families, which means practice will be informed by practitioner style, personality, work and life experiences, training and supervision contexts, all our ethical codes, theories and skills. Practice guidance and training contexts do not make the most impact on practice development. They cannot replace – and do not diminish the significance of – holistic induction, learning in action, reflective practice, strong supervision and spaces for slowed-down thinking.

The language we use – messages from research

The language and terminology that we use – in research, policy and/or practice – can have significant implications for how domestic violence is both understood and responded to. There are a number of key messages emerging from international research which should influence the language we use when talking about domestic violence and the subsequent understanding we demonstrate about how children experience living with domestic violence and abuse (DVA) and coercive control.

The first important message concerns a heated global debate about the relevance of gender for the context within which DVA occurs. The evidence nonetheless attests that men are primarily the perpetrators and women the victims of DVA.¹ Indeed, domestic violence is widely recognised as the most common form of violence against women, in which violence and abuse are more often recognised as consisting of patterns of ongoing, repeated abusive behaviour, and less often as a single discrete event.

The second key message concerns the individual nature of children and young people's experience of domestic abuse. While there are consistent patterns and trends in those experiences globally, each child will experience domestic abuse individually and uniquely – and this applies even to children in the same family. As such, professionals should be mindful of the diversity in children's

1. FRA (the EU Agency for Fundamental Rights) reported that 8% of EU women (18–74 years) experienced physical and/or sexual violence in the 12 months before interview. Considered in proportion to the number of women in the EU who are 18–74 years old, FRA estimated 13 million women experienced physical violence in the 12 months before they were interviewed compared with 3.7 million women experiencing sexual violence.

experiences and listen carefully to children's own accounts, bearing in mind that children may struggle to articulate their experiences (Arai et al., 2019). Busy practitioners may need to allow children time and space to communicate their experiences to professionals, being mindful that that "readiness to communicate is likely to be affected by a child's developmental stage" (2019: 9).

Related to that, the third key message positions children centrally to the experience of domestic abuse, not as secondary victims or "collateral damage", but rather, as Callaghan and colleagues argue, as active agents who experience abuse and violence. Children hear and see so much more than adults in the main ever consider. And they feel the violence in many ways beyond what adults often comprehend and can articulate what it feels like and where they feel it. As such, the central message is that children are an integral part of the family's experience of living with DVA. They are not merely a footnote to their parents' experience; they are human beings who live with, experience and make sense of domestic abuse (Callaghan et al, 2018).

Fourthly, DVA is also shaped by culture and context as well as the overlapping and interconnecting identities of the people who experience and perpetrate DVA. Accordingly, it is important to consider how the family experience DVA through an intersectional lens. Of particular relevance, gender – specifically, being female – intersects with multiple adversities and particular life experiences, including but not limited to domestic, sexual and gender-based violence, minority status, migrant status, homelessness and disability, and this discrimination and marginalisation can occur at all ages across a woman's lifespan. Increasingly, therefore, those concerned with DVA emphasise how such abuse is experienced

by and impacts diverse people in diverse ways (Lippy et al, 2020).

While recognising the dilemma inherent in terminology, this guide will nonetheless use the terms "domestic violence" and "domestic abuse" interchangeably, primarily because both are terms used in everyday and professional practice.

The term "witnessing domestic violence" or abuse, which implies that the child needs to be present to experience it, has been largely replaced by the term "exposure to domestic violence", or preferably "*living with domestic violence*", which more accurately captures the experience of the child. The term "living with" is not intended to denote passivity in what the child is experiencing; it recognises that they are being subjected to the experience of living with domestic violence through the choices of the perpetrator who has control over their behaviour.

This guidance recognises the gendered nature of domestic violence, abuse and coercive control and will be referring to victim/survivor female mothers and male perpetrators, often using the language of fathers but recognising that the male perpetrator may be a stepfather, a partner or an ex-partner of the mother.

Whilst the gendered nature of domestic violence is reflected in the language used in the guide, it is also critically important to acknowledge that men can also be victims / survivors of domestic violence in both different-sex and same-sex relationships. This guidance is applicable in these situations and the same process of assessment is followed- from analysis to safety planning and the importance of holding and adult perpetrator to account for parenting choices they are making and the subsequent impact this has on their children and the non-abusing parent/adult.

► What is domestic violence?

The defining of domestic violence and abuse and the language construction of it varies globally and over time. According to the report of the National Task Force on Violence Against Women (1997: 27) domestic violence is defined as:

“ The use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term “domestic violence” goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transport and the telephone. ”

Practitioners can refer to the Tusla Hub, Children First, the Child Protection and Welfare Handbook, the EPPI Toolkit, the HSE, the World Health Organisation, Women’s Aid, Safe Ireland, Barnardos and many other statutory and voluntary organisations, as well as the field of research, to understand more about what domestic violence, abuse, gender-based violence and coercive control mean.

► Some facts about domestic violence



Almost one-third of women globally have experienced physical or sexual abuse by an intimate partner



Children who live with domestic violence are up to 15 times more likely to be physically or sexually assaulted than children who don’t



During the Covid-19 pandemic, Women’s Aid experienced a 43% increase in women asking for support



Pregnant women are 60% more likely to be subjected to physical abuse than women who are not pregnant



Almost three-quarters of women seeking refuge are with children



In 2020-2022, 52% of murders in Ireland had a domestic violence motivation

► What is coercive control?

Coercive control exists as foundation of all forms of domestic violence and domestic abuse; it not something separate or a “type of abuse”. There is a developing but nevertheless generally inadequate understanding of coercive control within the practice of child protection and welfare agencies, so the terms “domestic abuse and coercive control” or “domestic violence and coercive control” will be used at times throughout this document as a means of maintaining attention on the presence of coercive control within the families we are working with. Women’s Aid says this about coercive control:

“ Domestic abuse isn’t always physical. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

Coercive control creates invisible chains and a sense of fear that pervades all elements of a victim’s life. It works to limit their human rights by depriving them of their liberty and reducing their ability for action. Experts like Evan Stark liken coercive control to being taken hostage. As he says: “the victim becomes captive in an unreal world created by the abuser, entrapped in a world of confusion, contradiction and fear.”²

Coercive control has been a criminal act since 1 January 2019 as per Domestic Violence Act 2018 Section 39. An Garda Síochána describe coercive control in the following way:

“ Coercive Control is a persistent pattern of controlling, coercive and threatening behaviour including all or some forms of domestic abuse (emotional, physical, financial, sexual including threats) by a boyfriend/girlfriend, partner, husband/wife or ex-partner.

This can have a serious impact including the fear of violence, cause serious alarm and distress and can result in a person giving up work, changing their routines, losing contact with family and friends. Coercive control can damage a person’s physical and emotional well-being.

Coercive control can be difficult to detect from the outside looking into a relationship, so too can it be hard to spot when in the relationship itself. As the behaviour worsens and each iteration of abuse becomes a new normal, low self-esteem is just one of the many factors that can stop victims from seeing the reality of their situation.³

A perpetrator of coercive control is motivated to use a wide range of tactics in getting his needs met, often without negotiation or delay. He makes his expectations and demands known in ways that result in the woman and children self-monitoring and being compliant to those expectations because he has

2. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/>

3. <https://www.garda.ie/en/crime/domestic-abuse/what-is-coercive-control-.html>

asserted a “credible threat”, as described by Dr Emma Katz, as a dynamic in the family (Katz, 2022). It will be clear to his victims that if his explicit or implicit expectation or need is not met there will be a punishment that they know he is able and willing to carry out. This credible threat and context of coercion and control results in their being in a continual state of vigilance, fear and dread as a baseline.

This is often a gradual process, where the onset and escalation of tactics used by the perpetrator are subtle and insidious and can be disguised easily as being part of love or romance, particularly in the early stages. When her personhood, strength and identity are being eroded and she is being gaslighted into believing she is not seeing the situation clearly, it can be much later when the woman is able to see that they are being subjected to abuse. That intentional distortion of her reality is a common tactic used by the perpetrator.

Practitioners can access the following videos from Professor Evan Stark, Davina James-Hanman and the Ted Talk of Leslie Morgan Steiner to gain a deeper understanding of the position that coercive control is not a “type” of abuse, but a foundation for gaining the power and control that pervades all domestic violence and abuse cases and makes it feel almost impossible for women to leave abusive relationships.



<https://www.youtube.com/watch?v=bklvwiZJWQQ>



<https://www.youtube.com/watch?v=kvHbVzTzpX0>



<https://www.youtube.com/watch?v=V1yW5IsnSjo>



The publications of Dr Emma Katz based on her research into mothers' and children's experiences of living with coercive control are recommended reading. See, for example, this article (Katz, 2015)



Her book is entitled *Coercive Control in Children's and Mothers' Lives* (Katz, 2022). She was a guest on the *Safe & Together* podcast Season 3, Episode 9, where she shared critical findings from her research.

► In the graphic below, practitioners will find examples of how children described their experiences of coercive control during their work within the Empower Kids programme, hosted by Barnardos.

What is childhood domestic violence and abuse?

Childrens Voices

What it looks like

Its shouting, name calling, crying, shattered glass and sometimes punches, bruises and blood.

It gets louder and louder, they don't think we can hear it, but we can hear it in our rooms, when we are in bed, even if it is in the last corner of the house.

Its like a fighting match and we are worried that mam might get killed.

When he texts and rings he only asks about mam, we feel like they only care about mam, not us.

It is as if we don't matter.

Sometimes we are told whose side we are on but we don't like it.



Listen to us

Some adults think children are stupid and they don't know what they are talking about just because they are little but all children have a voice.

A really bad feeling in our heart and it feels like it's broken.

We hope it will pass in a few weeks and things will be back to normal but we are still kind of scared thinking about when it will happen again.



Pets are important to us.

We find it very hard to stay out of it, we try to stop it but we feel like we are not in control.

We try to get away and go outside but this can be a very hard challenge. Our little brothers and sisters are relying on us and it's our job to protect them.

Feelings

Very very angry, afraid, frustrated, worried, scared, confused, nervous and sad.

Sometimes we feel it in our bodies too, we might get weak, our eyes might go black, we get a pain in our belly, our bones start to hurt and sometimes we don't feel like eating a lot.

► What is domestic violence informed practice?

This term was developed to provide language for the systemic change required in relation to best practice for child protection and welfare practitioners when working with domestic violence.

The voice of survivor mothers who have lived with domestic violence and coercive control tells us loudly that child protection and other statutory organisations have historically engaged in practice that is not rooted in a deep understanding of the dynamics of power and control – and continue to do so (Radford & Hester, 2006; Humphreys & Absler, 2011). Mothers have experienced practice that is not supportive and that can place them at increased risk of harm and trauma. In fact, their experience can often be that agencies, at their core, hold them responsible both for the violence perpetrated against them and their children and also for the creation of safety in the family.

When we neglect to be domestic violence informed in our practice, this often manifests in our language: we may mutualise or rationalise the violence, minimise the impact on children of living with coercive control, take an incident-based approach to our analysis (Katz, 2016), and/or hold poor standards for fathering. We may say things like:

- “There was a domestic incident”
- “Parents were fighting”
- “There was an argument”
- “Relationship conflict”
- “She hit him first”
- “It’s a volatile relationship”
- “Failure to protect the children”
- “The children were not present”
- “If we engage with him we will make it worse”

- “Her drinking is worse than the domestic violence”
- “He has a right to access”
- “But he is a good father”

Domestic violence informed practice means we understand that the responsibility for danger in the family lies with the male perpetrator, and that we translate that into practice through our language and our actions and approach. This is aligned to the Signs of Safety practice of using jargon-free, behaviourally specific language where perpetrators of worrying behaviours are held accountable for those behaviours in the language we use.

Domestic violence informed practice places the partner and his behaviour (including his patterns of behaviour and control outside of this individual relationship) at the centre of analysis and safety planning, recognising that he is causing the harm and danger through choice and therefore the responsibility for behavioural change to increase child safety lies primarily with him. It recognises with equal weight the strength, resilience and protective capacity of the mother and privileges the attachment and relationships she has with her children, supporting these as part of the safety planning process.

Ideas from the Safe & Together™ model have informed this guide. The Safe & Together Institute provides organisations with a continuum of practice to support them in reflecting on and planning their policies, procedures and practices in this work, and establishing how domestic violence proficient or destructive they are.



Safe & Together's self-assessment tool may be helpful in considering individual, team and organisational practice

► Practice approaches and frameworks

Signs of Safety is the national approach to child protection and welfare practice in Tusla. Specifically, it is the expected practice in the processes of Screening, Intake, Initial Assessment, Tusla-led Safety Planning, Child Protection Conferencing, Child Protection Safety Planning and Safety Planning as part of reunification of children from care.

There are likely to be many other theoretical frameworks, practice methods and approaches specific to particular types of harm that inform the practice with families in assessment and safety planning teams. Many practitioners will have additional training, for example in domestic violence informed practice like the Safe & Together™ model, trauma-informed practice, systemic psychotherapy, narrative approaches, forensic interviewing skills, attachment training, play-based interventions, and leadership training.

This guidance aims to draw on the research, evidence, knowledge, ideas, approaches and principles from the field of domestic violence informed practice and provide a vision of that integrated practice to practitioners using Signs of Safety. The guidance has been informed by the Safe & Together model.

► Principles of the Signs of Safety approach

The Signs of Safety approach provides practitioners with tools and methods within a framework for assessment and safety planning (Turnell & Edwards, 1999). These methods and tools support practitioners in their work with families and children. At its core, however, the Signs of Safety approach privileges a number of practice principles that provide and ensure a strong foundation to the work. Without alignment to the principles of the approach, working relationships will lack depth and change is less likely to be rigorous and/or sustained.

Signs of Safety holds relationship-based practice as its first principle. Research indicates that the best way to help vulnerable children is for the professionals involved to have strong working relationships with each other and with the families.

This means a genuine belief that the families we work with have the right to be at the centre of our assessments, decisions, and interventions and that they have valuable contributions to make in assessment and safety planning. This means treating families with the utmost compassion and kindness and recognising that in doing this we are cooperating with them as humans, not cooperating with the abusive behaviours that brought them to be involved with Tusla. “Nothing about you without you” is a phrase within the approach that speaks to our need to hold the people who have harmed children accountable for their behaviour and give them the respect they deserve in being active parts of conversations about them and their families.

When working with families where there are worries about domestic violence, it is important that the perpetrator or abusing parent is only involved in conversations to the extent that it does not further endanger the children or mother. This is explored further throughout this guidance at different process stages.

Collaborating with families every step of the way is critical. Putting children, families and their natural networks at the centre of assessment, safety planning and decision making requires practitioners to maintain a strong transparency in our thinking and our work. It requires us generally to believe in the human capacity for change, hold families as the experts in their own lives, and consult with them consistently as the people who will likely have strong ideas about the solutions for increased safety for their family.

In the Signs of Safety Safety Planning Workbook, which practitioners can find on the Tusla hub, Professor Turnell outlines the relational processes that underpin effective safety planning work using the approach, including the use of authority. A practice skill that is critical in the field of child protection work is using that authority skilfully to require change while maintaining compassion and relationship-based practice. In the Signs of Safety approach this takes the form of establishing and sharing clear bottom lines around the safety of the children in the family. Bottom lines are the bare minimum behaviours that are required from parents or other caregivers to maintain their care of the children.

Professor Eileen Munro, who is internationally recognised for her work in researching typical errors in practice and reasoning in children protection practice, states that “the single most important factor in minimising errors in child protection practice is to admit that you may be wrong” (Munro, 2002). It is a significant challenge for humans to restrain their natural urges to definitively make sense of situations. When we operate in the fast-thinking and fast-moving space of child protection agencies, we quickly move to try to determine a “truth” about the situation in the family. When we do this, we lose curiosity and are less likely to gain a depth of understanding about the child protection concerns. We become more likely to lean into confirmation bias and ignore evidence that contradicts our thinking, and we are more likely to have fractured relationships with the families and professionals who will probably hold alternative perspectives.

The Signs of Safety approach asks practitioners to maintain a stance of inquiry and a humble light holding of judgement so we can be open to multiple possibilities. Leading our work through the questioning approach in assessment and safety planning helps workers to maintain this open stance of enquiry and holds us away from positions of oppressive paternalistic practice.

It is recognised that openness to alternative possibilities can be challenging when working in a domestic violence informed way as practitioners should be clear that the perpetrating of abuse, violence and coercive control is always a child protection concern.

Perpetrators of DVA should be held accountable for the harm and danger to their children, and the responsibility for behavioural change to increase safety for the children lies with that perpetrator. Practitioners should not interpret “open to alternative possibilities” as meaning that concerns about DVA and coercive control need to be “grounded” or “proven”.

Research has consistently shown that perpetrators of domestic violence are highly recidivist and resistant to change, particularly in the medium to long term. Where they have demonstrated a capacity to change meaningfully, it has involved sustained and ongoing treatment/intervention, and this professional knowledge should underpin the depth of analysis and safety planning.

Signs of Safety maintains a rigorous focus on child safety at all stages of the work. Using the analysis categories in the assessment framework to consistently work in the space of analysis (right through to case closure) and the use of immediate safety scaling gives workers the tools to support them to keep the safety of the child at the front and centre of the practice. When we are working with children who have experienced coercive control and domestic violence and abuse, this means working actively with the men

who have perpetrated the abuse and control but doing this in ways that keep the safety of the children and mother central, ensuring we have collaborated with them in immediate safety planning around those conversations with the abusive person. In this practice guidance document we will use the language of fathers while highlighting that in many of the families we work with the perpetrator of the domestic violence, abuse and coercive control are stepfathers, partners of mothers and ex-partners.

Finding the signs of safety, which exist in almost every family some if not most of the time, is a critical practice discipline in the Signs of Safety approach. The Signs of Safety approach does not ask that children are not received into statutory care, rather that they and their parents are at the centre of all those assessments and decision-making processes, and that decisions about child safety are made on rigorous analysis of the harm and danger as well as the strengths and existing safety. When children are received into care, we should treat the first day of their removal as the first day of their return and actively continue our safety planning process towards reunification, with the use of a trajectory and timeline to support that process.

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Section 1: Analysis

The terms “assessment” and “analysis” are often used interchangeably, and this guidance will follow that practice. Tusla’s Standard Business Process outlines the stages at which assessment take place in the Agency, namely Screening, Preliminary Enquiry (Intake) and Initial Assessment, and guides practitioners on the variety of pathways and outcomes. When organisations have clear business processes to support their work, there is a risk that practitioners develop a narrow perspective on where assessment “fits” in that work. Assessment is often viewed in the helping professions as a once-off activity undertaken to complete a form or fulfil a protocol. In reality, assessment is a dynamic process punctuated by critical decision-making points. Therefore, it can be more helpful to think of assessment as analysis, and bear in mind that it is a key task that underpins all of the work we do with all the families in our child protection system. Assessment should

actively engage parents, children and their support people in the ongoing cycle of information gathering, analysis and judgement, to ensure that it is a process carried out in partnership – something done with people rather than to people. Research in one Tusla region examining factors in decision making after Initial assessment highlights that Social Workers expressed ambivalence about their role in the work of domestic violence but also anxiety and concern about their expertise in analysis and decision making in this work, indicating a need for further support, guidance and training (O’Leary, 2022).

The national approach to practice provides practitioners with an assessment framework, the Three-Column Map which includes seven analysis categories and a safety scaling question. The Intake and Assessment processes in Tusla are completed using these analysis categories. Each of these analysis categories is explored further in this guide.

► The Three Column Map

Thinking about the child/teenager and the family situation in this child protection case:

What are we worried about?	What’s working well?	What needs to happen?
HARM	EXISTING STRENGTHS	SAFETY GOALS
DANGER STATEMENT		
COMPLICATING FACTORS	EXISTING SAFETY	NEXT STEPS

On a scale of 0-10 where 10 means the child/teen is safe enough and we can close the case and zero means things are so bad for the young person we must remove them into care immediately, where do you rate this situation today?

Put different judgement numbers on scale for different people, e.g, different professionals, child, parents etc.

0 ←————→ 10

However, once work with a family moves outside of those formal assessment processes and into comprehensive safety planning, it is critical that analysis continues and is an ongoing live task for the social work team. When women and children are living with domestic abuse and coercive control, building relationship through allying with the mother over time will likely support the eliciting of information about the perpetrator's harmful behaviour, so updated mapping is critical in these cases to ensure strong documentation of behavioural patterns.

This ongoing analysis can happen quickly in a brief telephone call, during a home visit or meeting with a child, or over time, perhaps in safety planning meetings with network and family. Every piece of information that is received is filtered by the practitioner into one of the analysis categories and contributes to the consideration of the safety scaling question: Am I more or less worried about the safety of the child?

It can be helpful to consider analysis as the process we go through when we get new information and give it meaning before making a judgement about it, recognising that our judgements are always in the context of child safety and made using the safety scaling question in Signs of Safety.

Assessing immediate safety is also a critical, live part of the work. It is important for practitioners to recognise that risk is not fixed but fluid, and is influenced constantly by changing contexts, individual experiences and relational interactions. With that in mind, good practice involves regularly using the immediate safety scaling question to analyse and monitor risk and check whether safety plans are adequately addressing how worried Tusla is about the safety of the child.

► Practice example

Social Worker Brenda is working with a family and is four months past initial assessment. She has had a number of meetings with the child and family with their safety network. She gets a call from a refuge worker to let her know that Mam Mary and her two children presented to the refuge in distress last night and have agreed to stay for a number of weeks while they are supported to access counselling and court accompaniment services because Mam Mary wants to seek a barring order against Dad Mick.

Use of analysis and safety scaling will lead Brenda into establishing next steps. For example, Mam Mary is seeking a barring order but a barrier to this is actually getting to court, childcare on that day and getting her children to the creche now that she is in a refuge 24 kilometres away when she usually walks there. These barriers actually increase risk to Mary and the children as they impede her attempts to create safety and make it more likely that she will feel coerced into going home.

Social Worker Brenda immediately begins the process of organising this information (analysis) and will ask the domestic violence support worker questions across the analysis categories so she can use her safety scaling question to determine how safe the children are today and tonight. This analysis of the new information will help Brenda to determine a timely and proportionate response to Mary and her children. It will also help her and her team leader prioritise her work today in the context of having to respond to a number of families in her caseload.

Social Worker Brenda has worked with the family for six weeks in the IA process and four months since then. Brenda advises the refuge worker to let her know when a date is set for court hearing and she will start to prepare a brief report for Mary that outlines her involvement with the family and her assessment to date of the impact to the children of living with their father's abuse. This will support Mary's application for a barring order and will bring the children's experiences into the court forum. Brenda also agrees to talk to the children's creche in the family support centre. She will let the staff know why the children are not attending today and that Mary will require childcare support so she can attend court. Brenda has also provided the support worker in the refuge with their team's contact person in St Vincent de Paul as they have helped the family before. They may be able to support Mary financially in getting the children to creche in the short term because Brenda understands that Mick has control of Mary's access to money.

► The analysis of harm-causing behaviour

The analysis category of Harm requires us to analyse the behaviours of the adult/ adults around the child (or perhaps the child themselves in some situations) that worry us – the behaviours, abuse or neglect that triggered the family to be involved with Tusla. We need to analyse what has already happened to or around the child or what the behaviours are that might happen in the future (future danger).

The Harm Analysis Matrix is a tool that helps practitioners to deconstruct harm and slow down thinking so we can get a better depth of understanding of the impact on the child of the child protection worries.

Signs of Safety Harm Analysis Matrix

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers.

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour				
Severity Describes how bad the harmful adult behaviour is				
Impact Describes the physical and emotional impact of the adult behaviours on the child				

A strong harm analysis will be focused on describing who has done what to whom, in plain, behaviourally specific language. It will describe the severity of those behaviours, the timespan and frequency of them as part of a rigorous analysis of how the child has been impacted to date, and will include a variety of perspectives on those elements. Inquiring into firsts, worsts and lasts can support an overview of harm, but it is critical, when working with domestic violence, abuse and control, that this is seen as a way of widening our understanding of the problem, examining patterns of behaviour, opening conversations and writing richer danger statements. Our use of the Harm Analysis Matrix in cases of domestic violence and coercive control should always be layered on a recognition of the pervasive and all-encompassing nature of the power and control dynamics in these families, as opposed to taking a narrow, incident-based perspective.

It should also be recognised that when we focus on “incidents” or the presence of children during incidents, we know from research that harm and danger are minimised by professional agencies and in fact some of the children who are most in danger may not even meet our threshold for assessment (Alexander et al, 2022). When practitioners are mapping their worries and engaging in analysis of harm, it is critical that the perpetrator’s full history and pattern of controlling, violent and abusive behaviours are inquired into and mapped alongside how they impact the child and family.

Our partnership with mothers and our skilful use of the questioning approach, in parallel with our professional knowledge, are critical in analysing what the harm looks like for children living in these

families. An example of questions prepared by a practitioner in one case is provided in [Appendix 1](#) to demonstrate what this might look like in practice. Examining the records and information that we and other professionals have will support practitioners in building a picture of the patterns of the perpetrator’s behaviour, which can often be very insidious in nature and be interpreted by professionals and others as having meaning outside their intent to harm and control the woman and children.

Disclosure

A sensitive understanding of the process of disclosure is critical so we do not misrepresent the absence of information about harm as being the presence of safety. Practitioners in child protection practice can often lean disproportionately on disclosure from women and children as “evidence” of the domestic abuse when there is evidence elsewhere.

This overreliance on disclosure – or on consistent and maintained disclosure – is harmful to women and children. It can lead to a blindness to other signs and evidence of harm; it disregards the safety that might lie for women and children in staying silent or in withdrawing what they have told professionals; it places a burden of responsibility on those who are not the perpetrator of the harm. Exploring with women and children what feels safe to talk about, what doesn’t feel safe to talk about, what they need from professionals to feel supported and helped, is a critical starting point. Practitioners should be mindful that their partners in the domestic violence sector and in the community sector can support the thinking through of how to have those initial conversations with families in ways that are domestic violence informed.

The language we use

Avoiding the use of jargon and generic terms (e.g. “emotionally abusive”, “domestic violence”, “cumulative harm”) is critical in the practice of harm analysis, so that everyone has a shared understanding of the harm and impact can be robustly explored. When assessing domestic violence, abuse

and coercive control our attention to language and ownership of behaviours needs to be even more considered so we can avoid the typical child protection responses that lead to dilution of the harm-causing behaviour, mother-blaming narratives and practice that mirror the oppression that women and children are living with in their relationships.

Practice example

The following two statements illustrate how our use of generic and jargon-filled language instead of plain, behaviourally specific language alters our understanding of the lived experiences of mothers and children.

1

Tusla are worried because there have been eight referrals in relation to domestic violence in this family. The children were only present for three of these incidents but school are concerned that they are emotionally impacted.

Or we could write:

2

Tusla are worried because the Gardaí say that over the past six years they have called out to the family home eight times and that five of these times have been in the past three months. Each time, Mum has called the Gardaí to try to keep herself and her children safe from Dad, who has been violent and frightening to Mum and the children. Mum and the Gardaí have described Dad at different points “losing his shit”, punching walls, locking the front door, shoving Mum, screaming in her face. Sometimes he is drunk and sometimes he isn’t. He has behaved like this when the children are there and when they are not. The school, when asked, say that the children recently seem nervous, cry really easily, are sometimes very tired, and this makes Tusla think that Dad’s behaviour is scaring everyone in the home and making life really hard for his children even though he says that this is not true.

► Culture and ethnicity

Attention to the cultural and ethnic contexts of the family is important and should guide our questions and conversations. However, it is critical that practitioners recognise that regardless of culture and faith, domestic violence, abuse and coercive control are always a child protection concern.

The language around cultural competence and cultural sensitivity can be a common parlance that is rarely deconstructed or reflected upon in the context of child protection practice. When practitioners are working with people who are from a different culture, country or background to themselves, there will be inherent assumptions and biases. Good use of professional supervision is critical to noticing and exploring these. Holding an approach of humility and curiosity will support the working through of biases that might be harmful in our work with domestic violence – for example, the underestimating of abuse in certain class groups, making assumptions about what abuse might be tolerated in certain communities, or assuming that women cannot access protection and support in their community or churches when there might be sites of resistance and support available.

It is important to consider the role of language, in particular the need for interpretation services and the choice of who provides those services. Many practitioners and families have had experience of situations where the women involved have a connection to the person providing interpretation services – either personally, through community or church, or through the perpetrator. This can be dangerous for the woman and must be carefully explored with her from the outset.

Women who are in direct provision may end up homeless if they leave their accommodation, and there may be restrictions on their ability to work or other barriers to the labour market, meaning that women may have little financial independence. In some religions women are not allowed to be in certain spaces without their husbands. Separation from a husband may be seen as unacceptable and shameful in some cultures or for some families, leading to significant network pressure for mothers to stay with their abusive partner or husband. Where culture, religion, societal norms and gender intersect with abuse, practitioners need to assess the ways in which that intersectionality makes things more dangerous.

Practitioners are strongly encouraged to seek out and liaise closely with our community partners for consultation and support, particularly the New Communities Partnership, which is funded by Tusla.

<https://www.newcommunities.ie/>

► Analysing perpetrator behaviour

It is critical for practitioners when analysing harm caused by coercive control to consider the patterns of the perpetrator's behaviours. Focusing on specific isolated behaviours will minimise the harm and danger and increase the practitioner's vulnerability to being manipulated by the perpetrator, who can seemingly explain their behaviours easily.

It is a wide range of coercive and controlling behaviours that create the feelings and experience of constant vigilance, fear, anxiety, exhaustion, lack of worth and entrapment that victims of coercive control describe. For that reason, lists of behaviours should be held lightly. They are not exhaustive and should be considered as widening the lens a practitioner has for how coercive control might show up in many subtle ways in the families working with Tusla. When we can identify red flags for coercive control we can formulate domestic violence informed questions to explore and analyse more about what life looks like in the family and where power and control lie. Some of the red-flag behaviours are outlined below.

Examples of the tactics and behaviours used by perpetrators of coercive control:

- Having rigid expectations of behaviour, routines and rituals in place that constrain the time, space and movement of the family – lists of jobs to be done, housework tasks that have to be completed
- Withholding and controlling basic resources like food, water/shower access, electricity, clothes, sanitary products, self-care items, makeup, soaps, duvet
- Monitoring and stalking – phones, messages, GPS trackers, car mileage, having the children check on her and give reports back, having others watch her and testing her, timing her when she is out
- Driving dangerously
- Gaslighting
- Punishments for breaking the “rules” and expectations – might include shouting, screaming, name-calling, threats, interrogating, mocking, belittling, humiliating, withholding interaction or affection, use of silence
- Undermining the self-esteem and self-worth of the woman
- Causing or facilitating them to use alcohol or drugs so they look like a bad parent and remain vulnerable
- Threatening to use their mental health difficulties or addiction difficulties against them with services
- Calling the Gardaí on them or getting protection orders, saying they are afraid of the mother
- Asking for welfare checks on the children, using services against the mother and children
- Threatening to hurt the children or making comments that allude to that
- Hurting or threatening to hurt pets
- Isolating women – turning them against their family and friends or punishing them when they see other people in a way that makes them withdraw; turning other people against them; manipulating friends to choose “sides” in separations
- Threatening to kill themselves, often to prevent leaving

- Sexual abuse and coercion, paranoia about cheating, sexual degradation, removing her autonomy around having/not having children, taking sexual images and using these to threaten her
- Physical abuse including hitting, shoving, burning, banging her into walls, hair pulling, pinching, wrecking her car, throwing things, breaking property, using weapons or threatening weapons, choking and strangling, encouraging her to kill herself, withholding medicine and medical care, regularly disrupting her sleep, making her get cosmetic enhancements
- Targeting the mother's confidence in her parenting – telling her she is a bad mother, that the children are damaged by her; attacking important parts of her identity; comparing her to other people; chastising her for how she speaks to and disciplines the children
- Preventing the children and their mother from spending time together that they enjoy
- Preventing the children and mother from showing each other affection – sometimes this is gendered (calling a boy a baby, or mocking him for being affectionate); sometimes this is through control of the mother and her knowledge that she will be punished in some way if she is seen to be happy and having fun with her children

Examples of the ways in which perpetrators attempt to undermine the parenting of the mother and the mother-child relationship

- Giving mixed messages and overriding discipline – telling the kids they can do something that their mother has set a boundary or rule about; having a permissive parenting style and making it look like she can't handle the children
- Preventing the mother from comforting her children when they are upset
- Buying the children excessive toys and presents
- Threatening to involve child protection services or have the children taken into care
- Telling the children "bad stuff" their mother has done, sharing inappropriate details with them
- Accusing the mother of "parental alienation" and attacking her role in the children's lives
- Openly disrespecting the mother in front of the children, encouraging them to have a negative view of her or little respect
- Not letting the mother bring the children to appointments like therapies, assessments, GP for vaccinations

Examples of ways in which children experience direct harm

The following statements were recorded by the Empower Kids team (hosted by Barnardos). In them, children described their experience of direct harm through coercive control.

- Acting like they are always more important than us: expecting us to be seen and not heard, expecting constant obedience, acting like we know nothing
- Making us feel alone: taking our phones away during visits and not letting us text or speak to Mum, not letting us see our family, not being able to have playdates, acting creepy to our friends
- Using threats to make everyone behave in certain ways: saying they will kill us, saying they will kill our mother, threatening to leave the family, hurting us, putting pressure by asking things all the time, threatening Social Workers
- Hurting with money: always talking about money, not allowing us to use the food or heating unless they say so, complaining about spending, buying presents to force love and forgiveness, spending money gambling or on drink, only buying food they like
- Denying and blaming: saying it's not a big deal, pretending things didn't happen when they did, telling us it was our fault, blaming us for making a mess, saying we are too sensitive, saying we made them angry
- Using children: forcing us to get involved, asking about the other parent, telling us whose side we are on, always mentioning us in arguments, threatening to leave and take us too
- Frightening us: using big wide eyes staring at us, pouncing and laughing, always watching, making themselves bigger, smashing things, driving like they want to kill you, following us around the house, hurting our pets
- Hurting us inside: shouting, screaming, using curse words, making fun of us, ignoring us, keeping secrets, blackmailing us, showing no patience, not replying to our texts, name calling

A useful poster illustrating the Coercive Control Web is available here:

<https://www.barnardos.ie/wp-content/uploads/2023/11/Poster-A4-FINAL-colour.pdf>

► A note on couple conflict

There are families that experience difficulties that might be described as couple conflict, relationship/martial problems, situational violence or a high-conflict relationship. There are referrers and families who may describe “conflict” in a relationship and may indicate that both adults in the relationship are mutually involved in the perpetrating of problematic behaviours that can sometimes be physical in nature. Children may also describe both parents are engaging in behaviours that are problematic or violent or scary to them. Such situations, which can certainly be harmful to the adults and the children involved, differ from domestic abuse and coercive control in ways that relate primarily to power and control.

However, descriptions like these are also often used where the families concerned are in reality living with domestic violence, abuse and coercive control. It can, in practice, be challenging for practitioners to ascertain whether abuse is present. As we know, in abuse and coercive control contexts, the perpetrator’s intention is to control their partner or family and the behaviours tend to have credible threat, an extent and a depth of control and impact (Katz, 2022). Where there is couple conflict, and verbal aggression escalates to physical aggression, there is likely to be a difference in the intention of the adult perpetrating the harm and a difference in the range and pervasiveness of their behaviours.

What is most helpful in assessing the presence of abuse and control in a relationship is partnering with the mother and children initially and exploring the behaviours that are a concern. Establishing what specific behaviours are being used by whom and what impact those behaviours have on the other parent/partner and the children will support an analysis of who has

more power and control in the relationship and who is experiencing more harm.

A proportion of these cases come before the family courts and are also referred to Tusla. This poses a particular practice challenge that is addressed in the following section.

► Post-separation abuse

Research and experience tell us that perpetrators of coercive control will continue their abusive and controlling behaviours after separation, although the tactics and behaviours used might change. Perpetrators of coercive control often use systems as part of their abuse and this includes litigation abuse, i.e. the use of family law and court systems to maintain control and continue to harm the mother and children.

When practitioners involved in Screening, Intake and Initial Assessment become aware that there are family law applications in process for children and parents, this does not lessen the need for careful analysis of any concerns regarding domestic violence, abuse and coercive control. Safety planning should continue based on the identified past harm and danger, which remain the risk after separation.

Family courts are not an *alternative* to frontline child protection services, so it is not appropriate for frontline child protection services to hold an either/or position in relation to families being involved with Tusla and court systems. There are many families involved in the court systems where there are also child protection and welfare concerns, and practitioners should not assume that these will be brought to the attention of or identified by the courts, the judge, solicitors, or private assessors.

Separation is not safety or a safety plan in itself, and a case should not be closed on the basis that the perpetrator of the abuse no longer lives with the mother and the child(ren) without completing adequate analysis and safety planning. This includes when there are legal orders in place such as barring orders, safety orders, access orders, and supervision of access. We know that the presence of these orders does not directly lead to the perpetrator stopping or reducing their harm-causing behaviour.

When there is a concern that perpetrators are using litigation as a means of control and abuse, some helpful questions to consider might be:

- Who is making applications? What are those applications for? What is the intention and hoped-for outcome of the applicant? What is the frequency of applications? Is there a pattern of escalation and what has been the context of those escalations, e.g. unsuccessful applications leading to increased numbers of appeals and applications?
- Is there is a concern that the father is using systems and litigation to maintain abuse and coercive control? What does he say in response to this? Does he frame his actions with the child's needs and rights as central or is there is a position of authority, entitlement or revenge within his narrative? Does the outcome that the father is seeking align with how his experience of parenting has been to date? For example, if he is seeking shared custody or weekend access, has he, pre-separation, provided that type of care and attention to meeting the full range of needs of the children?
- What does each parent say is helpful and/or harmful about the current proceedings? What are their best hopes and worst fears about them?
- What has been the impact on the child of the litigation to date? How has it impacted them directly? How has it impacted their relationship with their father? How has it impacted their mother's parenting? How has it impacted the overall ecology and functioning of the family?
- How is the voice of the child being considered currently? Do the children have influence? Are applications being made by parents that are different from what the children wish? What is the rationale for that and does it have the child's needs and rights as central?
- What do others in the family network (professional and natural networks) believe is reasonable or worrying about the current level of litigation in the family?
- How is the mother mitigating these concerns? How is she supporting her children within the processes and what protective and nurturing efforts has she been making to keep them safe and supported?
- What and who is supporting the mother of the children in navigating the family court system – practically, emotionally, financially, with childcare etc.? How is this helping?

Domestic violence informed practice will consider the impact on the mother of engaging in such adversarial systems, which might make her directly more vulnerable to further abuse, powerlessness, oppression and silencing. If practitioners are working with women who may be living with domestic abuse and they are attending court to make applications regarding custody, access, domestic violence orders etc., it is vital that the practitioner first establishes that it is safe for the woman to pursue what is required in that regard and then considers what supports the woman is offered or connected to in order to engage in that process and successfully achieve the order that she is seeking.

If the mother making a court application is part of safety plans for children, the practitioner should directly support the woman in these processes and work with her to access the support of a domestic violence practitioner, legal representation or an advocate if she does not have one.

If practitioners have been working in analysis and safety planning with the family, even in the early stages of Intake and Initial Assessment, they should share their analysis with the family law court so the child's lived experiences and voice can inform a decision by the court on what is in the best interests of the child.

When working with domestic abuse post separation, practitioners will likely need to communicate to the court that until the father has engaged in safety planning work, contact cannot be supported by Tusla when there has been an assessment that there has been harm to the child and a lack of demonstrated change or increased safety. Children have a right to a relationship with both their parents, but they have an overriding right to safety, physical and psychological. Although the

courts will have decision-making power, the role of the social worker is to share their analysis and judgement of the safety of the child, which is supported by the professional knowledge available and should be analysed with a developmental lens. Social Workers should always, as good practice, bring the voice of the child to the professional spaces where decisions are being made about their lives.



The following paper by Dr Stephanie Holt supports practitioners to consider fathering in the context of domestic abuse and violence, including in post-separation contexts. It is useful for practitioners to reflect on how they might see the “domestic violence” as being separate from the “parenting” of the father when research illustrates that they are very much interlinked.



Dr Katz writes regularly on her Substack blog and has a detailed post sharing her learning from her research entitled ‘Post-Separation Abuse and the Devastation It Causes’.

The impact of post-separation abuse on children is discussed on p. xx below.

► A note on parental alienation

Through contact with services and the court systems, perpetrators may accuse the mother of “parental alienation” to further attack her and the relationship she has with her children and manipulate professionals in their positioning towards the mother. They may also use this term in response to being challenged about their abusive behaviour in the family or to attempt to counteract evidence of domestic violence.

The term “parental alienation” is often used in public and private discourse. Internationally, there is no agreement that it exists as a defined and legitimate concept, although other jurisdictions, agencies and professionals working privately may use this term with practitioners in their child protection and welfare work. However, practitioners should be clear that their role is to examine harmful behaviours and the impact they have on children and should not use this term in their work, including in contexts where “expert” assessors are using it with certainty. Independent and other assessment reports should inform child protection and welfare work but do not negate our responsibility in formulating our own domestic violence informed assessment and safety plans. When the term arises, practitioners should identify this as an indicator of coercive control and seek to widen their analysis of the power and control dynamics in the family.

► Analysing impact on children

Once we have a depth of understanding of the range and severity of power, control, abuse and violence that is located in the behaviour of the perpetrator, it is critical to establish what impact it has on children living with these experiences in their family.

Children First: National Guidance for the Protection and Welfare of Children (Department of Children and Youth Affairs, 2017) outlines how living with family conflict or family violence is a form of emotional abuse.

The many risks to children who live with domestic abuse and coercive control include:

- Being abused as part of the abuse against the non-abusing parent
- Being used as pawns or spies by the abusive partner in an attempt to control the non-abusive parent
- Being forced to participate in the abuse and degradation by the abusive partner
- Direct physical or sexual abuse
- Physical injury to the child by being present or intervening when violence occurs
- Hearing abusive verbal language, including humiliation and threatened violence
- Observing bruises and injuries sustained by their mother
- Observing the abusive partner being removed and taken into Garda custody
- Witnessing parent/carer being taken to hospital by ambulance
- Attempting to intervene in a violent assault
- Being unable or unwilling to invite friends to the house
- Frequent disruptions to social life and schooling because of moving house to flee violence or living in a refuge
- Hospitalisation of the non-abusing parent/carer



This resource from Barnardos captures a YouTube Live event focused on the impact of children living with domestic violence.

Factors which may determine the impact of domestic abuse on children, and their responses:

- Age and stage of development of the child
- Timespan, frequency and severity of violence experienced, witnessed or overheard – consideration of cumulative harm is critical
- Patterns of abusive and controlling behaviour of the perpetrator
- Isolation of the family, presence or absence of other supportive adults
- Concurrent issues such as race, culture, gender, disability, sexual orientation and socio-economic status
- The presence of other risk factors in the family, such as mental illness, learning disabilities or substance abuse
- Quality of the mother-child relationship
- Type of attachment with the father
- Level of outside support, such as from extended family
- Nature of interventions from agencies or community – they may not be able to prevent violence/abuse but can help support the child

- Whether the child is drawn into colluding to keep the violent events/abuse secret
- Whether the child blames themselves for the violence or being unable to prevent it
- Level of manipulation of family relationships by an abusive parent.

It is important to note the nuances that exist when considering the above factors. For example, when considering the timespan of abuse or length of time children have been living with the abusive behaviour, this should be balanced with a consideration of the complex reasons that women may remain in a relationship, the systemic barriers to leaving an abusive relationship, and an exploration of how these choices are made when women are making efforts to prioritise the safety of themselves and their children, which often leads to staying being chosen as the safest option at that point in time.

Getting depth to our analysis of impact is critical, so the following sections outlines how practitioners might expand the lens through which they consider the concept of impact.

► Considering the link between domestic violence and child abuse

Research indicates that children who live with domestic abuse are at increased risk of experiencing physical, emotional, and sexual abuse, of developing emotional and behavioural difficulties, and of increased exposure to developing other adversities in their lives (Holt, Buckley & Whelan, 2008). Children are often directly abused themselves when their mother is being abused.

► Considering impact through a developmental lens

Child development is the cognitive, social, emotional and physical progress we make from birth to adulthood. The impact of living with domestic abuse needs to be considered in line with a child's developmental stage. For example, babies cannot protect themselves or leave a stressful situation and depend entirely on adults to meet their needs and keep them safe (Bunston, 2015). Teenagers, on the other hand, are better able to reach out for help, although this does not necessarily mean they feel safe to do so.



Little Eyes, Little Ears (Cunningham & Baker, 2007) is a resource that considers what children of various developmental stages might feel, think or do during violent incidents against their mother, strategies for coping and survival children may adopt when living with domestic abuse, and how domestic abuse may be experienced by children of different ages, from infancy to adolescence.



Notice Me, Think About Me, Ask About Me is a Barnardos project created to increase awareness of the impact of living with domestic violence on babies and pre-school children. An animation is available here

► Considering impact post separation

When children have been living with domestic abuse and controlling behaviour, they are highly likely to continue to experience the harm associated with their father's abusive behaviour during the time they spend with him post separation. This may be through informal contact, through custody or access arranged either by court order or otherwise. Practitioners should ensure their analysis of harm, danger and safety is ongoing in that context and that they are informed of the research evidence relating to the parenting skills of fathers who have perpetrated domestic abuse.

► Practice examples

Impact is not just about being in the room. The following examples illustrate how we can write about impact on children.

Karla is seven months pregnant and is an inpatient in hospital. Recently, Frank assaulted Karla, resulting in fractured ribs and a broken nose. Karla and staff in the hospital say Frank is trying to sabotage her by bringing bottles of alcohol into the hospital, and Karla is drinking these – she says to help her cope with the pain and the stress. The clinical midwife specialist reported that an ultrasound scan indicated baby is quite small for gestational age, the blood flow from placenta to baby is slower than it should be, and there is foetal stress. The specialist stated that there needs to be foetal monitoring weekly. She noted delivering a baby prematurely has complications, and it is quite likely Karla will go into labour well before her due date.

Mum Dervla described how Dad John withheld information which prevented her from applying for medical cards for her children. When baby Gemma was sick, she could not bring her to her doctor without the medical card and Mum and Gemma ended up spending a long night in the busy emergency department in the hospital so that Gemma could be medically reviewed.

Mum said that Dennis (age 4) repeats his dad's words and threats towards his mum such as "I don't want to see you" and "Get out of the house".

Hanna (8) and Zara (6) were home when the Gardaí and ambulance arrived after their mum got injured with a knife. Their dad said there had been an argument. Their mum was taken away on a stretcher unconscious. Garda Sarah said that Hanna and Zara had blood on their pyjamas and on their hands and looked scared. Garda Sarah said she felt sick for the girls when she thought of what they had probably seen and thought they looked traumatised because they were just standing there looking at everything.

Callum (age 5) has been seen by his social worker, grandmother and staff from his school lashing out and being aggressive towards his mam. He has been seen hitting her out and about in town and at school. Social Worker Jen has seen Callum asking his mam, "Why are you so stupid?" and saying, "Why won't you do what I tell you to do?" and shouting at her in a way that is not childlike and leads to professionals believing that Callum has seen his father behave in abusive ways in the home.

Lee (age 13) told Social Worker Louise that when Dad Paul is in the house and he is screaming and shouting at his mum, he locks himself and his brother in the bathroom. He said that he never lets his brother know how scared he is but that he is "feeling sick inside" when the shouting stops because he doesn't know if his mum is okay or not. He said it takes days and weeks for the sick feeling to go away and "actually it's kind of always there". Lee also said he "knows he should go and help Mum" but he is scared.

Kelly (aged 14) wanted participants at the Child Protection Conference to know, “I feel like I am carrying a ton of bricks on my back, and I will never be able to put them down. I feel hopeless and nothing is going to change. I feel constantly on edge and alone.”

Miss Byrne in the school talked to Mam Mags about the children not having enough food in their lunchbox as she collects them from school. Mam Mags has told Miss Byrne before about how Jonny is controlling and doesn't like her going out and about to shops. Miss Byrne asked Mags would she be okay with the school giving extra food to the children and Mags seemed scared, saying Jonny would be annoyed and embarrassed and the children would tell him. Jonny's control of money, Mags's freedom and family food means his children are hungry in school.

The children told their Social Worker Nicky during My Three Houses session that their dad is nicer to them than their mum, that he buys them treats every day and lets them watch television. Nicky knows from meeting with Granny and Auntie Jane that Dad undermines Mum's efforts to have a good routine and healthy diet for the children. It seems that he is choosing to give the children high-sugar food despite Marcella being overweight in an effort to disrupt their relationship with their mum, who is then placed in a position of “bad cop”.

Family Support Worker Janet has worked with the family for about six months. She has noticed that any time the children seem to be having fun and laughing with their mother, Dad Sheif starts banging things around the house and Mum starts becomes irritable with the kids and telling them to be quiet. Because this is a pattern that Janet has noticed she asked Mum Sofie about it when they were alone and Sofie said that Sheif “likes a quiet house” and doesn't like the kids making noise. Janet is worried that Sofie's relationship with the children is being impacted, by Sheif controlling how his family behaves and that Sofie can't always have the fun with her children that they all enjoy because she feels she has to keep them compliant and submissive for Sheif.

► Considering the impact of domestic violence on parenting

Women's parenting can be negatively impacted by living with domestic abuse, which in turn can have impact on their children. We need to ask questions about those harms while also exploring the resilience and protective efforts. The most critical protective factor for many children is the bond and relationship with their non-abusing mother. When perpetrators intentionally target the mother-child relationship as part of their pattern of behaviour, this should be considered as extremely harmful.⁴

4. For a detailed overview of research findings on the impact of domestic violence on parenting, see Holt, Buckley, & Whelan (2008); Lapierre (2010).

Some of the ways in which mothering is impacted by experiences of abuse and coercive control include but are certainly not limited to:

- Living with high levels of fear of serious injury and death and the continual undermining of her sense of self can impact the mother's mood, emotional presence, stress levels, energy and physical health, leading to an impact on her ability to engage in parenting tasks in ways she would like to.
- The impact on mother's coping and mental health might lead to use of alcohol or drugs.
- It may be difficult to establish or maintain authority with her children if she is intentionally undermined by the perpetrator as part of the abuse or control.
- Her emotional or attachment relationships with the children may be impacted and often directly targeted by the perpetrator.
- Mothers may be perceived as overly punitive by their children because of their attempts to keep them safe through managing their behaviour or their efforts to provide boundaries and maintain routines.
- Mothers are often denied autonomy around resources like money, cars, bank access, food and freedom to engage with services, and this can impact their children's needs when the mother is the primary caregiver, as is the norm.

In the course of assessment and safety planning in contexts where there are indicators of domestic violence, abuse or coercive control, practitioners may hear about or have worries about the mother's parenting skills or the mother-

child relationship. In such cases, it is critical that they inquire into the ways in which the mother's experiences are impacting her parenting, what role the male perpetrator or father has in parenting or supporting the parenting of the mother, and how his tactics to abuse and control may be directly targeting the mother-child relationship (Katz, 2022).

In assessing whether children's needs are being met, it is also critical that practitioners consider fathering with the same weight and standard as mothering. Focusing on gender constructs of parenting risks leading practitioners to blame mothers for child protection and welfare concerns, and so "failing to protect" the children.

Being a perpetrator of domestic abuse is not separate from the parenting and fathering role that the perpetrator holds. In their parenting, abusive fathers are often inconsistent and harsh, have rigid and unrealistic expectations of children's behaviour, are aggressive and insensitive in their parenting, believe that their own needs take priority over their children's needs, and have high expectation for compliant behaviour (Mohaupt, 2020).

► **Recognising and analysing the risks associated with post-separation abuse**

Research indicates that coercive control tactics are likely to continue and even escalate post separation, and children can be used as a vehicle for this (Holt, 2015; Holt, 2020). The first six months post separation are considered the most dangerous time for women and children in relation to serious assaults and homicides.

In 2021, Davina James-Hanman and Dr Stephanie Holt published a paper that presents a 7-Point Plan in the context of evidence that men who are abusive are

likely to be poor fathers and continue to abuse following separation (James-Hanman & Holt, 2021). This evidence is at odds with practitioners' typical experiences of family court norms. Systems often position the parenting of the father and the father-child relationship as separate concepts and experiences, and there is an overriding assumption that ongoing contact with a father is in the child's best interests, even where the children have been living with domestic violence and coercive control. This indicates the need for careful safety planning around children's post-separation contact.

► Considering multiple pathways to harm

The Safe & Together model provides a framework for the intersection of the domestic violence perpetrator's behaviour and its impact on children. This model assists us to broaden our assessment of the impact on children of living with domestic abuse and coercive control.



[A link to David Mandel speaking about the multiple pathways to harm can be found here](#)

Like Harm Analysis in the Signs of Safety mapping, this model supports mapping of the full range and pattern of behaviours used by the perpetrator in their coercive control and the actions taken by them to harm the child. These behaviours are then individually linked to how they:

- Directly harmed the child, short and long term (impact on them developmentally, emotionally, socially, educationally, behaviourally, physically, etc.)

- Infringed on the child's safety and caused trauma (making them physically unsafe, physical and sexual abuse, causing them to see, hear or learn about the violence, etc.)
- Affected the wider ecology of the family (housing stability, finances, loss of extended family relationships, disruptions in school and community connections, etc.)
- Affected the mother's parenting (mental health, authority loss, interference with day-to-day care, etc.)

► Observations and analysis of the child's presentation and development

Observations made during home visits or interactions with children are very important and should be documented on file and captured in the first column when considering impact. What does the behaviour and emotion of children tell us about what their experiences may be, what the impact of the perpetrator's behaviour might be on them, considering the multiple pathways to harm? Practitioners should use the professional knowledge available to them about the impact of domestic abuse on children and the presentation of trauma using a developmental lens.

► Practice examples

Social Worker Jules noticed that when she visits the home and Dad isn't there, Callum can be very chatty, but when Dad is present Callum won't make eye contact or speak to Jules.

Social Worker Darren observed that when Dad entered the room Mary's shoulders tensed up and she went quiet. Darren is concerned about the level of control that Dad has in the home and considers Mary's responses in that context. Prior to this, Mary had been playing with her Barbie in a bright manner.

Social Worker Jane finds that when she speaks to John about times Gardaí called to the home, he tells her he "forgets" or "can't remember". He engages in distraction techniques and in the context of him living with domestic violence, Mary is cognisant that it probably does not feel safe for John to share his experiences with her. Mary acknowledged this with John and played some board games with him.

Social Worker Louise noticed that Becky, aged 5, presented on the last three home visits as very dysregulated. She was lashing out at her mother easily unprompted, she was biting her nails a lot, she was thrashing her body around the floor when her mother asked her to do any simple task like come and have her dinner. Louise has known and observed Becky since nine months ago and this is not how she usually presents. Mam Jess told Louise that since access was increased in court to twice a week, Becky has "been wild" and this has been particularly bad in the mornings with separation anxiety going to school.

Jessica, aged 15, met with Social Workers for an hour and presented throughout as distant and disconnected. She showed no emotion when she recounted similar descriptions to her little sister Farragh about how Dad has treated them over the past years. She stated a number of times that she is fine, doesn't get upset and just "forgets about it". When discussing this later with her mum Brenda, Social Worker James heard Brenda describe Jessica as "switched off" and holds lightly and curiously Jessica's statements about not being impacted emotionally... James wonders if this is a trauma response and Jessica's way of coping with the very abusive and restrictive ways in which her father controls his family.

► Application of professional knowledge

We need to bring professional knowledge into our questions, observations, danger statements. For example, what do we know about trauma responses in small babies? What do we know about the additional vulnerability of children with disability? If a child is presenting with sexually harmful behaviour what does research tell us about the manifesting of trauma in children of that stage of development or about the correlation between domestic abuse and sexual abuse of children? If a teenager is presenting with risk-taking behaviours like running away, taking drugs or engaging in high-risk sexual behaviour, how can we be curious and professionally informed about the impact of living with domestic abuse or how developmental trauma might become visible in adolescents?

► Recording in a domestic violence informed way

When the practitioner has engaged with the family and professionals to ask rigorous questions to understand more about the perpetrator's harmful behaviour and how it impacts the child and family, this information is recorded in our map, in the first column alongside our worries about future danger and the complicating factors.

The following is case example of a practitioner's harm analysis being mapped in a case of an unborn baby. This is not the full harm analysis, rather some paragraphs were extracted for illustrating the rigour and attention to language in the work.

► Practice Example

People were not worried about Gerry controlling or abusing Emma in the beginning, their main worry was their alcohol use. As far as the professionals and Emma say, the worry and control and abuse started when Emma got pregnant last autumn.

Since the pregnancy things have got worse and Emma is controlled by and frightened by Gerry, as far as we can see most of the time, and it seems like it has taken over her life and very quickly become very serious. Gerry's behaviour, the amount of risk factors in his behaviour, his words and his beliefs are making Tusla so worried that we are of the view this is one of the most dangerous cases of domestic violence that we have worked with.

When asked what made it so scary that time she identified as the worst time, Emma said she had to constantly figure out Gerry's moods. She seems to have managed her days carefully to keep herself safe when they were away for the week. She had to not talk about being pregnant, almost pretend she wasn't because he was very clear saying he doesn't want this baby and she was to have an abortion. She had no money, she had been on her own with him for days by then and it felt unsafe.

Emma has to work really hard to influence and manage how other people speak to and behave around Gerry, e.g. telling the social worker not ask him about the baby or wind him up. This is probably because he will take it out on her after, this leaves Emma visibly on edge, heightened, jumpy.

Social Worker Sunita had a coffee with Emma in August and she described Gerry threatening to kill himself more frequently in the prior few days. It was in a context of Sunita trying to meet Emma and Emma had cancelled a few times. Tusla suspect that Gerry was trying to manipulate and control Emma's contact with professionals through these threats to kill himself.

Emma said Gerry is "textbook", she has done her own reading about domestic violence. She said she exists by getting in line with what he wants, if she doesn't manage his mood there will be consequences. Every decision she makes she knows there is a consequence from Gerry. Because she has been beaten and raped by a previous partner, she says she feels this "isn't that bad".

It worries Tusla that Emma says everything will be fine when the baby is here and how could Gerry not love his baby when he sees it. She says she is not worried about the safety of the baby when it is born. Gerry has spoken for hours to Emma about his visions and fantasies of killing the baby. Tusla are worried that the contempt with which Gerry speaks about the unborn baby and his violence and control of Emma are so stressful and hard for Emma to cope with that she has to hold on to some kind of hope that he will change in order to get through this time where he is so abusive to her. Emma is probably also really scared that if professionals are so worried about the baby that maybe she will be taken into care.

The practitioner in Emma and Gerry's case gives a sense of the escalation and severity; she is focused on holding the perpetrator of the abuse accountable for his behaviours in her language; she located worries about Mum Emma in the overall context of the abuse and control.

She analyses the controlling behaviours of Dad Gerry rather than focusing on specific physical incidents and she establishes the impact on and perspective of Mum as central to the narrative. It is evident in this example that the practitioner prepared and asked intentional, curious and domestic violence informed questions as part of her assessment.

► The voice of the child

Children are not passive witnesses to domestic violence and abuse. As outlined in the introduction, they are actively engaged in the experience and sense making of it (Overlien & Holt, 2018; Overlien & Hyden, 2009).

In the Signs of Safety approach, My Three Houses is the tool used to support children to tell practitioners and others about their lived experiences. The three houses mirror the three columns in the assessment map and practitioners should prepare intentional, age-appropriate questions that support children to engage with them. It is helpful to think of the My Three Houses tool as being one way to help children have the opportunity to talk to practitioners.

Practitioners should be mindful to collaborate with parents about the safety of the child in the meeting with Social Workers and ensure that any danger is attended to through immediate safety planning. It will not always feel safe for children to tell professionals or others about what is happening in their home

and the interviewing of children should respect the pace of the child with time and attention given to rapport, relationship building and context setting. Careful consideration should also be given to how children's disclosures and information will be used, how this will be explained to them, and how the information disclosed will be managed in conversations with the perpetrator of the abusive behaviour.

The term "disclosure" can have a narrowing effect on how Social Workers work with children. A lack of clear disclosure about abuse and violence is not evidence that the child is safe from violence and abuse and coercive control. Children can find it hard to put their experiences into language, and when they do so it may be as a one-off or as a process. A developmental and trauma-informed lens should be taken and child interviews not weighted as a means of corroborating or "proving" – or "disproving" – the referral information or child protection worries.

Sources of information other than the children's and mother's disclosures should be considered first and amplified in terms of talking to the perpetrator. There will be times when the only information source is the children or the mother and in those scenarios careful safety planning with the mother should take place in advance of talking to the perpetrator.

Children deserve to be asked about their lived experiences of violence, abuse and coercive control. Children have shown that under the right conditions they can share their experiences with professionals, and it is embedded within the values of Tusla and of Signs of Safety to put children at the centre of analysis and decision making about their lives. Practitioners can read further about children's experiences of participation in

child protection and welfare interventions in research by Holt et al (2023).

Children want to be told why we are meeting with them. Therefore talking to their caregiver, usually their mother, about what they already know about the Social Work involvement, how the interviews may be explained to them, or perhaps considering the use of short-form Words and Pictures are recommended.



The children who have been part of the Barnardos Empower Kids Project have produced resources to share their voices, advice and asks of professionals working with them in the context of domestic violence and abuse.

► Exploring impact on children

Examples of questions you would ask during the course of your assessment to explore the impact on children:

- Dad, when you are violent, put yourself in your son's place – What do you see? What are the adults doing? What are you feeling?
- When was the first time your children heard something like that?
- What has the child seen that he would say has made him upset?
- If baby could talk, what would they say was the scariest time?
- What do people think about the impact that living with all this has on John? What signs, reactions or behaviours does John display that tells us this?

- What did Jenny miss out on because of the fear and stress caused by her Dad hurting and scaring and controlling her mum and everyone in the home?
- Dad, what values are important to you that you think will be important for this baby to see at home as they grow up? When are the times you have modelled these values for baby? When are the times when you have not? Do you think all of those behaviours we have talked about align with who you want to be?
- If I asked your children what they would need to see you change or stop at home to help them feel safer, what do you think they would tell me?
- What does Bailey's mum notice about him and his behaviour or way of being that lets her know he is confused or sad or scared by his dad's behaviour?
- When the nurse said that baby Macey was unusually quiet, how did she make sense of that observation knowing the context of Mr Sheeran's behaviour in the home and thinking about how she normally experiences babies of that age?

It is important that the perpetrator of the abuse is directly engaged in analysing impact to the children. Assessing whether fathers are able to identify and connect with the impact on their children of their harmful behaviour – whether they are able to see their behaviour from the eyes of their children – is an important part of the assessment, particularly in terms of capacity for change. The ability to see the world from their point of view is called 'mentalisation'. Children feeling "seen" by their parents supports their resilience and sense of security. The use of relationship questions such as some of those shared above supports the father to consider the impact of their behaviour on the children.



Dr Daniel Siegel shares ideas about promoting emotional safety and attachment security in the parent-child relationship using the Four S's – Safe, Seen, Soothed, Secure.

In [Appendix 3](#), practitioners will find an example of questions prepared for use in My Three Houses by a social worker going to meet a child as part of an assessment of worries about domestic violence. Practitioners should use their engagement skills and professional knowledge to turn these curiosities and question ideas into conversations that are appropriate for the age and stage of development of the child, as well as being child led, and talking about what interests the child and what they signal they would like to talk about.



The EPPI Toolkit on the Tusla hub and the Tusla Child Participation Toolkit provide additional resources for practitioners in establishing best practice and engaging children in the work.



Participation Resources Tusla – Child and Family Agency



Dr Karen Treisman MBE, clinical psychologist, is a trauma specialist who has produced a number of tools to support children's voices to be heard. Links to resources can be found on her website.

Through the TLC Kidz Project in Co. Clare, Barnardos met with a group of mothers who shared powerful thinking and words for professionals on their children's and on their own behalf. They shared some important messages about what they know to be best for their children in talking about abuse.

- “By not naming it – you are shaming or isolating someone even further.”
- “It can be hard to articulate through words: support children to be heard in other ways that connect with the age of the child.”
- “Even look at children through the lens of coercive control. What they say through the lens of coercive control, how they act through the lens of coercive control.”
- “Try not to get too much from them too soon, it takes time.”

When practitioners talk to children it is important to recognise that what they do not say is as important as what they do say. Boundaries and feelings of safety are important for children. They may not feel it is safe to talk about their experiences, they may use play or their toys to show their experiences and feelings, they may talk about their father with an exaggerated positivity as a protective mechanism or they may talk about their mother as the person that worries, upsets or hurts them the most. In any of these contexts and others like them, it is important to consider the far-reaching impact of coercive control and domestic violence on the child, on the mother-child relationship, on parenting and on the whole family functioning.

The following Harm Analysis template includes some prompts for practitioners to support them in developing depth to their assessment.

Signs of Safety Harm Analysis Matrix

When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The harm analysis matrix below is designed to assist professionals in their mapping of the harm caused by domestic abuse.

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour The dangerous or harm causing adult behaviour. Can also be a young person's dangerous behaviour	His patterns of control and abuse across lifespan and in this relationship. Assessing what he has done to his partner and children, paying attention to our language and asking specific questions about high risk behaviours and control . Seeking this information from a wide scope of people. Asking him . Seeking information about frequency and patterns. Widening the lens away from referral-specific information, remembering children experience DVA and coercive control with their whole bodies and minds before, during and after . When we have worries about mother's behaviour, framing these questions in the context of DVA and coercive control. Locate the behaviours in the context of fathering .			
Severity Describes how bad the harmful adult behaviour is	Inquiring into rises and falls of escalation. Not being focused on physical abuse injuries but considering levels of power and control and fear. Directly inquiring about life-threatening comments, behaviours, intuitions and feelings of mother . Asking about high-risk behaviours like weapons, hurting of children and pets. Asking lots of questions from children's experiences. Framing responses of mother in a context of attempts to protect. Understanding the factors that prevented the mother from escaping the abusive relationship. Asking about previous prevention of leaving and any escalations. Getting a wide scope of perspective on the severity and risks, e.g. DV Services.			
Impact Describes the physical and emotional impact of the adult behaviours on the child	Centralising the voice of the mother of children . Directly connecting the perpetrator behaviour patterns and control and harm to the impact . Consider multiple pathways to harm . Consider Holt's five domains of impact . Inquire with the perpetrator directly about how their behaviour is experienced by their child. Directly connect the abuse and control to complicating factors or secondary impact such as maternal mental health or substance use. Analysing the perpetrator behaviour as a parenting choice . Find ways to include the voice of the child particularly when they are non-verbal or do not feel safe enough to share their lived experiences with us. Ground questions and mapping in professional knowledge about impact and using a developmental lens .			

► **Danger Statements: analysing future danger**

As part of any robust analysis of domestic violence, we must consider what the potential future danger might be. Practitioners should hold at the core of their risk assessments the mother's own assessment of the risk posed by the perpetrator. Her experiences of the perpetrator's behaviour and the impact it has should explicitly inform the analysis.

The prediction of child abuse or future violence is an inexact science but what we know is that the best indicator of future behaviour is past behaviour (Holt & Cahill, 2021). When we analyse past harm we must then use that data alongside our professional knowledge and the perspectives of everyone involved to provide an analysis of what we are worried the future behaviour might be and how that might impact on the children in the short and long term. That link between the analysis of Past Harm and Future Danger is explicit and it is that part of the analysis that supports us in writing Danger Statements.

Research indicates that there are certain perpetrator behaviours and risk factors that elevate dangerousness, i.e. serious or lethal harm (Monckton-Smith, 2021). Risk assessment tools and checklists vary but generally include the factors listed below, which should be used not as a tick-box exercise but rather to formulate evidence-based questions for the family.

Mothers should be directly asked about their experiences of the high-risk behaviours, fathers should be directly asked if they perpetrate them, and the contextual factors that elevate risk should be considered when practitioners are mapping Past Harm and should then be translated into our mapping of Future Danger.

- A history of abusive or controlling relationships
- A history of other antisocial behaviour
- Threats and use of weapons, access to weapons
- Threats to kill or attempts to kill
- Stalking behaviour past or present
- Strangulation/choking
- Abuse in pregnancy
- Harming pets or animals
- Breaches of orders
- Court proceedings, criminal or family law
- Interference of State agencies, Tusla or An Garda Síochána
- Separation – considering, planning or having left the relationship
- Misuse of alcohol or substances by the perpetrator
- Depression, suicidal ideation or mental illness of perpetrator
- High levels of controlling, jealous and obsessive behaviour including stalking
- Isolation
- Stepchildren in the family
- Women who have been discovered by their partner to have had an affair

When practitioners identify the presence of high-risk factors in their assessment, it is useful to support the woman to access a risk/lethality assessment. Practitioners can liaise with their specialist domestic violence support services in this regard.

► Practice Note

Child protection Social Workers should always be mindful that children living with domestic violence are often referred to Tusla under other abuse categories. For example, if a child is referred to Tusla following a disclosure in school of being hit by Dad under the category of Physical Abuse, Social Workers should always seek to elicit information about the parental relationship and whether or not Mum is also hit by Dad. If any of the above risk factors are present in a family you are working with, asking questions about possible domestic violence is essential, regardless of whether a “disclosure” has been made.

The prevalence of domestic violence and coercive control in the general population, alongside the prevalence of multiple adversities in those families, means a significant proportion of the families Tusla comes into contact with will be living with DVA and coercive control. Practitioners should be alert to the likelihood of this type of harm being present in all their cases.

The Danger Statement that is written post-assessment and matched with a Safety Goal and Safety Scaling Question (known as the analysis set) is not a repeat of what is contained in the mapping. It is an overall summary that pulls together the worrying behaviour, how it impacts and what the future risks are. The Danger Statement should contain enough evidential examples and be grounded so well in our professional knowledge that it communicates clearly the severity of the child protection concerns while not being so long that it is ineffective for future safety planning.

An effective and domestic violence informed Danger Statement will:

- Be grounded in past harm and then make a statement about the future worries held by Tusla
- Detail the pattern of behaviour over time and refer to a range of coercive controlling behaviours to illustrate the patterns and extent of the abuse
- Hold perspectives of multiple people and name any dispute or denial
- Have the children’s lived experience at the centre, either through their own voices or the voices of others
- Use language that is behaviourally specific and assigned to the perpetrator of those behaviours
- Locate worries about Mum in the context of her experiences of abuse and coercive control
- Use professional knowledge and evidence in its analysis of future danger

Please refer to [Appendix 4](#) for information on the research and work of Professor Jane Monckton-Smith in the field of risk in domestic violence and coercive control.

► Writing effective and domestic violence informed Danger Statements

A strong Danger Statement should try to capture clearly what we are worried will happen if nothing changes and the violent behaviour continues. The assessment map will contain a full analysis from a variety of perspectives of the past harmful behaviour, impact on the child and family and the analysis of future danger.

- Recognise and hold the different developmental stages of the children
- Be shared and understood by the parents even if they don't agree with it
- Be used with network and other professionals to ensure a shared understanding of the child protection concerns

Including what the presence of certain risk factors might mean for children is competent domestic violence practice. The following is an example of incorporating risk factors into a Danger Statement to highlight future danger in a pre-birth assessment. Some of the identified risk factors noted during initial assessment are highlighted:

Becca is 20 years old and has been in a relationship for the past six months with her boyfriend Mark who is 29 and they recently became engaged after finding out that Becca was pregnant with their first child together. Becca has a two-year-old daughter, Abby, from a previous relationship. Mark has a number of various convictions, one of which includes conviction for aggravated assault of an ex-partner. He has never hit or physically hurt Becca but the Gardaí have been called to Becca's home on three occasions during the past few weeks, as neighbours were concerned about hearing a woman screaming and loud shouting and fighting. Mark was intoxicated during all three Garda callouts to the home, however no arrests or statements of complaint were made. The Gardaí were concerned about suspected emotional abuse of Becca's daughter who was present in the home during all three occasions, and they subsequently made a referral to Tusla.

The following is an example of incorporating risk factors into a Danger Statement to highlight future danger in a pre-birth assessment of the above family. Some of the identified risk factors noted during initial assessment are highlighted.

Tusla Social Workers are worried that even though Becca has said that Mark has never hit her, we know he has a history of violent behaviour toward his previous partner and that one assault was so bad he went to prison for this. Mark says he has changed but we know that his mother recently got a protection order against him for threatening behaviour towards her. We know the Gardaí have had to come on more than one occasion because he was shouting so loudly and causing damage to the property that neighbours were worried about Becca's safety as they could hear her screaming. The Gardaí told us that Mark was drunk each time they called and whilst research tells us that alcohol doesn't cause a person to be violent, we know that it can make the violent behaviour of a person worse.

Tusla Social Workers have even greater worries for Becca and her daughter Abby at this time because she is pregnant and international research says that 30% of women who experience domestic violence are physically assaulted for the first time during pregnancy (HSE, 2011). We worry it might be only a matter of time before the next time the Gardaí are called out and that it may be because Mark has kicked, punched or pushed Becca and that their baby even though still unborn will also experience physical abuse. In the worst case scenario, Becca could even need to go to hospital and the baby might miscarry.

Tusla are worried that if nothing changes Dad Jim will keep trying to come to the house even though the Gardaí, Social Workers and the judge have told him not to. Even if he doesn't come to the house, Social Worker James is worried that Dad Jim will find other ways to keep scaring, hurting and controlling Sandra, Brandon and Bailey like when he chooses to keep changing his phone number, keeps contacting Granny Maeve to ask questions about Sandra, turning up at the school when it isn't his day to see the children. Tusla are worried that Jim is behaving in these ways to make sure that Mum Sandra and the boys keep him in their mind at all times so that they will live their life in ways he approves of. Because Dad Jim has started doing these things more often in the past few weeks and he recently told Sandra she will regret getting rid of him after she ended the relationship, Tusla are worried that Jim might feel like he is losing control of his family, he might even try to kill Sandra. He told her before he would kill her or himself. Her family are worried about this too. Tusla are worried about how stressful and worrying this is for Sandra, having to watch out for her own safety and that of her boys while doing everything she does to take good care of them day to day.

The extracts of Danger Statements above illustrate the use of behaviourally specific language, i.e. they say what the perpetrator has done rather than use jargon. They record impact on the child to date through outlining their lived experience and link that to future worries. Professional knowledge is incorporated into the analysis and intersectionality addressed, e.g. the use of alcohol and how this can make things worse.

Complicating factors and intersectionality

The analysis category of Complicating Factors is where we consider all the things that are happening for the child and family that are making life harder for them, that are adding to adversity, that make it more challenging to create increased safety for the children.

Complicating factors might include factors that are intrinsic/personal to the individual, relevant to the family as a whole, or to the community or wider systems. It may include systemic issues such as race, disability and language challenges. It is valuable to engage families through the safety planning process in genogram work to explore patterns, trauma, difficulties and strengths within the family of origin systems.

Complicating factors can sometimes be difficult to distinguish from harmful behaviours. It requires a strong analysis of how they impact on the child's safety, development and welfare in order to establish whether they are harm or complicating factors. The impact that any behaviour or issue has on the children usually provides a way of distinguishing whether something is a complicating factor or harmful behaviour.

For example, if we are assessing a family where there is a parent who uses alcohol in ways that are worrying, we need to explore whether the addiction or problem drinking is harmful to the children and may be leading to neglect or whether this a parent who organises their drinking, their parenting, their supports in such a way that their children still get everything they need and are safe and well.

Children who are living with domestic violence, abuse and coercive control rarely experience the violence and control as an isolated issue. Often there are multiple adversities in the family, and in our referrals and casework, those adversities often show up as parents struggling with their mental health, using alcohol or other substances, experiencing difficulties in parenting. This can make the work more complex and means that our analysis and safety planning need to be even more rigorous.

► A note on ongoing harm analysis

Due to the ingrained secrecy, isolation, threat and silencing that facilitate coercive control, it is common that practitioners are building their knowledge of the perpetrator's pattern of behaviour over time, past the stage of Initial Assessment through the life of a case. It would be helpful for practitioners working with these families to maintain rigour in their work through an ongoing mapping, alongside their comprehensive safety planning, to support their risk assessment and avoid the trap of becoming incident focused in the long-term safety planning work.

Ongoing analysis in cases of domestic violence and coercive control is critical because the tactics of abuse are often insidious. In isolation they may not meet the threshold for referral to Tusla or may not be identified as indicators of coercive control unless the practitioner is working in a domestic violence informed way and considering the wider contexts and the patterns of behaviour.

These include:

- manipulating court systems through litigation abuse
- making frequent allegations against the mother
- using the children to spy on the parent
- blocking networks from coming to work with Tusla.

Working with denial, dispute and minimising of the abuse from mothers and children who are living with domestic violence and coercive control can also be a challenging part of the work for practitioners, particularly as they engage more rigorously with the family through initial assessment. The withdrawal of a disclosure of domestic abuse should not be rationale for a referral not being opened or a case being closed. The consideration that this minimising, denial, withdrawing of disclosures may well be things the mother or child needs to do in order to keep themselves safe should be incorporated into practitioner analysis.

Practitioners should consider that the withdrawing of a disclosure or minimising of the abuse could indicate that the woman is in escalated danger. It could be a trauma response if she experiences dissociative or freeze states. It could be the consequence of chronic gaslighting and attacking of her own sense of self. It could indicate pressure and coercion from sources outside of the perpetrator. It could also highlight that the professional responses this mother has received have been unhelpful, made things more stressful, left her feeling blamed and shamed and more vulnerable. Women will often partially disclose abuse to test out the responses from those around them.

Practitioners should not expect or require women and children to provide “consistent” or forensic accounts of the harm they have experienced and should accept that the information that has been shared is a disclosure or partial disclosure of abuse that warrants analysis and safety planning. The “changing” or “minimising” of details of the disclosure gives us information about the impact, fear, anxiety and control the perpetrator has established and does not indicate a reduction in danger.

► Intersectionality

Intersectionality is a term used in the field of domestic violence and abuse when considering how gender and gender-based violence are influenced by other adversities and vulnerabilities and how those other adversities might influence risk. There is a range of vulnerabilities that intersect with a woman’s experience of domestic violence, abuse and coercive control and can deepen her experiences of oppression. These include, but are not limited to, experiences of intellectual disability, neurodiversity, other disabilities, being part of a minority group, homelessness, poverty, and having a history of child sexual abuse.

When a woman is living with abuse, violence and control, child protection practitioners should consider and aim to understand how these other adversities or identities may make things more isolating and dangerous for the woman, deepen the harm she experiences, increase the barriers to safe and independent living for her and her children, and distance systems and professionals from understanding her position and allying with her.

In the work of child protection, domestic violence and abuse frequently intersects with the misuse of or addiction to

substances including alcohol and drugs and the experience of poor mental health, both for the perpetrator of the abuse and the victim survivor.

Dr Sarah Morton’s research (Morton, Gallagher & McLoughlin, 2023) with 14 women in Ireland who misused substances found that all of the women in the study experienced domestic and gender-based violence. Dr Morton’s research participants were women who explained that, when they experienced positive change, a key starting point to recovery was having a supportive practitioner who prioritised women’s safety and sought to build trust regardless of the challenging nature of the situation.

When we are in assessment and safety planning with women who misuse substances like alcohol and drugs, it is important to understand how they initially became involved in the use and misuse of substances and what their trajectory of use has been, paying particular attention to the role that their abusive *partner* or previous abusive partner has played in their substance use. Analysis might include:

- how his power and control creates a pathway to the use of alcohol or drugs
- how the perpetrator might be directly causing the alcohol or drug use
- how her drug and alcohol use might be used by the perpetrator in his manipulation of professional systems, including court systems
- how the mother’s substance use can be understood as impact on the mother from living with domestic violence, abuse and coercive control
- how the perpetrator might be a support or a barrier to treatment and support services for the mother

When practitioners identify that there are worries about domestic violence, abuse and control, it is critical that our practice considers all those other worries and complicating factors in the context of those dynamics of power and control. What do they mean to each other? How do they influence each other? How do they make some of the other worries bigger or smaller or different? How do they make things more dangerous or maybe safer at times?

If a perpetrator is using alcohol or substances, or struggling with mental illness, practitioners need to assess with him and with the mother and children what role those issues play in his abuse and control, being mindful not to create narratives about the mental illness or the substances “causing” or “triggering” the abusive behaviour in ways that reduce responsibility. However, the use of alcohol and particular drugs might change the nature or severity of the abuse when the perpetrator is using them, so this should be enquired into.

Practitioners are cautioned against focusing primarily on that which is more readily visible to the detriment of our overall analysis of the domestic violence and controlling behaviour.

► Practice example 1

A practitioner was working with a father who was continuing his pattern of psychological abuse of the child and mother through the court system post separation. There was a volume of information about his behaviours which were degrading, demeaning, frightening, threatening, neglectful and highly controlling of his child, who was in high and escalated distress and engaging with acute suicide-prevention services. The father also seemed to have an unmanaged mental illness which manifested in him engaging in very erratic and odd behaviours towards professionals in the community who were working with the family. When the practitioner wrote up her Danger Statement it was focused on Dad's mental illness as the reason for the harm-causing behaviour and his direct abuse of the child. His intentional attacking of the mother-child relationship was minimised and barely recorded. With support to slow down her thinking through the use of the Harm Analysis Matrix to map out the patterns of this father's abuse and control over time and how they have impacted the child, this practitioner developed her analysis into two separate Danger Statement and Safety Goal sets with two separate Safety Scaling Questions – one around the father's mental illness and one around the coercive control. In future safety planning meetings both issues can be safety planned for, but the intersection of them must be carefully considered.

► Practice example 2

Tusla received repeated referrals about children not getting to school and a description of the mother being under the influence of alcohol or shouting at her children when her anxiety was high and she was off her medication. The referrer, who was working with the mother for five years, was aware of many indicators of coercive control being perpetrated against this mother and her children, but considered this to be a separate issue which was not mentioned in the referral report.

This referrer had reported the domestic violence to the Agency three years prior and the mother had been linked with a domestic violence support worker. What was critical in this referral is that the referrer and the initial intake social worker did not ask the mother about the link between her experiences of domestic violence and coercive control and her drinking or deteriorated mental health.

It was only during the assessment period when the subsequent social worker asked the children about what they would like to be different at home that they spoke about their father's frightening behaviour, which led to the mother describing a worsening regime of him controlling their lives and isolating them from their family, school and community. Part of this abuse included him preventing her from going to the GP so she didn't have her medication prescriptions, leading her to self-medicate with old alcohol they had in the house.

In these examples the initial referral information provided practitioners with something immediate and tangible to safety plan around – behaviours that on the surface indicated mental illness or harmful use of substances as the primary harm-causing behaviour of the parent. Sometimes, without a wider and evidence-

based lens to analysis, this can result in practitioners being distracted from the more subtle, less visible, perhaps more powerful harms caused by the domestic violence and coercive control.

It will always be necessary to address any behaviours that might impact the children's care and safety, like a mother's drug use or her deteriorated mental health, but our analysis and our recording of this can be more or less domestic violence informed depending on how we frame the worries.

Practitioners should consider questions like:

- ➔ What does Mum's experience of abuse and control from Dad do to her anxiety levels?
- ➔ In what ways might Dad's abuse of her interfere with or support her recovery or wellness?
- ➔ What are the ways in which her additional vulnerabilities are used as tactics in his control and abuse of her and the children?
- ➔ In what ways does Mum's worrying behaviours around substances or her mental health make it easier for Dad to manipulate professionals and systems?
- ➔ When Mum's parenting is impacted by Dad's abuse of her and the stress and trauma she experiences, what is he doing to support the day-to-day care of the children that she might otherwise usually do?
- ➔ How do we validate for Mum her experiences of violence and abuse and address the behaviours we are worried about without shaming and blaming her?

- When Dad drinks or uses drugs, what is different about his methods of violence, abuse and coercive control?
- Now that Dad is sober (and we know the abuse won't automatically stop because of that), what needs to be different or considered again in the safety plan?
- Does Mum say that things are more or less dangerous for her when Dad is off his medication / in a period of depression / drinking? What changes?
- When Dad is engaging with his doctor, taking his medication and going to therapy, what is different about his abuse and control?
- When Dad threatens to self-harm, is this a real risk, a means to control Mum or both?
- When Mum goes to the hospital with suicidal ideation, what does she say about how this offers her safety, in a variety of different ways? How does she understand the link between the abuse and danger she lives with and her own mental health and feelings of being able to survive or not?
- When the children tell us that their biggest worries are their Mum's behaviour around her drinking or drug use or her mental health, in what ways have we reflected on the contexts that influence what the children are saying? Have we reflected on their feelings of safety and danger, the different attachment relationships they have, the

physical environments where we have spoken to them, the ways in which we have asked questions, our knowledge of past harm they have experienced that might make it more or less safe for them to talk openly? Since children will often genuinely be impacted by their mother's behaviour alongside the domestic violence and coercive control, how can we hear and validate their experiences, safety plan around those harms, and still be domestic violence informed through our analysis, language, framing and approach?

- When Mum and/or Dad are engaging with services around domestic violence risks, child protection risks, mental health services and addictions services, in parallel to community agencies like schools and the public health nursing system, in what ways are these professionals and systems organising themselves to ensure good communication and information sharing so everyone has a shared understanding of risk and safety?
- How is culture influencing this family's ability to engage around each of the adversities? What do we understand about the meaning of mental illness/addiction/gendered violence in their culture and how does that make things more or less dangerous?

The following examples provide illustrations of where this has been done well in assessment and provided as part of a Child Protection Conference report.

► Practice example 1

Mum Sandra said that she has had anxiety since she was a teenager and for years this was well managed through medication and some CBT-based therapy she had. She said that when she gave up work to mind the children, she was doing yoga and had a regular book club meetup to manage her post-natal anxiety and loneliness. She describes John making her life hell when he had to mind the baby so she could go to yoga and book club and it ended up not being worth it. She said she would be walking on eggshells those two days of the week and her anxiety was through the roof. She said this means she is now totally isolated and has to take medication again, which she is hiding from him because he “doesn’t believe in mental health”. Sandra is really worried John will find out she has been taking medication and is self-harming at night.

► Practice example 2

When Mom Ciara was asked to help me understand what are all the ways in which Rob makes things harder for her in her addiction, she said that he is the main reason she can’t get clean. She said that any time she suggests she won’t take drugs, when the kids go to bed he says things like “all right I’ll head out to the pub then” and she knows that him drinking and taking tablets together with his mates will be a disaster when he comes home, so she just takes a few smokes because it’s easier... usually spirals into more than she thought she would take, that is why the school keep saying she looks hungover at the drop-off.

► Practice example 3

Through numerous conversations with Mum Jean and Rebecca aged 9, it seems that there is a pattern to Dad Hakon’s behaviour over the weekend he has Rebecca at this house. She and her mum both describe him being “obsessed” with his phone and he sends Jean well over 150 messages over the 48 hours, many of which are very abusive to her and demeaning about her, including messages of blame about her childhood sexual abuse experiences. Jean is usually home alone during these weekends and she said it is impossible to not engage with him because she knows it will “drive him mad” and she has to scan the messages for anything about Rebecca. What often ends up happening then, as a result of his harassment of Jean, is that she takes more Valium than she is prescribed and she has often drunk a bottle of wine to help her sleep. She is very certain that Hakon does this to her so that when he brings Rebecca back the next morning he can call her a junkie and a drunk because she will be still affected by the alcohol and drugs. He has on five occasions (referred to Tusla) brought Rebecca to the Garda station and made her tell the Gardaí that her mum is sleepy and was drinking wine. Rebecca said she just wants to be at home and is so embarrassed when she is at the Garda station.

► Practice example 4

Jack's brother, Uncle Mark, said at the safety planning meeting that he doesn't think Jack will be able to stop drinking but he could at least stop drinking spirits. When asked by Team Leader Sharon how that would help or make things safer, Uncle Mark shared his belief that it is "convenient" for Jack that when he drinks vodka he blacks out. He said it's probably just an excuse to do what he wants that night and he can say he doesn't remember. Jack did not react to this and when asked by Sharon if that seems like a fair statement or not from Mark, Jack said "probably some truth in it but I genuinely don't remember". Team Leader Sharon knows from meeting with Mam Bianca that the worst of the abuse for her is when Jack drinks spirits and that he usually drinks a lot of more those nights so the abuse goes on for longer and is more frightening.

Cathy Humphreys and colleagues at the University of Melbourne published a research paper which provides a summary overview of the data around intersectionality of domestic violence, mental health and addiction (Humphreys et al, 2022). They completed a thematic analysis of the Stacey Project in Australia which was aligned to the Safe & Together model. The paper reports practitioners' exploration of practice implications after engaging in the project. The research found that "domestic violence blind" practice has become entrenched at the intersections of child protection, substance misuse and mental health problems.

The Safe & Together Institute have a publicly available podcast on their website facilitated by David and Ruth Mandel. The following two episodes are helpful in thinking through how domestic violence, abuse and control intersect with worries about mental health difficulties and addiction behaviours.



[Season 3 - Episode 12](#)



[Season 2 - Episode 10](#)

► Key Messages: Intersectionality**01**

The presence of multiple adversities and types of harm complicates the work, and in cases of domestic violence can lead practitioners to practice that is not domestic violence informed or evidence based.

02

The first contacts at referral and intake stages are critical points of opportunity for providing a supportive response to victims of domestic violence and for establishing a strong analysis of past harm and existing safety.

03

Analysing the interaction of domestic violence, substance misuse and mental health difficulties requires rigorous analysis of patterns of behaviours and the multiple pathways to harm and impact.

04

Language matter – we create narratives about families through our case files and sometimes these narratives become entrenched and curiosity is lost as the family moves through working with different practitioners, different teams and different points of time. Our recording should demonstrate that we hold a domestic violence informed lens when working with intersecting harms.

05

When victim behaviours and decisions don't make sense to us, it is critical to bring all our compassion and curiosity to understanding the perspective of the mother or child.

06

The presence of multiple types of harm can make network finding more complex due to the possibility of more hurt and fragmented family relationships.

07

Change takes time – even more time when children are living with multiple adversities – so strong interim safety plans are critical.

► The middle column: analysis of strengths and safety

Negative impacts are not inevitable, and many children show remarkable levels of resilience. Research shows that the most important factor in establishing safety, stability, and healing from DVA is the child's relationship with their non-abusive parent, usually their mother.

Some additional important factors which may help children to overcome the potential negative outcomes associated with living with domestic abuse early in life are the level of support received, the way in which events were handled by parents and family, coping strategies, self-esteem, and relationships with their networks and communities.

When practitioners are engaged in the middle column in our assessment framework, it is imperative that they inquire into these parts of the child and family's life with the same level of inquiry that is often spent analysing the worries.

Only when we fully and rigorously understand the harmful behaviours and how they negatively impact the children and mother, can we truly understand the strength and protective efforts and safety that the mother has provided and that children establish for themselves.

Meaningful strengths

In the three-column assessment map, the middle column holds the analysis categories of Existing Strengths and Existing Safety. Existing strengths are the things that are happening in, for and around the child that helps them to grow up well. It is critical that in analysis we seek to elicit and amplify **meaningful strengths**.

Meaningful strengths will be relevant to the worries, will have amplified detail and will have the voice and experience of the parents and child as central.

To illustrate the difference between a strength and a "meaningful strength", see the following example.

► Practice example

“Dad loves his children and there are no concerns about his parenting”

The practitioner in this case has been told by other professionals and family members that the children’s father is “a good dad” and “loves his children”.

The practitioner could have added rigour to this statement by asking what Dad does in taking care of his kids that shows everyone he is a good father and by asking the children and their mother lots of questions about what loving care and parenting means to them, how Dad shows them love, how he supports the whole family’s functioning and wellbeing, by asking Dad what he loves about his children and how he shows them nurture, care, safety, etc.

Recognising that abusing and controlling his wife and family is a serious child protection and parenting concern, it would be more appropriate for the practitioner to record:

Mr Byrne, school principal, and Aunt Jane both said that their view is that Dad loves his children and they don’t have concerns about his parenting. When asked if they view Dad’s controlling and emotionally abusive behaviour towards Mum as a parenting concern they said they don’t believe the children see or hear that as they seem quite relaxed and happy and they see Dad do lots of things like the grocery shopping, paying the school lunch fees, picking up the children, going to matches. This is at odds with what Mum and the children have told Social Workers and Grandma Ellis about how they experience living with Dad, as recorded in the harm analysis in this map.

Here, the practitioner has not simply taken the statement about Dad’s parenting at face value but has asked questions to explore the detail of what this looks like. They have also made the link between the impact of his controlling and emotionally abusive behaviour towards Mum and his parenting. By recording in this way, the practitioner is demonstrating that as a child protection worker they are practising in a domestic violence informed way.

► Existing Safety

Existing Safety is our analysis of times when the child has in the past (up until this point in time) been kept safe from harm and danger, i.e. the child protection concern. It relates both to physical safety and emotional safety. Our analysis of harm and danger will support the questions we ask to elicit this information. For example, if a child has told their social worker about the behaviour of their father that they find scary or confusing, the social worker can ask, “Can you think of a time recently

where he was doing that and someone helped or stepped in?” It is helpful to think of existing safety as times when someone did something in a moment of harm or danger to protect the child. It might be thought of as a near-miss – a time when the past harm or danger was imminent, but a behavioural change occurred and the harm did not happen as it had done in the past.

Existing Safety tends to involve action, and must result in the child being kept safe or safer as a result for it to be a rigorous

example. It might be a parent or a child reaching out for help when they notice red flags or behaviours; it might involve a parent noticing their own internal state or behaviours and doing something different to reduce their harmful behaviour; it might be the child or parent or other adults removing themselves or someone else from the home or vicinity. It might be the Gardaí coming out and preventing the harmful behaviour.

Practitioners will frequently identify the fact that a mother has a safety order as an example of Existing Safety. The presence of an order does not increase or equate to safety for the child in moments of danger. Humphreys and Thiara (2003) found that, of the women involved in the research group who were experiencing chronic post-separation abuse, over a third found legal orders to have no impact on the abuse experienced.

In many cases mothers will share that they sought a safety order because services told them to, and there may be complex and good reasons for not applying for such an order or for not using it in times of escalated violence or abuse. Collaborating with the mother to explore her perspective will provide more rigorous analysis and ideas for safety planning.

Orders can in some situations provide safety for children and mothers if they are used to trigger a timely and helpful response from Gardaí and the judicial system.

The Signs of Safety approach makes this clear distinction between strengths and safety to ensure rigour in the practice, maintain focus on the safety of the child, and avoid an overly optimistic practitioner approach.



Pene Turnell uses the analogy of feathers and stones to discuss this idea in more depth in her article linked here.

If you do not have access to the knowledge bank, use the link below and this will bring you to the Signs of Safety page on the [Tusla intranet](#):

Over time, if strengths are meaningful and demonstrated as being protection for the child, they may be rigorous and strong enough to turn into Existing Safety. For example, if a father has willingly been attending MOVE, a perpetrator programme for men who have been violent and abusive, this would be considered a strength. If over time that father, through attendance at MOVE, stops or reduces his controlling and abusive behaviour, and through our safety planning process we see evidence of this from the mother and child, it becomes more relevant to the increasing of safety of the child. In that case the evidence of change may be rigorous enough to become an Existing Safety.

For example, if at a safety planning meeting the father tells us that last week he noticed himself being irritable and wanting to check where his partner was going and who she was meeting, but he managed to put some of the learned techniques into action and perhaps used self-talk to stop himself from checking or saying anything, then we can consider this to be an example of safety in action.

Research and the voices of women who have lived with domestic violence, abuse and control tell us loudly that mothers, in big and small ways, are always engaged

in attempts to keep themselves and their children safe and safer (Lapierre, 2021). Knowing this should push and maintain our practice in the middle column to be as forensically focused as our work in the worries column of assessment.

When we hear of a mother making decisions that seem dangerous or confusing to us, it is important to inquire into this with her, remaining open to multiple possibilities. Making the perpetrator of the abuse visible in our conversations, analysing his indirect or direct influence on those worries, will support practitioners to be domestic violence informed rather than leaning on a narrative that assumes a failure to protect.

For example, a practitioner might have a concern about a mother not reporting a breach of order, going back home from a refuge, not calling a network member during an assault, or keeping the children home from school in the days following an incident. It is important to explore what felt safer and more stable about that decision, in what way it was in the interest of the children, exploring whether the choice a mother has made was perhaps a strategic choosing of the path of least harm, and how coercion and fear influenced her thinking.

Practitioners can ask a question like *What felt safe in that moment that led you to make that decision?* to open up a collaborative conversation.

► Children's protective efforts

Children are not passive witnesses to domestic abuse. Many children have complex strategies for maintaining their safety and their family's safety. We need to remember that children and young people have the capacity for agency, resilience and resistance. When we are engaged

in the middle column in our assessment framework it is imperative that we inquire into these parts of the child's and family's life. Coping and resilience strategies depend on the age and developmental stage of the child, but may include:

- Leaving the home for a walk or to play outside when the abuse is occurring
- The use of code words with mother and siblings
- Putting headphones in and listening to music to block out the noise
- Having an awareness of spaces within the home and choosing what spaces to spend time in
- Older siblings bringing younger siblings to a place of safety within the home, e.g. bedroom or bathroom
- Young people thinking carefully about the possible pros and cons of seeking help
- Speaking out / seeking help from teachers, youth workers or others about their experiences
- Using distraction strategies such as gaming, music, movies, study, colouring, imagination
- Using a phone or computer to contact someone for help
- Appeasing the abusive parent, saying yes, or remaining silent

Some important factors which may help children to overcome the potential negative outcomes associated with living with domestic abuse early in life are the level of support received, the way in which events were handled by parents and family, coping strategies, self-esteem, and critically, the mother-child relationship (Katz, 2022; Callaghan & Alexander, 2015).

What are we worried about?	What is working well?	What needs to happen?
	<p>What do the children say about what and who it is that makes them feel happy, safe, loved? What do the children say is the last time she had fun in their family? Who was there, what were they doing?</p>	
	<p>What are all the ways in which Mum provides good care for her children when she is living with such stress, anxiety, fear as a result of Dad's behaviour?</p>	
	<p>What are the ways in which Dad fathers the children? What do he and Mum and the children say are the things he does for them, how he contributes to family life?</p>	
	<p>Who are the other people in and around this family who care about the children and help them to grow up well? What are the ways they have noticed things are not okay and have tried to help? What did they do?</p>	
	<p>Who has talked to the children about the abuse and violence in ways that explain to them it isn't their fault, reassure or comfort them? Who comforts the children and checks on them in the aftermath of Dad's violence or at times when things feel bad? Who do the children say they can talk to if they want to?</p>	
	<p>What are the ways in which Mum tries to protect her children when she notices that something is going to happen? What does she notice in Dad that lets her know things are getting dangerous? What are the ways she organises the day, the children, the space, how she speaks, what she does because her children are there? Can Mum tell us about the times her children have been safe or safer because of these efforts she made?</p>	
	<p>What do the children say about what they do for themselves and each other to stay safe when Dad is being scary? How does that help? How did they learn to do that?</p>	
	<p>Have Mum, the children or Dad sought help before? What happened? Who has been the most helpful or least judgemental person about their family life?</p>	
	<p>Can Dad tell us about times when he felt himself wanting to check on Mum, control what she was doing, but he stopped himself doing that? Can he think of a time when he didn't drink because he thought he would end up getting aggressive and violent and that this is frightening for the children? How did he notice at the time? How did he stop things escalating? How did that keep the children and Mum safer? Who or what helped?</p>	
	<p>Who is the person in Dad's life that would be best as a support person to meet with Tusla, share these worries and help him with a plan to stop his abusive behaviour? What makes that person a good person? How have they ever challenged Dad in the past or been able to have tough conversations with him?</p>	
	<p>If Mum went to the refuge three times in the past, what gave her the courage to do that each time? How was she able to recognise that things were so dangerous she needed to do that? How did she manage to get a safety plan together in a way that kept her and the kids safe? How did she find out about the refuge and how to do that? It must have been so hard to take care of her kids in a space like that, so how did she have the strength and energy to do it? Who helped the most? What felt safest for Mum about going home after being at the refuge? What did she find out or notice that made her decide that was the best choice for her family?</p>	

Here are some links to additional resources and materials that might support our reframing of the behaviours and identities of mothers and children living with domestic violence and support our analysis in the middle column.

The Safe & Together Institute have a publicly available podcast on their website facilitated by David and Ruth Mandel. The following two episodes are helpful in thinking through how domestic violence, abuse and control intersect with worries about mental health difficulties and addiction behaviours.



<https://www.youtube.com/watch?v=i1kDiKp7ACQ&t=135s>



https://solutions-centre.org/pdf/wade_1997.pdf



<https://safeandtogetherinstitute.com/season-3-episode-7-understanding-and-validating-survivors-acts-of-resistance/>



<https://vikkireynoldsdotca.files.wordpress.com/2021/03/2020-reynolds-jft-trauma-resistance-hang-time.pdf>

► Practice examples

Rebecca said most times when Mick is shouting and roaring at her, the eldest child Maurie, who is 12, tells the smaller ones to go upstairs and watch TV and helps them go up.

Mam said if he drinks she knows that the situation will get more dangerous so she can tell if he isn't home after work and not answering his phone that things won't be good. When asked what she has done in the past when she notices this, Mam said she has gone a few times with the children to her own mother's house and stayed the night.

When Dad was asked what he has ever done to try to reduce his violence he talked about giving up alcohol a few times, at most this was for two months. He also remembered twice being at the pub and before drinking he agreed with his brother to spend the night at his house and he gave him his house key, asking him not to give it to him later... he recalls pretending he was worried he would lose it but he actually thought this would make it more likely he would stay at his brother's.

Jane said she is always aware of the space in the home and when he starts on her she moves herself out of the kitchen because she is scared he would easily get a knife or something. She said it is safe if he is hitting her when she is in the hallway or sitting room. She said that once they were upstairs and the kids were on the landing when he was roaring at her so she quickly went downstairs in case they got knocked over and fell on the stairs.

Johnny and Carly told the family support worker that they like when Daddy says sorry. When asked what Daddy says sorry for they explained it is for shouting at Mam and that he and Mam both always tell them it isn't their fault.

Dad agreed to work with Barnardos as well as attending MOVE. He identified that he struggles with the children's behaviour and when the social worker put it to him that when he gets frustrated he makes choices to shout and scream at the children and threaten to slap them, Dad agreed. He said he wants to do better and have ideas about what to do instead.

In working through the Words and Pictures process with the social worker, Dad started telling her about additional harmful experiences that the children would probably remember as being frightening. This new information was offered by him and he spoke about how he doesn't want the story to be a lie, that he is genuinely sorry for those things that the children saw him doing and saying. He was able to explain, when asked, how that might have been for the children and was able to connect that back to some of his own early experiences of his stepfather being very violent in the home and making him feel like it was his fault.

When the social worker asked Dad Marcus what he was going to do to support and help his wife Sonya, who is under massive pressure doing the bulk of the parenting of the children and results in her being isolated, he said he would do whatever he was asked to. Social Worker Sarah supported Marcus and Sonya to come up with a plan that includes Marcus collecting the children from school on Tuesdays and Thursday, giving them dinner and getting them dressed for bed. Sonya said this is important to her because it means she can go back to therapy on Tuesdays and on Thursdays can help to mind her mother who has not been well. Marcus agreed in the interim safety planning meeting that his brother Steve will call him on those days to make sure this is happening. Sonya confirmed to the social worker that this is what she wants and it feels like a safe part of the safety plan for her.

Mam said that her partner, who doesn't live there, comes over often in a rage and demands to be let in. When we explored her good reasons for deciding at the door to let him in, she said it is because he will come in anyway. If she doesn't let him then otherwise the children are seeing him breaking in, broken windows and glass everywhere. It was safer for the children if she was able to do that and try to keep things calm and manage the situation to some extent.

Celia told the home-school liaison officer that she never cooks dinners or makes a cup of tea when he is at home because she is afraid he would use the hot pans or kettle and one of the kids might get hurt accidentally. She said she never forgets a story in the paper where a father threw a kettle of boiling water at his wife and the baby got burned.

Network told the social work team at a review safety planning meeting that they have made sure that teenagers have phones, they put credit in them every Friday and the kids know who to call and how to do that.

Since the kids have started going to access after court orders were granted, Mam is supervising their phones more closely because she knows Dad tries to contact them, and through their computer games. She moved the Nintendo and PC down to the sitting room, changed the wifi password and she keeps the kids' phones at night time now.

Janet told the Child Protection Conference chair that it isn't realistic for her to ring the Gardaí, she just feels like he would go absolutely mental at her, but there have been four or five times when she texted a friend and the friend called the Gardaí.

Barnardos have been doing work with Mum and the children to support their attachment through play therapy and helping them have open and honest conversations about their experiences. They also attend TLC with peers who have experienced violence and abuse. This is providing emotional safety for the children and when Social Worker Stephen spoke to them and did a second My Three Houses, they said things feel better "because we can talk about it now and we know we won't get in trouble". A further strength is that Dad has now agreed since the last meeting to engage with the worker in developing a Words and Pictures story for his children.

Mam said she always makes sure the kids get to school, that they visit Granny and that they do loads of activities even though she can't afford it because it keeps them out of the house and "they can do normal things". She feels this protects them as they are around Dad less, most of the activities are at the weekend.

Mam said she is barely coping and at times she has thought about just handing the children to Tusla because she can't deal with everything. Tusla have noticed that she is coping, she is getting through the days, talking about hard things and being present every day for her children. When social worker Diana talked to Mam about her strength and how she survives she was able to talk about what she has learned from her own Mam and Nanny, about her love for her children and her values and hopes in life for them... that they will never be in a relationship like this when they grow up.

Women applying for orders in court, making statements to the Gardaí, reporting breaches of orders are examples of meaningful strengths. If those supports are used to directly keep the children safe, they become examples of existing safety, illustrating that strength demonstrated over time in protection of the children becomes safety.

► The importance of middle column analysis

A rigorous analysis in the middle column provides balance to our assessment and helps to build a working relationship with the family and give them hope. It also has a critical and direct role in developing safety plans. A good safety plan will be built on what has already worked well in the family in the context of the harm and danger and specifically will be built on a skeleton of the times the children have already been kept safe in times of danger.

In analysing harm and danger, the best information we can use to help predict future danger is past harm: that which has already happened. We take the same concept into our work in the middle column. We seek to find examples of when people have already kept the child safe so that we can then, in our safety plans, amplify and grow those examples into future behaviours that will keep the child safe. If we do not work rigorously to elicit meaningful examples of existing safety, it is unlikely that we will easily be able to support the building of a safety plan that will work to keep the child safe.

In working in the middle column with perpetrators of abuse, it is critical that, when existing safety is identified – exceptions to the worrying behaviours, evidence of change, etc. – we carefully deconstruct the meaning of those changed behaviours. It is also important that they are all checked out against the perspective of the mother and children. Perpetrators of domestic abuse will seek to manipulate and control professionals and systems. They may recognise the harm they are causing their children and may recognise that there is a need for change, while also realising that there is significant benefit to them in maintaining the control they hold, so motivation for change is likely to be minimal. Unless there has been a significant wraparound intervention and support plan for all members of the family, it is likely that the perpetrator has changed his tactics of abuse and control so they are more subtle and hidden during professional involvement.

Later in this guidance practitioners will also be reminded of the critical role that the middle column plays in the reviewing and monitoring of safety plans.



This video is a recorded Appreciative Inquiry where Signs of Safety practice lead Lavina Temple interviews social work team leader Nicole Byrne about her intentional and rigorous work in the middle column as part of comprehensive safety planning.

► Practice example

The following is a case example of a domestic violence informed Danger Statement, Safety Goal and Safety Scaling Question that were developed by a practitioner following Social Work assessment, also known as the “analysis set”.

► Danger Statement

Tusla and the Gardaí are really worried about Maya and Emily because of Dad Eric’s violent and scary behaviour in the home. Social Worker Paul knows that the children have seen and heard Dad Eric shouting and screaming at Mum Maria, that Eric has hurt Maria lots of times including the time he shoved her so hard that she banged her head on the stair rails and had to go to the GP the next day for headaches. Things have been so loud and frightening in the home that the Gardaí have been called by the neighbours on lots of occasions over the past four years.

Mr Byrne in the school is worried that the girls have changed so much since he first met them in the school and especially this year they are nervous, cry easily, don’t have their homework done and they say really adult things to their friends like “You’ll regret that, you bitch”. This makes everyone think the girls probably hear their dad say stuff like that. Dad says that the family have normal arguments and that he does everything for the children because their mother has mental health problems. Tusla are worried that focusing on keeping herself and her girls safe and managing Dad Eric’s abusive behaviour is so exhausting and stressful for Mum Maria that it is making her feel depressed and hopeless.

If Eric doesn’t change his behaviour, Tusla are worried that Maya and Emily will keep seeing their dad be violent, frightening, that this will affect their own mental health and sense of their self-worth as they grow up. Tusla are also worried that Dad Eric’s violent behaviour is making family life and parenting for Maria so hard that she might get more and more unwell in herself.

► Safety Goal

For Tusla to close the case Social Worker Paul needs both Dad Eric and Mum Maria to get a group of family/friends together who will act as their safety network. These people must know about all of the worries and agree to work with Tusla to help to make things safer for Maya and Emily. The safety network must have at least one person that will act solely as Mum’s lead support person, chosen by her, and at least one person that will act solely as Dad’s support person, chosen by him.

Tusla need to see Eric and Maria work separately with Tusla to create an explanation that they will give the children about all of the worries about Dad’s behaviour and an explanation about what will be different going forward.

► Practice Example continued

Tusla will meet with Mum, Dad, and their safety network to develop a detailed safety plan. Meetings will take place separately with Mum and Dad. In the safety plan, Eric will need to show Tusla, Maria and the children what he is going to do to make sure that, regardless of what is going on for him, he communicates and 68 Domestic Violence Informed Practice treats his whole family in a way that is calm, free from violence, shouting, scaring and is respectful of Maria's right to have freedom in her life. The safety plan will have detail about how the children will be kept safe by Dad, Mum and the safety network if Dad Eric is being abusive or aggressive.

The plan will need to show us that the children fully understand what to do if they are worried about their own safety and/or their mother's. They will be involved in the development of the rules of the safety plan.

When Tusla is satisfied that the plan is working to keep Maria and the children safe over an agreed period of time and we can see the safety network working together to support that, we will be satisfied to close the case.

► Safety Scaling Question

On a scale of 0–10, where would you rate the safety of Maya and Emily today?

10 is when everyone has seen Dad put a safety plan into action that has reduced his behaviour that everyone is worried about, and that has been tested over time with the safety network and children involved; and Mum has a safety network that is accessible to her and active, and there have been lots of examples of how the harm and danger to the children have reduced so we can close the case.

0 is when it has not been possible to have the hard conversations needed about the worries for Maya and Emily; when there are people around who care about them but there is no safety plan that has been seen in action; when everyone is just getting more and more worried about the children's safety, and Dad's abuse and control seem to be escalating so that it doesn't seem like the children are safe enough to live at home anymore.

In Appendix 5, practitioners will find a complete case mapping that is based on an initial assessment where the outcome is that Tusla-led safety planning is required. This map demonstrates the integration of the techniques and approaches that have been highlighted in this analysis section.

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 4. Engaging with Perpetrators of Domestic Abuse
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Section 2: Immediate and Interim Safety Planning

► Immediate safety scaling

Tusla's primary responsibility in the work of analysis and safety planning is to establish the safety of the child and respond if there is not sufficient safety. Maintaining a rigorous focus on the safety of the child is also the core practice principle of Signs of Safety. At any point in the work in child protection, practitioners should be able to answer the question *How safe is the child today?* The immediate safety scaling question is the tool we use to make this judgement:

On a scale of 0 to 10, where 10 means even though there have been behaviours that could be or were harmful for the child I am confident the child is currently safe, and 0 means I believe the child is being harmed or will be in the coming days, where would you rate this situation for this child today?

Our answer will be grounded in analysis that provides a rationale for the judgement.

The amplification of this question is what brings rigour to the judgement. Practitioners should consider questions like:

- What are the things I have seen, heard, noticed that bring me up the scale and show me this child is being safely cared for? If there is a safety plan, is it being followed? Who has been doing what? What are the protective and resilience factors that are bringing me up?

- What are things that are bringing me down the scale? Why am I not higher? What are the most worrying details of harm, complicating or risk factors today?
- What do others scale immediate safety at and what is the rationale for their scaling number?

The scaling question is then used to establish Next Steps to increase the safety of the child through asking specific questions:

- What would I need to see happen over coming days to bring me up the scale?
- If I am scaling at a 0–3, what needs to happen immediately so I know this child is safe tonight and tomorrow?
- Who needs to do what?

Some factors to consider in scaling the safety of the child:

- Details of harm: Who is doing what to whom? With what frequency, how recently? How severe was the last incident? What impact did it have on the child, and how severe?
- Details of existing safety: How recent and consistent is the existing safety? How did it keep the child safe?
- Age of the child and other vulnerability factors

- Are there multiple issues in this family? Does the analysis take account of the cumulative impact of these?
- Are there other people around (i.e. eyes on the child) or are they only with the people who have harmed them?
- What evidence of change, if any, has there been? Over how long? Have things been able to improve in the past?
- What information are you giving more or less weight to? For example, is the weight you are giving to some strengths proportionate to the seriousness of the worries? Or are you dismissing evidence of strengths and safety that you have analysed when it comes to making a judgement?
- Are you sure there is fair balance across harm/danger and strength/safety to your mapping? Have you asked enough questions and amplified enough of the detail of all categories? Are you clear about the responses and perspectives of the parent and child across all categories?
- What do you know about this issue (e.g. factors shown to increase risk) from research? Is this reflected in your mapping?
- Have you included other perspectives? Are you more or less worried because of the views or scaling of other people, e.g. safety scaling by specialist domestic violence workers who may have additional professional knowledge, have completed additional risk assessments, lethality assessments etc.?

In a case where harm and danger are high and safety is low, practitioners should always immediately safety scale. In cases of domestic violence, abuse and coercive control, practitioners frequently

worry that their involvement will make things worse, will make things more dangerous, will trigger increased violence from the perpetrator of the abuse. It is challenging work to hold both ideas: that our interventions are a risk factor and the danger already exists and necessitates safety planning.

Immediate safety scaling slows down the thinking of practitioners; it brings analysis to our judgements and next steps; and it reduces the likelihood that our practice will be based on gut instinct and worst fears, or that we will become paralysed in our practice.

It is critical, when we safety scale because of worries about domestic violence and abuse, that we partner with the mother in those conversations, recognising that she is likely to have the strongest sense of her own danger. She will feel more able to share details of all her efforts to protect herself and her children when she feels allied with, supported and seen as a protective parent. Practitioners can also use safety scaling with young people using age-appropriate language and visual aids.

► Developing a safety plan

A safety plan is a specific set of rules and arrangements that describe how the family will live its everyday life and show Tusla, the professionals, the family network and the children that the past harm experienced, or danger predicted, will not happen in the future. As Andrew Turnell has said, “A successful safety plan changes the everyday living arrangements of the child so everybody knows the child is safe when things get difficult.”

In cases of domestic violence, abuse and coercive control it is critical to highlight that separation is not a safety plan. Separation, temporary or otherwise, has

been highlighted in earlier parts of this guidance as a risk factor. In families where there has been evidence of a pattern of control and domestic violence, it can be a period of escalated risk when significant harm and fatality are more likely.

Considerations in immediate and interim safety planning:

- Make it clear that the Agency expects the perpetrator to stop their abusive behaviour.
- Be clear about what parts of the safety plan will be shared with whom, basing these decisions on an analysis of risk in partnership with the mother.
- Be clear on bottom lines – initially in case supervision and then clearly communicated to all involved.
- Record clearly on case files what information is being shared with the perpetrator, what is not, and the rationale for withholding parts of our records.
- Consider the need for separate network meetings and/or separate child protection conferences as part of the safety plan.
- Consider interagency collaboration, particularly with Gardaí and domestic violence support services.
- Consider and plan ways to ally and partner with the mother while also intervening with the father/male partner.
- Safety plan for safety planning (see below p. xx) – carefully considering how our contact and intervention might influence risk and might influence the abuse tactics of the perpetrator.
- Ask children about key rules they want in plans – what they want to be different, what they want to stop, who they want to be in contact with, who they do not want to see, what help they believe their family needs.
- Coercive control makes a woman's world smaller so we should work with her to make it bigger – How might we start to do that early on with her?
- Coercive control takes away mother's and children's choices – How can we find ways to give her choices and autonomy?
- Behaviourally specific actions are required in safety plans – Who will do what, when, for how long?
- What are we asking the perpetrator to do? To do differently? Widening this to the overall functioning of the family whether he is living in the home or not.
- Safety plans should be grounded in existing safety and based on learning from past safety plans.
- In the Signs of Safety approach, if there is no network, there is no safety.
- Consider completing short-form Words and Pictures at this stage.
- Carry out immediate safety scaling with parents, children, network and professionals at every opportunity.

Safe information sharing

A separate, personal safety plan developed with the mother, ideally with a domestic violence support worker, should be considered within the child protection safety plans. This recognises and demonstrates the link between mother safety and child safety. This safety plan of the mother should not be shared with the perpetrator of the abuse or with those who might share the information with him.

Clearly recorded decisions about what parts of the safety plans will and won't be shared with the perpetrator are a distinct consideration in every stage, and all agencies should have a shared understanding of this.

Practitioners will recognise the practice discipline in Signs of Safety, "nothing about you without you", which privileges transparency in practice and intends to support child protection organisations to move from an expert position on families' lives to a more collaborative approach.

Practitioners should be clear that the safety of the child is paramount and this consideration should underpin all decisions, including those regarding the sharing of information with perpetrators, family networks and organisations.

Mediation, couples counselling and family therapy are never appropriate interventions when there are worries about domestic violence and abuse. These processes and interventions bring the perpetrator and victim in a room together, mutualise the problem and will make things more dangerous for the victim. Further, they are likely to provide additional contexts in which the abuse can take additional forms and where the perpetrator will seek to further diminish the agency and credibility of the woman.

Practice point – using the word “triggers”

Analysing the contexts in which abusive and controlling behaviour has been perpetrated in the past means that everyone has an understanding of how the patterns of abuse help to predict future harm. In the Signs of Safety safety planning worksheet and other literature, the word “triggers” is used. This should be understood as a term that asks workers to

analyse the contextual patterns of abuse – for example, if a dad's behaviour is more restrictive and abusive on a quarterly basis when he is stressed at the end of corporate financial terms or if there is a pattern whereby he has always screamed at and hit his wife after a visit from his parents.

This information should be used to support detail and rigour in the safety plan and support changes in future perpetrator behaviour, as opposed to messaging that something or someone external has triggered the father's anger or abuse. The latter position risks rationalising his behaviour and diluting the fact that he is making choices to abuse his partner and children. Abusive behaviour from perpetrators of domestic violence is located in an intention to gain and maintain control.

► What might be included in a safety plan?

Recognising that a safety plan for each family will be distinct to their experiences and unique to that case, and bearing the above practice points in mind, what types of detail might be included in a domestic violence safety plan?

Agency detail

- **Explicit detail about what harmful behaviours the Agency expects to stop**
 - What is the perpetrator's agreement and willingness around each behaviour? What is he going to do instead? How will this make things safer for the children?

Specific actions

- **Details about people checking in:** the details should be explicit – Who will be doing what and when? Who are they expected to see or talk to?

- **Details about parents reaching out for help** – Who will they contact? When will they do that and how? What will that achieve in terms of the safety and welfare of the children and mother? What are those people expected to do?
- **Identification of “red flags”** – These are the things that the mother, children and others notice that lets them know, usually based on past experience, that the abusive behaviour is imminent, present or escalating. It is important that practitioners, in exploring red flags with families, do not step into the pitfall of being focused on incidents of physical abuse (e.g. asking solely about “anger”) and verbal aggression. Skilful questioning and slowed-down thinking will help practitioners to help women and children to think through their experiences and access their good intelligence about how they recognise danger in their lives day to day.
- **Action-based response plans** – Who will do what to ensure the safety of the children when red flags are noticed, when it is felt that harm and danger are imminent or escalating? Code words – for friends/network, for children.
- **Mother and children moving out** – if the father refuses to leave the home, if there is not a barring order in place, if the mother wishes to go to a place of safety, then safety plans might involve the mother and children accessing refuge or other safe house services or alternatively staying with friends or family for a period of time.
- **Identifying specific safety people** for the mother. Identifying whether someone might be required to move into the family home to support and supervise.
- **Identifying support services** that relate to the intersection of mental health, addiction and domestic abuse, and making the necessary plans. These services and plans might be for the mother or the father.
- **Identifying other professional services** that would be helpful to the family. How are they linked to safety and support for the mother or to the increased safety and healing of the child?
- **Considering what would happen if Mum had to leave** – What does Dad’s past pattern of behaviour tell us about how he might react? What has happened before when Mum thought about or tried to leave the relationship or when others have left him before he was in this relationship? ‘What if’ questions are a part of rigorous safety planning.
- **Setting out the details of future monitoring** by the social worker. Dates of the next meeting should be recorded alongside specific plans for the gathering of evidence pending the next review meeting.

Child focus

- **Details about children reaching out** – Who can they talk to? Do those people know they are part of the plan? What language will the child use?
- **Details about rehearsing this with children** – perhaps including specific safety objects. If school staff or other professionals are trusted people for the child to talk to, does the child understand when those people are not available and what they can do instead?

- **Details about accessing help and emergency services** – teaching/ rehearsing this with children, teaching them their address and important family names and phone numbers.
- Plans between children and mothers about how to be safe in the home or in other contexts, including paternal access visits.

Perpetrator focus

- **Commitments the perpetrator is making** in relation to the whole family functioning, whether he is present in the home or not, e.g. financial support, access to bank cards, access to the car, supporting mother and children in attending services, supporting natural network connections or reconnections.
- **Preventative plans** – What are all the things that the perpetrator father will be doing to ensure his controlling and abusive behaviour stops? Based on what has worked well in the past, what are the strategies he will use? Who will help him? Who in his network can hold him accountable to these plans?
- **Separation of the perpetrator from the family** – asking the father to move out or live elsewhere to ensure the safety and wellbeing of the children. Support from other statutory agencies should be sought in this regard. If he refuses to do this, the practitioner should clearly record what he was asked to do, his refusal to do it, and the impact that this has on the children, e.g. because he refused to move out, the children had to go to a refuge.

- **Accountability network for father** – see a resource from the Safe & Together Institute that might support this work with the father's network: [The 'Choose to Change' Network: A Guide for Men.](#)
- **Referral to perpetrator intervention programmes.** Caution about this is discussed further in this document below.
- Parenting support for the father.

Practical considerations

- **Legal orders** and details about who will support the mother in accessing legal advice and attending court processes.
- **Emergency plans and packs.**
- **Provision of basic resources** to the family.
- **Practical tasks** like changing locks, parking cars in safer places, installing sensor lighting at the house.
- **Plans and rules around technology use** – this might be for the father in terms of his tactics as part of the abuse and control (monitoring, restricting access, stalking) or it might be for the children in terms of protective actions to reduce the perpetrator's access to them.

► Immediate safety planning

Practitioners should consider the idea of **safety planning for safety planning** in collaboration with the mother and other professionals as required. If practitioners are worried about meeting Mum, the children, Dad, visiting the home or perhaps a meeting taking place in the office, an immediate safety plan needs to be in place in anticipation of those events. The following case example illustrates this.

► Practice Example

Siobhan has been living with violence and abuse for many years. She reported that things had recently escalated and she called the Gardaí for the first time ever. Gardaí made her husband Joe leave and she does not want him to come back to the house. After meeting with Siobhan, the social worker completed the following safety scaling.

Immediate safety scaling 4 – Tusla social worker

Siobhan has been really proactive in keeping herself and the kids safe. She has been doing this alone for years and shared lots of examples of past safety and protection towards her children. She contacted Gardaí herself last week and has lodged an application for a barring order. Right now, Joe doesn't have keys to the house and Siobhan is using the night setting on the alarm when she is indoors so feels that he won't be able to gain access. Siobhan does not want Joe to come back, she is feeling really motivated that this is a time of change for her and the kids and that she has supports around her. Joe has not contacted Siobhan or the kids since he left a week ago. Siobhan has a link with the refuge outreach worker now who has helped her think through a personal safety plan; she says this is her strongest support at the moment and is helping. Siobhan's neighbour and friend Moira knows about the domestic violence and has told Siobhan that she and the kids can go by there any time they need, that she is usually home because she is a carer for her mother. The age of the children brings me up the scale as they have the ability to use phones, leave the house, communicate and have demonstrated in the past that they can do this when Dad is being frightening.

What is bringing me down the safety scale is the pattern, nature and extent of the abuse Joe has perpetrated on his children and wife. It has been frequent, pervasive and over the years he has become more controlling and restricting of their lives... that is unlikely to just stop in the coming weeks and months.

What makes things more dangerous is that Siobhan says Joe is currently using cocaine and this has always made him more erratic and impulsive. In the past Joe has put the children under pressure to let him into the house when Siobhan has tried to make him leave, and that is a really hard position for the older ones to be in – it would likely be too scary to prevent him. Because they are teenagers they don't always want to go out with Siobhan so sometimes are home alone. We think things could be more dangerous now because Siobhan called the Gardaí, has told Joe their marriage is over and she is not letting him see the children for their protection. This probably makes Joe feel like he is losing the control he had and we know that when women leave abusive and controlling relationships the risk to them can dramatically increase.

Joe has refused to meet with the social worker, showing us that he is not in a position to have open and accountable conversations about his violence and abuse in the family. This has resulted in all the professional support being landed on Siobhan at the moment when the harm is actually being caused by Joe... which is likely causing her more stress.

► Practice Example continued

Next steps to increase safety / Immediate safety plan

I would move up the immediate safety scaling if there was some additional detail to Siobhan's safety plan and if the children were involved in that conversation and aware of the plan. I would be more confident in the rigour of it if there was a person more actively involved in checking in and being present over the next few days. Joe has patterns of being very manipulative and Siobhan and the children likely need other people around them to help them if he shows up.

Siobhan has said her sister, if asked, would stay at night and come over to be with the kids while Siobhan goes to her appointments that she has this week. Siobhan said she will call her sister later and ask her to ring the social worker.

While the social worker was with Siobhan, they contacted Jane from the refuge who agreed to have a Zoom call later with Siobhan to plan some additional security details for the house and get some phone credit for the children's phones. Siobhan feels that the safety plan is tight enough for the next few days if Tusla meet with Dad as planned as part of the assessment and safety planning... immediate safety scaling will be completed again after meeting with Joe.

If Joe chooses not to meet with the SW, they will record this as a parenting choice he is making to not engage with the social worker regarding the safety and wellbeing of his children.

Social Worker Will let Siobhan and Gardaí know when that meeting is taking place and will make sure it is in the morning when the children are at school and Siobhan's sister can be with her in a public location in case Dad goes to the house after.

► Safety planning for meeting with perpetrators of abuse

It is important that we constantly assess risk as we move through our assessment and safety planning processes. Practitioners often worry that they will make things worse, harder, more risky, more dangerous when they meet with the perpetrator of the abuse who is often the father, stepfather, ex-partner of the mother and still living with or seeing the children, therefore posing an ongoing risk of harm.

Our statutory responsibilities require us to work with fathers of children and

they have the right of fair procedure in our assessment processes. However, our primary responsibility is always to prioritise the safety of the child and we know that their safety is strengthened if their mother is safe. Careful consideration is required in how we work with perpetrators of abuse as the reality is that the involvement of statutory services or any "outsider" that might have an influence can threaten the control of the perpetrator and cause him to escalate his efforts to control.

As aforementioned, it can be helpful to think about the need to safety plan for safety planning.

Partnering with women and children is critical before meeting with the perpetrator of abuse. Helping them to think through their sense of safety and danger around those meetings, what information will be shared by us, how we can share the information about the child protection concerns in the safest way possible, what parts of conversation are they most worried about, what is their greatest fear, using immediate safety scaling to dig into the risk, considering the perpetrator's patterns of behaviour in the past as a way of predicting their future behaviour, are all important considerations.

Immediate safety plans should be put in place with mothers, children and with the support of their network and/or other support services like domestic violence workers and refuge outreach teams. Initial meetings with the perpetrators, Child Protection Conferences, court applications, and work around Words and Pictures might all be points where we need to establish immediate safety plans for those particular days. It is important, however, that at the core of the work practitioners are collaborating with mothers as the experts in their individual experience and supporting their autonomy as much as possible.

The following practice example looks at the sorts of questions we can use to explore immediate safety planning with mothers.

► Case Background

Social Worker Alison has received a referral from a local domestic violence support worker in relation to Mam Sarah and her three children being risk assessed as very high risk. The support worker is concerned that Mam and the children are living at home with Dad Jimmy and there are child protection concerns for the children due to Dad Jimmy's highly controlling and paranoid behaviour towards Mam. Mam told her support worker that she is terrified of Jimmy. Social Worker Alison is meeting Mam today, the children in the morning and Dad later in the week. She and her team leader have prepared questions that will support her to help Mam think through an immediate safety plan as Mam Sarah is really worried that having Social Workers involved will make life harder for her.

Is it safe to talk now? Who knows you are here? What does your partner know or understand or think about you being here? Where are you going afterwards? What is your plan for the rest of today, tonight and tomorrow? Who do you expect to be in contact with? Who would be expecting to see or talk to you and/or your children over the next few days?

Who is someone we can call if we can't get in contact with you? In what circumstances would you think we should contact that person? What would be a normal amount of time for someone to not hear from you?

When you think about the time you have felt most worried about your safety or most scared for your children, what was it about that time that made it feel like that? What was he doing that was different or felt more dangerous? Where were the children within all of that? How did you know that it wasn't good or safe for them? What were the ways, even if you feel like they were small things, that you were trying to protect them and keep them safe from harm there? We know from women whose partners hurt, terrify and threaten them that as moms they do everything possible to keep their children safe. I would like to understand more about that and how you keep being strong through that.

What do you say or do in those moments? What tends to be most helpful? What makes things worse?

What can be done to remove the children physically from the room or space? Have you ever had a code word for the children that lets them know they need to leave the house immediately? What would be good about that? How could that be explained to them? Where would they go? What would they say when they get there? Have they done this before and it worked to keep them safe? Has he ever stopped you or the children from leaving the house or car before when you haven't felt safe?

Who else has ever been a person that helped keep your kids safe?

If tonight or tomorrow there was another moment like that or even worse, and you really felt like he doesn't care about whether he kills us or not, what can we agree is your plan? Even if it feels like you're not going to need it and things are okay at the moment, I need to know who will be doing what to make sure the children and you are safe in the worst moments.

How do you usually exit the house? And are there other exits? Are the doors usually locked or bolted or safety locked for the kids? What would ever make it hard to leave the house quickly?

If you had to leave a small bag somewhere nearby with some money, a spare phone, and ID, proof of address... where would be the best place?

How would you notice things escalating? What are the usual clues?

What feels safest and quickest for getting emergency services to help you? Phoning them? Leaving the house and going to a neighbour or flagging a car down? What if he takes your phone? Do the children know how to use your phone if needed? Who could help them do a rehearsal or practice of that?

Who is the person that we can ask to do regular checking in on you over the next days and nights?

If you had to run out of the house away from him to be safe or get help, what is the plan for the children? Would it be safest to bring them or leave them?

What conversations need to be had with the children about this safety plan?

How far is your nearest Garda station or refuge?

Who else needs to know this safety plan? What is the safest way for us to record or store this plan or other documents or numbers?

How can we involve the school in safety plans since they would be expecting to see the children first most mornings? They might be the first people to miss them and realise something is wrong.

► Practice Reminder

It is critical for practitioners to remember that they are using their interpersonal and relational skills to turn critical questions into compassionate and curious conversations. Question resources serve as a reminder and a prompt around the important parts of safety planning, not as a procedure or script, which carries the risk of implying that the mother has full responsibility for the future safety of the children.

► Safety planning for Child Protection Conferences

Child Protection Conferences (CPCs) and the Child Protection Notification System (CPNS) are critical parts of the child protection and welfare system and of the safety planning process.

The purpose of a CPC is to provide rigorous oversight and quality assurance for the creation, implementation and monitoring of effective safety plans for children experiencing ongoing risk of significant harm.

When a Child Protection Conference or Review Conference is being convened and there are concerns relating to domestic violence and abuse, it is crucial that the social work team and the conference Chairperson liaise to plan a strategy for safely convening the conference.

Below are considerations for Chairpersons. This is not an exhaustive list, and it is important that each family's circumstances and safety are considered individually and that child safety and mother safety in cases of DVA are at the centre of all our assessment and planning processes:

- **Invitations.** Ensure details of refuge/ domestic abuse specific support services are not shared with the perpetrator of the abuse. Consider if it is safe to post invitations to an address where parents reside together. It may be safer for the allocated social worker to hand-deliver invitations.
 - **Mother's views.** Does the mother have a view on her safety or any potential escalation of risk to her and her children should the perpetrator of the abuse attend the CPC? Has this been explored by the allocated social worker? The allocated social worker or Chairperson must explore this directly with the mother using a questioning approach.
- Should she advise that the perpetrator's attendance would be unsafe, alternative arrangements should be made as set out below. If she advises it is safer for the perpetrator to attend, the social work team and Chairperson must have safety planning conversations with her about for this. The Chairperson and social work team should consider the role of support people, how information is shared, any information or personal safety plans that should not be shared, and safety planning for any potential increase in risk to the mother and children following the CPC.
- **Orders.** Are there orders in place, such as barring orders, with certain stipulations to be aware of? Barring orders often prevent a perpetrator from being within a certain distance of or communicating with a victim of abuse and their children. In these instances, parents cannot attend a CPC together.
 - **Consultations.** Strategy meetings with Gardaí or consultation with domestic abuse support workers and services may assist in developing a strategy for planning for the CPC.
 - **Children's views.** If a young person is attending their CPC, what is their view or wish about the perpetrator of the abuse being in attendance?
 - **Children's voice.** When children have completed My Three Houses or a Me and My Meeting booklet to be shared at their CPC, do they know who it will be shared with? If they have shared worries about their father's behaviour, have the social work team safety planned around sharing this information with him present at the CPC?

- **Record of the CPC.** Who receives a copy of the minutes of the meeting? How are these delivered? Is there a plan to store them safely? What information should the perpetrator receive? Is an outcome letter sufficient as opposed to a full copy of the minutes? .

There are times when it may not be appropriate for the parents to attend a Child Protection Conference together. The CPC and CPNS National Guidelines section 2.1.6 states that “the chairperson reserves the right to refuse/exclude any (potential) participation on health and safety grounds and the reasons for this should clearly be communicated to all relevant stakeholders”. Possible alternatives to parents attending a CPC together:

- **Option 1:** The Chairperson can explore the option of holding the CPC in two parts, with the mother in attendance for one part and the father in attendance for a separate second part. Consideration will need to be given to how feedback is shared with each parent following the CPCs.
- **Option 2:** As opposed to the father/perpetrator of the abuse attending the CPC, the Chairperson can offer to meet the father individually in advance of the CPC to obtain his views, his best ideas about creating safety, and scaling number. The Chairperson can speak with the father again following the CPC to inform him of the outcome and any next steps.
- The Chairperson could provide a choice to the perpetrator in relation to their preference to engage in option 1 or option 2 outlined above.

- Professional rationale for decision making relating to attendance at CPCs should be communicated to participants at a CPC by the Chairperson and documented in the conference record.

Safety on the day of the CPC

If the father is not attending the CPC, has the social work team safety planned with the mother? Further to the immediate safety planning considerations outlined previously in the guidance, consideration needs to be given to the mother’s and children’s safety arriving, leaving, and at the CPC venue, and to the use of tracking or recording devices by the perpetrator.

► Interim safety planning

Immediate safety plans must be developed quickly into interim safety plans, which typically will have more detail, more depth, involvement of naturally connected network people and will be more family led and owned. An Interim Safety Plan in Signs of Safety includes the details about who is doing what to ensure the safety of the children while Tusla completes the process work, usually initial assessment or comprehensive safety planning. Depending on the agreed trajectory and timeline of the work, the interim safety plan might be in place for a few weeks, a few months, or longer.

There is a practice risk that a good interim safety plan post initial assessment will be considered sufficient to close the case. In that context, critical parts of the safety planning work would be skipped and most importantly the process and journey we bring the family and network on would be skipped.

The Signs of Safety safety planning roadmap is a helpful outline of the process of safety planning.

If you do not have access to the knowledge bank, use the link below and this will bring you to the Signs of Safety page on the Tusla intranet:

<https://tusla.sharepoint.com/mcas.ms/sites/InternalCommunications/Documents/Signs%20of%20Safety/Domestic%20Violence%20Informed%20Practice%20Guide/Safety%20Planning%20Roadmappdf?CID=bb3f0abd-4d0c-4523-8cdb-eadb56a45be8&McasCtx=4&McasTsid=20892>

Moving towards a more rigorous interim safety plan

The following case example of Lena and Jakub and their children Zuzanna and Hanna illustrates how a practitioner initially establishes an interim safety plan and later reviews its quality in terms of depth, rigour and domestic violence informed practice. The example then demonstrates how the practitioner develops the interim safety plan further.

► Practice example

Case background: Children Zuzanna (four) and Hanna (two) lived with their parents Lena and Jakub. A Garda notification was received by the duty social work team on Monday morning, reporting that an ambulance found Mum Lena unconscious with a clear knife wound to her upper arm/shoulder.

In their home Garda Sarah Holohan said that both children had “blood on their pyjamas and on their hands and the younger girl had blood on her face” and they were quiet and looked frightened. It was clear that there had been a party going on with five or six adults drinking. There was lots of confusion about what had happened to Lena to cause her injuries. Dad Jakub told Gardaí he “argued” with his wife and he couldn’t remember how she got hurt. He had blood on T-shirt and on hands.

Lena and Jakub could not identify a family member to phone who would be sober and available to look after the children so Section 12 of the CCA 1991 was invoked and the children were placed in an emergency foster care placement as an immediate safety plan.

Later on Monday, Lena was discharged from the hospital.

First draft of the interim safety plan

A meeting was held with Lena and her network to explore how Lena and the girls could be together safely as an interim safety plan. The following plan was agreed:

Interim Safety Plan Version 1

Lena and Hanna and Zuzanna will go to the refuge.

Hanna and Zuzanna will have supervised access with their Dad Jakub.

Lena will get support from Mary, the refuge worker, on safety planning for her and the girls.

Mary will support Lena to apply for a protection order.

Jakub will do an anger management course.

If Lena leaves the refuge with the girls without telling staff where she is going and is not back in one hour, the refuge will call the Gardaí.

Lena’s friends Magdalena and Sophia are available to help Lena and the girls.

The first draft of the interim safety plan above is flawed.

- ➔ *It asks that Lena and the children move out of their home as a first solution and doesn’t consider the impact this might have on them.*

- *There is no evidence that Jakub is being held accountable for the changes required in the family.*
- *There is no detail about who is doing what on a day-to-day basis.*
- *There is an assumption that access is in the best interests of the children.*
- *It asks that Lena attend access, a context where she is likely to be subject to ongoing abuse or control.*
- *The domestic violence is framed as an “anger management” problem.*
- *Some of the actions do not link to how safety will be increased.*
- *There is a lack of detail around what the network will be doing.*

Reviewing the quality of the interim safety plan

The following day, the social work team leader, who is an experienced Signs of Safety practitioner and is committed to being domestic violence informed and evidence based in her work, met with the social worker and led a conversation to reflect on how this safety plan might be further developed.

She asked curious and analytical questions like:

Our bottom line in this case is that Jakub is not around Lena and their children. What does Lena and what we know about Jakub’s patterns of behaviour tell us about what is safe about that and what are the ways in which that bottom line makes things worse? Whose idea was it for Lena and her children to go to the refuge? Did we talk to Lena about what feels safest – us asking Jakub to leave the home or Lena and the children leaving the home? If Jakub refused to leave the home, have we documented this parenting choice and how it impacts on his children and is further evidence of abuse to them? What was Lena’s biggest worry about going to the refuge? What will be hardest for the children about staying there? What support does Lena need to provide for her children while at the refuge? How is Jakub providing for the care of his children while they are not at home? Does Jakub know where the refuge is?

What do the children understand about what their Daddy did, why they went to emergency foster care, why they are at the refuge and who the social worker is? What do they understand about how they and their mummy are going to be kept safe?

What would Lena say are the ways in which we have shown her that we don’t blame her for what the children have been experiencing? Even if things were fast paced so far, what are the best questions you asked Lena to demonstrate that we hold Jakub accountable for the child protection concerns and that we see her from the outset as a mother trying to keep her children safe?

What is the safety plan for Lena while she is staying at the refuge, while she is bringing her children out even for less than an hour?

Who can support Lena to make a report to the Gardaí as a victim of a crime? What would be helpful and protective about this, particularly regarding bail decisions?

How have we safety planned around the known escalated risk of serious harm and murder in the period of separation? How is Mary helping our analysis of risk and safety? How is she supporting Lena?

Whose decision was it to apply for a protection order? What does Lena say is safe and good about getting a protection order and what worries her about it? Who has supported Lena to think through the option of seeking a barring order?

When we think of Jakub's history of behaviour and control in the past, particularly around Lena trying to assert her resistance, leaving, working with professionals... what does that pattern of behaviour tell us about what needs to be in this safety plan?

What involvement has Jakub had in the development of this safety plan? The plan doesn't seem to demonstrate what he is agreeing and not agreeing to do in terms of keeping Lena and his children safe, free from harm and threats, so what have we asked him to do or stop doing? What has he said about our bottom lines? Who is going to be in his network, supporting him and holding him accountable for not harming his wife and children?

How can we better communicate and record timeframes? How long is Lena going to be staying at the refuge? What will we do if she leaves? Have we communicated that to Lena? If Lena wants to go home and feels it is safe to do so, what is our plan – maybe with other agencies like Gardaí – to ask Jakub to leave so the children can be in their home and closer to their creche and friends?

Who thinks it is best for the children to spend time with their father at the moment as opposed to not seeing him, as part of the Interim Safety Plan? What is the rationale for currently having visits? How will the children know they will be safe? What does Lena want contact between the children and their father to look like? Do we need bottom lines around this?

Who is going to supervise this access, bring them there and home? How would they explain “unsupervised” to me? What happens if the network members are not available? Are worried? Feel scared? Who would they say they can involve? What happens if Jakub gets aggressive or turns up with drink taken? Who will decide it can't take place or has to end? Do they know how to do that? Where will visits take place?

What have the girls said about whether they want to see Jakub or not? What is the plan to support Lena and the children emotionally around them having contact with their father? What has Jakub said he is going to do to make sure his girls don't see him drinking, drunk or using scary or violent or triggering behaviours on access? What has Jakub told us about how he has been involved in caring for, raising, supporting, playing with this children since they were born? How have Lena and Jakub explained to us about how it is safe and in the children's interests to see him right now? What does Jakub think about this?

What do we know about the patterns of Jakub's past violence to Lena and the red flags around his drinking that would help Lena, us and the network recognise when things are getting more dangerous? When might it not be safe for Zuzanna and Hanna to be around Jakub even if Lena or a safety network person is there?

Whose idea was it for Jakub to do an anger management course? How does he/anyone think that will directly lead to the children being safer? What message might we be giving Jakub if the only thing he has to do is anger management? What are some of the higher expectations we can have of him as a father?

Signs of Safety safety plans require detail about who will be doing what, when they will do it, how they will know to do it and how we will know they are doing it. What have the Gardaí agreed to do if the refuge call them? Is that the first thing the refuge staff will do or are there other things they will be doing before that?

What other agencies and community support services might we talk to Lena and Jakub about engaging with? How will that help safety or the healing and emotional support needs that Lena and the girls have?

What will Magdalena and Sophia do to help Lena and the girls? What has Lena said would be most helpful for them to do? Would they be the best people to be checking in with the children or would the girls have a closer relationship with someone else? Have Magdalena and Sophia ever helped before? How? What can they do and what are the limits of what they can do?

What do we know about the patterns of Jakub's past violence to Lena and the red flags around his drinking that would help Lena, us and the network recognise when things are getting more dangerous? When might it not be safe for Zuzanna and Hanna to be around Jakub even if Lena or a safety network person is there?

In our ongoing comprehensive safety planning work, does Lena want us to work on safety planning while she is separated from Jakub or does she see herself going home to Jakub? What do each of them want the family to look like going forward? What does Lena tell us helps her take good and protective care of her girls despite everything she has been dealing with? How can we build on all she has already been doing?

The developed interim safety plan

The social worker met with Lena, refuge worker Mary, Magdalena and Sophia. She also met with the children with their mummy present. She met with Jakub alone and the interim safety plan developed into the following, more rigorous plan:

Interim Safety Plan Version 2

Lena says she wants to be in a relationship with Jakub and wants to move home with him. It is a Tusla bottom line that Jakub is not living with Lena and the girls for at least the next six weeks. This will be reviewed in six weeks as part of the safety planning network meetings.

Jakub has refused to prioritise the needs of this children by refusing to leave the family home; his choice in this results in his children being away from their home, their beds, their toys. Jakub has agreed to put 100 euro each Thursday in Lena's bank account. He has agreed to be out of the house from 9am-1pm on Friday morning and be with his friend Niall so Lena can go with the DV support worker to get stuff for her and the girls.

Lena has said she will stay in the refuge until there is a plan about her and the girls going to stay with Magdalena. A meeting will take place later this week with Lena and Magdalena to work out the details of how this can progress quickly. Magdalena is buying beds for the girls and her mother is leaving in two weeks so it is hoped by then Lena and the girls can move in with her.

Everyone has agreed not to tell Jakub the location of the refuge.

Lena and the refuge staff have agreed that she is telling staff when she is going out locally to shop or for a walk. Lena agrees that if she is not back in an hour that the staff will phone her and then if they can't get her they will phone Gardaí.

The Gardaí agreed at a strategy meeting on 5 April that they will respond, as they agree with Tusla's assessment that Jakub poses a significant risk to Lena and the children. If they are called by the refuge they will respond and seek to locate Lena and the children in the community for a welfare check.

Lena said she wants the children to see Jakub but for someone to be there. She wants to be there because the children are so attached to her and would want her present.

Tusla agrees that Lena not supervise the visits alone and she has agreed for Magdalena to help. Magdalena is going to go with Lena when she brings the kids to see Jakub. Lena will get the bus into town from the refuge and Magdalena will meet her at the bus stop and will go to a public park or shopping centre with Lena and the kids to meet Jakub.

If Jakub is angry or pushy, making comments that intimidate Lena, is focused on her instead of his children or smells like alcohol, Magdalena will ask Jakub to leave the visit. Magdalena will ask Lena to come with her and the girls and leave Jakub. The visits will be during the day. Jakub knows this and has agreed that Niall will be the backup person for Magdalena to call on visits if he were not to leave when asked. If things get scary or unmanageable, Magdalena will call Gardaí.

She has never done this before but knows how and could explain the good reasons for doing so.

Lena and Jakub agree that if the girls seem upset, tearful, are clinging to their Mum, seem scared of their Dad, the visit will end. Jakub agreed to this and said he doesn't want his children to be afraid of him and that they have no need to be.

Miguel is going to check in with Jakub in advance of visits to make sure he is sober for the visit. He works with Jakub and will see him anyway on those days, he said he has no problem popping out for 20 minutes to see Jakub before he leaves the home for the visit, as it is nearby their place of work.

Niall and Miguel have said they are going to text Jakub during the week to check how he is doing and support him. They said they are surprised that this has all happened but they understand why Tusla and Gardaí would be worried. They will come to the safety planning meetings going forward.

Hanna said to the social worker that she would like her Daddy to stop shouting. Jakub knows this and he has said he will stop and he will think about what needs to change so Zuzanna and Hanna are not upset and scared.

Jakub said he is willing to work with Tusla going forward and said he will not try to contact or seek out Lena, as per the bottom lines of the safety plan. He states that he agrees not to use violence against his family – physical and verbal.

Social worker, family and network will meet fortnightly initially to review this interim safety plan and to begin to work on the family-owned safety plan. Meetings will be with Lena and her network with the refuge support worker, and separately with Jakub and his network. The social work team leader will sign off on all documentation in safety planning to ensure that, as part of

risk management, Lena's personal safety plans will not be shared with Jakub and his network. A referral has also been made to the community and voluntary sector for emotional support for Lena and the children and to support the ongoing relationship between them.

Practitioners are encouraged to reflect on the differences between the two versions of the interim safety plan and notice how the principles of domestic violence informed practice have influenced the work, how the voices of Lena and the children are more central, how there is greater clarity about who is doing what and when. Jakub is required to take ownership of actions around his behaviour and a clear structure around reviewing this plan is included, which is critical in avoiding case drift.

Introduction

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Section 3: Moving to Comprehensive Safety Planning

Comprehensive and final safety plans have the family and network's involvement and best thinking at their core. They are built on a foundation of relationship-based practice and critical analysis. Our conversations will have dug into the dynamics and detail of the past harm and all the times when the children have been kept safe. They are tried and tested over time so obstacles, barriers, "failures" of the plan have been worked through and we have attended to the support and healing needs of families also. When we close the case following that process, families and networks are more likely to be able to manage difficulties that might arise in the future.

In practice, cases that close on interim safety plans (often social work led, lacking detail and heavily weighted towards referrals to other services rather than addressing the nuanced detail of the harm-causing behaviours) tend to be re-referred to the Agency as change is minimal or the issues escalate to crisis.

The Trajectory and Timeline

Following the assessment (Initial Assessment or mapping) and the development of an Interim Safety Plan, the social work process moves into comprehensive safety planning. Early in this process, the social worker is required to develop a Trajectory and Timeline, one of the key steps in the safety planning process.

Parents who work with child protection services often say they are in the dark about what the professionals want from them, that goalposts are always changing and they are not clear about what is expected of them and how long it will take. Providing a clear overview of what work is required of the family and network right up to reunification of children from care or case closure typically makes a big difference for families.

The process of the required work that is laid out in the trajectory and the timeline is Tusla's best estimation of how long that will take realistically considering the practitioner's need to schedule and facilitate safety planning meetings alongside the work of Words and Pictures and all the other tasks, such as calls and home visiting. Without a clear timeline, the motivation of parents can be impacted and it is challenging for them to remain hopeful, so case drift is more likely.

If children are in care or living with network and the Safety Goal is for reunification to parents, an additional column detailing the parallel contact arrangements should be included.

In Appendix 6, practitioners will find the Trajectory and Timeline for the case of Lena and Jakub. It is important to highlight that this trajectory and timeline was based on the social worker's analysis of harm and danger, the strength and longevity of the interim safety plan and the parents' goals and wishes. Each family's trajectory requires strong analysis and slowed-down

thinking in its individual development. This is a practice example to illustrate how a practitioner might work with separate networks in a case of domestic violence to move from an Interim Safety Plan to a Comprehensive Safety Plan.

In the case of Lena and Jakub, following the initial crisis/response period, both Lena and Jakub consistently denied and minimised what had happened, both saying Jakub had not harmed Lena or that they could not remember. The practitioner understood all the good reasons that Lena had for not speaking openly about her experiences of violence and abuse and did not require her to speak about these in order to move through the safety planning work.

Likewise, the practitioner worked with Jakub's dispute and denial position skilfully to work through the safety planning process and create a safety plan without requiring him to verbally admit to harming Lena.

What resulted in this case was that the third weekend that Jakub was fully home with Lena and the children, he became verbally abusive towards Lena. He did not put into action his part of the safety plan regarding the identification of red flags in his feelings, thoughts and behaviours. He did not engage in the behaviours he had agreed to that would keep Lena and the children safe.

As a result, Lena had to put into action her part of the safety plan. She locked herself and the children in their bathroom, called someone on her safety network who contacted Gardaí to come to the home to remove Jakub. What this illustrated to the practitioner is that parents can have the capacity to engage in safety planning and implement safety plans, certainly in the short and medium term, whether there is

full articulated agreement on the worrying behaviours or not. In this case, Jakub engaged in the process of safety planning but he did not demonstrate safety in action. This contributed to the ongoing analysis of harm and danger in this case.

Without a clear understanding of the Signs of Safety process and the skill to work with dispute at the outset, the practitioner likely would have got stuck in attempting to get a clear disclosure and admission of the abusive behaviours, and not have given Lena the opportunity to enter into a process to work towards the Safety Goal, respecting the pace that she needed to move forward at. This, of course, was always centred around immediate safety scaling in respect of the children and the balancing of risk and safety.

Safety planning meetings with family and network

The trajectory outlines the process of work that will take place in the safety planning process, an overarching outline of what is required. *How* safety is created is the work of the family and network. In Signs of Safety, the social worker's role is to facilitate and support the parent and network to come up with their best thinking and ideas about how to reach Tusla's Safety Goal and meet the Agency Bottom Lines.

The social worker will do this through conversation and specifically the use of intentional and purposeful sharp questions designed to dig into critical elements of safety planning. The anchoring question that runs through all safety planning meetings is *What will you do to show everyone the child is safe?* and the use of questions supports families to take ownership of the issues and actions in safety planning and grow capacity to solve them. This approach avoids

professionals becoming overly focused on their tendency to feel responsibility for solving problems in the family.

► The safety planning worksheet

The safety planning worksheet is a tool in Signs of Safety to help practitioners slow down their own thinking and prepare questions to support that facilitated process in the meetings with the family and network. It is recommended that a worksheet is used for each type of harm, e.g. one for the domestic violence and coercive control, one for the drinking or drug use, one for the mental health concerns, albeit there will likely be much overlap and connection. Regarding that intersectionality, practitioners should refer to the section above on Complicating Factors on page XX.

Two examples of [safety planning worksheets are included in Appendix 7](#) to provide practitioners with a sense of the types and range of questions that might be prepared and used. One is for the Lena and Jakub case which was the case of a Tusla practitioner and has been de-identified, and one is for another case of coercive control and was prepared as a training example by Professor Andrew Turnell. Professional experience, contexts and style will always influence the development of questions in Signs of Safety. As with all case examples, practitioners should remember that these resources are samples and should be used in an evolved and considered way in their own casework rather than out of context.

Key practice considerations in comprehensive safety planning

► Maintaining focus

Practitioners might find that in the earlier stages of the work they can align well to being domestic violence informed in their practice but as time goes on and change is slow, and perpetrators disengage or become hostile, practitioners might be more likely to revert to practice that is mother blaming and gendered.

Irish research carried out in one Tusla region identified findings that are resonant of the messages from the overall field of research. Dr. Donna O'Leary conducted two empirical studies involving 480 children over a three-month period in 2016 to examine decision making post Initial Assessment and the factors that influence whether a family continued to receive a service (O'Leary, 2022). It was found that mothers and fathers were held accountable for exposing children to ongoing abuse but there was a tendency to place responsibility both for the exposure and protection on a protective parent, primarily a mother. Additionally, Social Workers tended to make a distinction between a violent father's behaviour towards the child's mother and his role as father. When variables that contributed to a decision to keep a child open to Tusla were examined, a further gendered approach emerged whereby domestic abuse "perpetrated" by a mother was the strongest determinant of receiving service while abuse perpetrated by a father was not significant in the findings.

Reflective practice, good supervision, self-auditing case records, using group supervision are some ways to support practitioners in maintaining the focus on working with perpetrators to create change in their behaviour and remaining allied to the mother.

► Ongoing harm analysis

Keeping a side eye on harm analysis is important throughout this phase as perpetrators may, on the surface, have stopped some behaviours but may have simply changed their tactics of control and abuse. Asking the mother, children and others direct and curious questions about his ongoing behaviour will ensure the practitioner remains in analysis of harm and danger while safety planning. Asking questions about whether the mother and children feel less controlled, restricted, fearful, vigilant is helpful rather than focusing on episodes of violence and aggression or punctuated “incidents” of abuse.

► Working with networks

Finding and working with networks is a challenging part of the work. Working separately with two networks is time consuming and brings additional complex dynamics. Practitioners should hold a constant curiosity about the networks in domestic violence cases, particularly as they can intentionally or unintentionally become part of the harmful behaviour or can be manipulated by the perpetrator. Networks will bring all their own beliefs and values into the family system in ways that can be helpful and hurtful. Whether things are changing or stagnant, when there is disengagement from a parent, if there is a sense that there is superficial engagement, if there are separations and reunifications, in all these cases it is important to be curious and questioning

about the role various network people have been playing. Spending time in the middle column and understanding positions, beliefs and experiences around power, control, domestic abuse, and relationships with the network people is critical in these cases.

► Focus on behaviour change

Practitioners should keep in mind that they are working towards the goal of the domestic abuse and coercive control stopping. The practitioner and the family and network should all be clear about precisely what behaviours need to be stopped or changed. Each harmful tactic of abuse and control should be linked to a required action by the perpetrator, and there should be clarity about how that will positively impact the safety and welfare of the children. If there is minimal detail about the specific behaviours, practitioners can frame this in terms of what they do know and what their professional knowledge tells them, and then maintain an ongoing mapping of the perpetrator’s patterns of abuse and control as the work continues. It will be very likely that, as the work continues and relationships grow, practitioners will gradually learn about the history of the behaviour.

► Involving children

Children should have voice and influence in the safety plans that are developed in relation to them, and their voices are often powerful in encouraging their fathers to connect their behaviour to the impact on their children, and thus increasing the motivation and willingness for change. Children should be directly asked about what they want to change, what they want their fathers to stop doing or do more of, what help their family needs, what rules they think their social worker should help the family think through. Asking children

what makes things worse in the family, who makes things worse and who helps, will also inform rigour in safety plans.

Children have a right to have their voices heard and to influence the contact they have with their fathers. They should be directly asked about what they want their contact with their father to look like (in person, on phone calls, video calls, receiving cards and correspondence, etc.). This should be reviewed with them throughout safety planning, and when children say they do not want to see their abusive parent, their wishes and rights should influence their safety plans.

Practitioners should be mindful that in seeking the views, perspectives and wishes of children, they are often intentionally distorted by the perpetrator as part of their pattern of control. Children will also be attuned to the danger and safety implications of what they say and express, for themselves, their siblings and their mother. Practitioners should consider what supports children need alongside the assessment and safety planning processes, particularly age-appropriate education about their rights, what abuse is, what respectful and healthy behaviour is and is not, etc.

► **Maintaining a focus on immediate and emergency safety planning**

Although the focus should be on perpetrator behavioural changes, there will of course be many cases where the abuse does not stop, where it escalates, where it takes time to change and ultimately where the mother and children are at ongoing risk of significant harm. It is, therefore, critical that an emergency plan is developed with the mother that is not shared with the father or with anyone who would disclose the details of it to him.

Helping the mother think through what is untenable for her and what will help her in those moments is like a mental rehearsal. She has probably thought this through herself but explicitly exploring it in a one-to-one meeting with her is a critical part of early safety planning, and revisiting it throughout the process is important.

Words and Pictures work

For any safety plan to make sense to children, they must have an explanation of the issues and worries that require a safety plan being developed. Children will often have lived experiences of the harm, danger and complicating factors that have brought child protection professionals into their lives. Certainly children living with domestic violence and coercive control will have lived these experiences vividly. However, practitioners should not make assumptions about children having a clear, truthful and meaningful explanation of the worries. They are likely to have interpreted them through their developmental lens and to have received many mixed messages and stories about what they are experiencing. Families and professionals often feel uncertain and anxious about how to talk to children about the child protection concerns and can inadvertently amplify the atmosphere of secrecy, silencing, guilt and shame that often surrounds child abuse.

Words and Pictures, developed by Susie Essex, is the tool that practitioners use in the safety planning process to get parents involved as quickly as possible in the creation of an explanation for their children about the circumstances that led to Tusla being involved in their lives. It is also the tool used to support parents in explaining the safety plan to their children.

The Words and Pictures story:

- is written in age-appropriate language
- is owned by parents
- must communicate the truth and severity of the child protection concerns
- is developed in collaboration with parents to help them read it to their children
- is designed to directly address the secrecy and silencing that surround child abuse.

It aims to create a context for honest and rigorous safety planning work and is a critical part of safety planning. This process is led by the practitioner and done in conjunction with the parents. The creation of a Words and Pictures is a bottom line in our safety goal.

Words and Pictures explanations are drafted by the practitioner, then refined and negotiated with parents to finalise a story in language the children would use and understand. It involves the use of simple words and stick figure drawings to address critical questions:

1. Who was worried?
2. What were they worried about?
3. What happened because of the worries?
4. What will happen next?

Some key resources regarding Words and Pictures as a critical part of the safety planning process can be found in the Signs of Safety Knowledge Bank.



[A words and pictures for every case](#)



[The words and pictures storyboard](#)



[Creating words and pictures workshop](#)

If you do not have access to the knowledge bank, please click on the links below which will bring you to the Signs of Safety page on the Tusla intranet:



[Signs of Safety Page 1](#)



[Signs of Safety Page 2](#)

In the context of safety planning and engaging in Words and Pictures work with families where there is harm and danger around domestic violence, abuse and coercive control, practitioners commonly struggle with challenges about how to do this in a domestic violence informed way.

The Signs of Safety practice leads on the learning and development team collated a selection of questions that practitioners often ask them:

- What if Dad won't engage with us, can we go ahead anyway? Do you have to involve him when he will just tell the children another story anyway?
- How do we write about the child protection concern if it is disputed or denied or allegations are made then withdrawn by either parent?
- Do we include disclosures made if Dad isn't aware that Mum or the children told us these things?
- What if Mum or Dad is refusing for the Words and Pictures story to be shared with their child?
- What happens if parents or other professionals, like a Guardian ad Litem, foster carers, clinicians in Child and Adolescent Mental Health Services, hold the view that sharing the worries with the children will traumatise or frighten the child?
- What if, in his participation around the Words and Pictures work, the perpetrator uses it as an opportunity to further control/manipulate/upset/frighten Mum and the children?
- We have been advised by you to not to use language like "fight" or "argue", but what if the children have really seen both parents shouting and screaming and being violent?
- What words can we use to describe coercive control when "incidents" on their own can be "rationalised" or dismissed?
- How do we deal with the children expressing really negative views of their Mum when we understand that to be impact of the domestic abuse but we have to include the voice of the child?
- How do we respond if Dad or Mum accepts the Words and Pictures draft or agrees to a version being shared, but later says something different to the child, like during access visits?
- When there have been lots of incidents and a pattern of control, how do we know what needs to be included and what needs to be left out?
- To what extent do we negotiate with the parents about what is and is not included, what sort of language do we use?
- If there are other worries, such as Mum drinking, perhaps as a coping mechanism in the context of her abuse experiences, how do you include that?
- Can we ever close a case if the Words and Pictures work is not completed?

These questions are common in practice, and the obstacles indicated in the questions are to be expected. Asking any parent in any child protection case to explain some of the most stressful, harmful and possibly shaming experiences they have had in life to their small children in ways that they can understand is a massive ask of any parent. Families need our skilful support and our firm and compassionate guidance to help them slow down their thinking about their worries in this part of the work. Skilful use of our authority, clarity about our bottom lines and our safety goal, and the use of intentional questions across the analysis categories is critical in the practice.

► Practice challenges in Words and Pictures

Words and Pictures is a bottom line part of safety planning processes for child protection cases in Signs of Safety. If a decision is made at some point to delay Words and Pictures work or leave it incomplete, this decision should arise from a safety scaling judgement with a rationale that is clearly recorded and focused on the harm and danger to the children and their mother. In such contexts, it should also be clearly recorded in the safety plans how exactly children are being informed about and engaged in safety planning.

The Words and Pictures story is an opportunity to ally with the victim/survivor mother and message strongly to her, the perpetrator and the children that the responsibility for the harm, danger and creation of change and safety lies with the perpetrator of the abuse. Finding ways to centre her experience as a parent who is making efforts to keep herself and her children safe is critical.

Preparatory interviews and meetings with the parents should be in line with domestic violence informed best practice, as outlined in this guidance: separate meetings with Mum and Dad, careful consideration about changing risks around the meetings, safety planning with Mum for the piece of work.

When there are additional concerns around the behaviour and parenting of the mother, these will need to be clearly named. At this stage, however, the analysis of the practitioner will likely have understood these behaviours as the impact of the experiences she has had of abuse, violence and control and can be framed as such. The perspective of the mother and her own support network should be sought. Including the perspective of professionals, parents and children is critical in the development of Words and Pictures, alongside the description of who was worried and why.

► Practice example

In one case the story included:

Social Worker Aoife met with Mum Alma the next day to talk about her drinking so much wine so often. Mum Alma explained that she knows this is not healthy and that when she drinks that much wine she can't talk properly or watch the kids closely and falls asleep so they don't get dinner until after bedtime. Mum Alma said she drinks the wine because of how sad and scared and frustrated she feels when Ryan is giving out to her all the time and saying awful things to her. When she drinks it makes those feelings go away for a while but then she feels worse after.

In this example the child protection concern is named in terms of Mum's behaviour, the impact on the children is named, Mum's perspective and explanation of the problem are included and we are ensuring we are linking it to her boyfriend's behaviour towards her.

The Words and Pictures story is an opportunity to work with the perpetrator in terms of supporting him to consider what is important for his children to know about his behaviour. Although this is not the aim, parents will often, through this process, talk more openly about wanting their children to know they are sorry for the abusive behaviour, acknowledge that there has been impact on the children, that the children are not to blame and that the parent is committing to change. In cases of domestic abuse and coercive control, practitioners should pay considerable attention to the language used and ensure that perpetrators are not making either subtle or explicit attempts to further abuse the mother through

their positioning and language. It is not appropriate to position the non-abusing parents in this way, even if a mother victim of domestic violence wants to take on responsibility for the child protection concerns. This should be considered in the wider analysis of the impact on her of her experiences of abuse and control.

Practitioners should work in depth with perpetrators within Words and Pictures as there is much scope for his manipulation of the professional and the children. It is not sufficient to simply state what someone says, e.g. "Dad said he is sorry", if there has not been a depth of conversation and analysis with the father around this statement to ensure it has meaning and is aligned with engagement and safety planning.

Dispute, denial, the changing of accounts, the withdrawal of disclosures should be expected, considered as an overall part of the dynamics of domestic abuse cases. They can simply be written into the story and this is illustrated in some of the practice examples included. The perpetrator's denial, minimising, blaming and shaming of Mum can be considered as part of his ongoing abuse of her and the children and inform the ongoing analysis and reviewing of safety plans.

Where possible, practitioners should seek to carefully consider the sources of information about harm that are highlighted in the story. If there is collateral information from family, other professionals or Gardaí, or there are a number of indicators of abuse that lead to professional concern, these should be highlighted rather than disclosures of abuse that have come directly from children or mothers. These disclosures may not be known to the perpetrator of abuse and could place them at risk of increased danger.

► Practice example

In a case supported by one practice lead it was possible to write:

Even though there have been big worries about Mam Jenny's drinking around Sarah and Emily, Social Workers also have worries about how Dad is with his family. Social Worker Mike has noticed everyone be really nervous around Dad, Mr Byrne at the school and Granny have said that he says horrible things to Mam and the kids about them being in trouble, that Mam Jenny and the kids are hardly ever seen without him and Mam doesn't seem to be allowed to drive the car or take the kids out by herself even when alcohol isn't a problem. This makes everyone worry if perhaps Dad is forcing the family to behave in ways he wants them to but that actually might not feel happy and good for everyone else.

In this case the children had also described some of these experiences to their social worker but had expressed a lot of fear that they would be "in trouble" for telling about it, so leaving the weight of responsibility for child protection involvement with them in the story would have been detrimental and possible dangerous.

Practitioners commonly encounter cases of domestic violence and coercive control where the perpetrator of the abuse either won't "consent" to the Words and Pictures work taking place or simply won't engage in it or with the practitioner. This should inform the ongoing analysis of the harm. For example, you might ask: Does this make me more or less worried about this man? What impact is it having on this child that he won't agree to give them an honest and non-blaming explanation of how they will be

safe in the future? What does this tell me about his commitment to work towards the safety goal? How am I recording his decision not to do this for his children?

Significant attempts to engage both parents in this work should be made, but the Words and Pictures story can be developed with the mother alone if the father is absent or not engaging despite attempts by the practitioner. If the perspective of the perpetrator is known, particularly where there is a dispute about the child protection concern, the perspective can still be stated, e.g. "Daddy told the guards that he never hurts or scares anyone in his family." In situations where one parent has not been involved in the creation of the story for the children this should be written in alongside the title page.

► Practice example

Some examples of what practitioners have written include:

Daddy James was not part of writing and reading this story for Billy, Maggie and Sarah because at this time Social Worker Fidelma thinks it is not safe for him to see Billy, Maggie and Sarah. Daddy is angry and sad about that so doesn't want to work with Fidelma.

Social Worker Fiachra tried five times to meet with Dad Alan to have him help write this story for Mandy-Mae but was not able to meet with him so Dad Alan has not been part of writing the story.

Daddy has not been able to take part in writing and reading this story but Social Worker Mark has sent him a copy so he knows what the story is and Granny Betty has helped write it instead of Daddy.

Practitioners offer a draft of Words and Pictures to parents to give them a vision of what the story could look like. Practitioners across the world working with Words and Pictures consistently share that parents are often shocked that the child protection agency can write about the child protection concerns in ways that are truthful, hold them accountable, but are not shaming in the way they are explained to children. Practitioners then enter dialogue with the parents around the content and language because the story should be recognisable to the children and use language that is familiar to them. For example, a social worker might write “drinking alcohol” but a parent might clarify that the children would always say “drinking beer” or we might have My Three Houses where we can directly bring in the voice of the child.

In this negotiating stage of the work, parents might have strong views about what incidents are referred to. Overarching questions that the practitioner should consider are:

- If I don’t include this incident does it dilute the child protection concern in this story or collude with the perpetrator seeking to manipulate or control the narrative?
- What is gained or lost by removing this sentence or frame and replacing it with this one?
- What is the parents’ worst fear about including this?
- How can the intended message be communicated with a different description?
- What is the child’s lived experience and is this being invalidated by the parents’ preferred changes?

It is critical for practitioners to consider Words and Pictures as a key part of the safety planning process. It is generally not a once-off piece of direct work, rather it forms the foundation for the rest of safety planning to take place through safety planning meetings. It is used to ensure that there is a shared understanding among everyone, including safety networks, about what the child protection concern is. Practitioners will also have done this through mapping, through sharing of Danger Statements, Safety Goals and scaling regularly with bespoke safety scaling questions, but there is a richness to family, professionals and network hearing the reading of the Words and Pictures story prior to parents reading it to their children with professional support.

Any challenge, block or obstacle around the Words and Pictures work should always be brought back to what this means for overall safety planning and overall safety for the child and mother.

In one case, the perpetrator father did not want an incident included where he had seriously hurt the children’s mother. However, including this incident was a bottom line for the social work team as it was the seven-year-old who ended up ringing 999 and then going to stay with their Granny. Since then, the child had blamed themselves for the subsequent events and needed an explanation and reassurance from their parents that they were not to blame for what was happening for the family, and strong messages around the value of help-seeking were considered important for that child in safety planning in the future.

Neither parent in the above case agreed to Words and Pictures work despite significant support and sharing lots of different drafts and examples. The children ended up staying in care because safety planning could not proceed with rigour in that context. The discussions about the Words and Pictures processes informed the ongoing analysis of harm and danger from this father and further demonstrated the level of silencing and control he had in the family.

In [Appendix 8](#), practitioners will find a sample of Words and Pictures frames that might provide a vision of how to talk about some of the experiences that children and mothers have had when living with domestic violence, abuse and coercive control. However, these are samples; some are from real de-identified casework and some are training examples. Enquiring with families about their best ideas around explaining the child protection concerns to their children and listening to the expressed lived experiences of the children should always be a starting point, in parallel to reading the helpful resources linked to at the beginning of this section.

► **Practice note - seeking guidance**

Seeking support and guidance is critical in helping practitioners slow down their thinking in this complex space and think their way rigorously into the challenges and obstacles. Guidance is available from line managers, local practice leaders, group supervision processes, complex case forums and the regional Signs of Safety practice leads.

The complexity of working with natural networks

Central to the Signs of Safety approach is that parents, children and everyone naturally connected to them are placed at the centre of the child protection work of analysis, safety planning and decision making. The involvement of natural networks in the safety planning process of Signs of Safety is a bottom line requirement in the Safety Goal, alongside a safety plan that addresses the harm and danger, and an explanation for the children of the child protection concerns.

Child protection services historically lean towards a disproportionate involvement of professional networks and services. The Signs of Safety approach seeks to involve as many of the people naturally connected to the child (extended family, community, friends, etc.) as possible, in order to minimise professional involvement in the lives of children and develop an effective safety plan with the people who are most present and most invested in the lives of the children and family. This is not to diminish the critical importance of universal and community health and support services for families as part of an overall support plan.

The Signs of Safety approach provides tools, methods and resources to support practitioners in finding safety networks and ensuring that those networks are informed and active in the safety planning process. These tools include the development and use of intentional and purposeful questions to support everyone to dig into the child protection concerns, how they have evolved, what has been working well and providing support and safety, and what needs to happen going forward to ensure safety for the children.

The network-finding matrix tool, Family Safety Circles (created by Susie Essex) and the work of Kevin Campbell in the [Family Finding](#) model and community can support practitioners in thinking their way into the complex work of engaging families in this vulnerable part of the work.

The following links to the Signs of Safety Knowledge Bank guide practitioners to further support on working with networks:



[Signs of Safety Knowledge Bank 1](#)



[Signs of Safety Knowledge Bank 2](#)

If you do not have access to the knowledge bank, use the link below and this will bring you to the Signs of Safety page on the [Tusla intranet](#):

When parents are asked to bring a natural network into their safety planning work with Tusla, this can often create significant anxiety or fear and trigger lots of complex emotions associated with their relational histories. Many practitioners encounter initial defensiveness and resistance and a consequent stuckness around this bottom line in the work. The role of practitioners in these moments of stuckness is to deepen their understanding of the challenges for

the parent, to bring all their compassion and skilful authority to helping parents think through those challenges using the tools and skills available to them.

If practitioners search “network finding matrix” on the Signs of Safety Knowledge Bank through their Tusla account, many completed examples of the matrix will be available, giving practitioners a vision of the types of conversations and approaches that might help families to think their way into the obstacles and challenges that face families when we ask them to bring people in their life to work with Tusla in these processes. These include objections such as “I have nobody”, “My family don’t know Tusla are involved”, “They have too much going on in their own lives”, “I don’t know anyone in this country”, “I don’t want people knowing my private business” and many more.

In the context of domestic violence and abuse, practitioners will often experience the amplification of the dynamics of power and control, secrecy, shame, guilt and fear when it comes to working with the natural networks of the family. Practitioners should give considered attention to the mother’s power of choice around who is in the network and who should attend the meetings, as well as being alert to indicators of coercive control and abuse extending into the network. Often, one of the first tactics that abusive and controlling partners will use is to isolate the woman from their natural network. This can happen quickly or insidiously over time. It often involves discrediting her to her family and friends or discrediting them to her, and is often part of an overall gaslighting campaign. It is done intentionally, so they can continue to escalate their control in ways that are unlikely to be interrupted by those people who care about her, and creates a greater barrier to her leaving the relationship.

Women who have had their family and friendship network shattered in this way need considerable support and time to re-establish their social networks. The practitioner will need to bring curiosity and empathy to the process. Specialist domestic violence services are able to help with this. Social Workers should locate their network finding work in a strong understanding of the patterns and dynamics of coercive control.

Practitioners should also be mindful that there will be situations where women will not want their networks to know about the abuse or where they have very little access to a network, particularly if they are part of an ethnic minority community. Women with disabilities may be reliant on members of their network for care needs. This and other dependencies should be carefully explored in considering how the natural networks that exist around the mother and children can be more or less helpful in increasing safety for them.

► Practice challenges in relation to networks

Because this part of the work is so complex and challenging for practitioners, the Signs of Safety practice leads on the Learning and Development team generated a selection of common challenges or questions for support in thinking through cases of domestic violence and coercive control. Some of the questions and messages in this section have also been highlighted elsewhere.

How do we know that it is safe to bring everyone into the room together? Can we meet with Mum/Dad and their networks separately?

Yes, we can have meetings with parents separately and with their networks separately in any case where the bringing

together of families in one room will escalate risk. The prioritisation of the safety of the child is the determining factor in any process decision in any case.

Ultimately, in all our child protection and welfare work, our goal is to have a comprehensive network and safety plan around the child (and non-abusing parent) with a clear plan that is understood by everyone in that child's life who is responsible for their safety. We know that relationships in immediate and extended families where there is intimate partner violence are complex and can be dangerous. So being extremely careful and considered in what our interventions add to those dynamics is wise.

In working with a woman who is being subjected to abuse, practitioners should be mindful in offering choice and not mirroring the oppression that she is experiencing day to day from her abusive partner. Practitioners will often say that, when asked, the mother tells them it is safe and fine or preferable to have the meeting with her and her partner/husband together. However, it is highly likely that bringing women together with their partners in meetings about the child protection concerns could have serious consequences for her safety and that of her children.

Initially, and most obviously perhaps, having a separate meeting with a mother, alone or with her network, may allow her valuable time to share worries which she cannot speak about without repercussions in the presence of her abusing partner, and to create a plan for her own safety which her abusing partner should not be privy to, e.g. where she has put aside money in case she has to escape.

It is common that women, in these contexts, will not feel safe to speak

freely and will fear consequences after the meeting for saying the “wrong thing”. It is imperative that practitioners consider *What is putting disproportionate responsibility on the woman for making that decision? and What autonomy and sense of right does this woman have to make this decision when she is living in fear for her own safety?*

With that in mind, it is recommended that practitioners hold a starting position that when we are worried about domestic abuse in a family, we will meet individually with all parties. When the mother expresses difficulty or fear about this and wants the father or her partner or ex-partner present with her, it is critical that practitioners bring their knowledge of coercive control and an incisive curiosity to the discussion to better understand the perspective of that mother.

Remembering that in most cases women have well-developed knowledge and experience of what keeps them and their children safest, we should start our conversation by asking the woman what she thinks is a good way to organise our safety planning meetings. Some examples of things we might ask about include:

- what would feel safest for her before, during and after any possible meeting
- who she thinks should be included and not included
- what time of day or days of the week should the meetings take place or not take place
- what is her preferred location for the meetings
- what she would like to contribute to the meeting and what she does not want to be asked with particular people present

So before we get into lots of future-focused safety planning questions, we will want to think really robustly about the here and now and what dangers might be amplified because of Tusla’s involvement – the possibility of an abuser feeling “found out” or being challenged by the prospect of sharing some of the worries about his behaviour with people in his life and the lives of his children and their mother. One way to think about this, as discussed earlier in this guidance, is “safety planning for safety planning” – i.e. what plans for safety need to be put in place right now to allow us to continue with our safety planning process, and how will we monitor and adjust these plans through the safety planning process in collaboration with the mother and children?

Whether or not the networks can be merged together (i.e. eventually getting everyone or some people in the same room) and how that should happen are judgement decisions in each individual case and require careful analysis and safety scaling. In many cases this will not be safe. What is important is that we agree the parameters of confidentiality at every stage of the work: what is going to be shared, who is going to share what, who is going to communicate with the child about what is happening. And eventually, in our final safety plan, we may explore who is aware of the whole plan and what parts of the plan are most appropriate for the mother and her chosen, trusted network to have sole access to.

What do I do if the network is unbalanced and only has people nominated by Dad?

In cases of intimate partner violence, it is right to be concerned about a situation, if it arises, in which all of the network is naturally connected to the father or to his side of the family. Even if a mother is telling us it is fine, our voice of reasonable

doubt is likely going to be asking whether she is able to say otherwise, and what implications it has for her safety that a plan for her children will be reliant solely on people her abusive partner has chosen.

One possible way of addressing this is to be quite direct about the worry, but in quite general terms. Of course, it could be hugely offensive to suggest that, because the father was abusive, all his family are abusive too, or that they don't condemn the violence, or that they wouldn't act protectively or would cover up the violence. We are not stating these worries as facts; however, what we can do is name these things as possibilities and as actual realities that we have seen in other cases that involve intimate partner violence.

Let's imagine starting a conversation with the father and his network about some of our worries about the network being made up solely of his people:

Jeremy, thank you so much for bringing all these people together to talk about the worries. It says a lot about how much you are willing to do that you brought your brother, your mum, your auntie and your friend to this meeting. That's not easy to do when you know we are going to be discussing some pretty heavy stuff...

I notice that the network so far is made up of people from your side of the family and your friends, Jeremy. I don't know you yet and we haven't got into the work, but right off the bat, when we think of the secrecy surrounding violence in families, the isolation that often happens in victims' lives, and we think of how serious the worries are for Marian and the kids' safety, what do you think might worry me or my manager about the fact that there is no one here from Marian's side of the family?

I know, auntie/ granny/ friend, you have said that you love Marian and never want her to feel unsafe. So let's not talk about this particular situation for a moment. Think, if you heard about another case where a woman was in a really vulnerable situation and the only people around to help her were the family of the person who was hurting her, what might immediately jump out to you about that?

As the discussion unfolds, you may find that the existing network (Dad's people) start to understand why having other people, outside of their tight-knit group, is going to be crucial if they are ever going to demonstrate and convince you and your agency (and others) of the future safety of the children and the non-abusing parent.

If the network doesn't ever come around to agreeing that there need to be other people in the network, then we have to make a judgement ourselves about whether that is a bottom line for Tusla, i.e. whether expanding the network to include people chosen by and connected to the non-abusing parent becomes a key part of our Safety Goal, and is included on the Trajectory. In this case, we can firmly and kindly outline to the family that we have such serious worries about the network being so one-sided, naming the future danger we foresee, that we cannot progress with unsupervised contact/reunification/case closing without this bottom line being met.

This should be layered on careful analysis and consideration of the perspective of the network members that the abusing parent has brought in to work with Tusla. There have been many practice examples where someone in the father's network is strong on their challenge of his abusive behaviour and their protectiveness and support of the mother

and children. This should be considered in the wider context of perpetrator manipulation of systems, and the attitudes of those in the father's network should be confirmed by the protective behaviours they have demonstrated.

How do I help make Mam's world bigger and increase her network members?

A key part of our work with families is working with them collaboratively to enhance their naturally occurring support network. As we know, domestic violence and coercive control impact massively on women and often result in social isolation, low self-esteem, cutting off from family and friends, exhaustion and many other effects that make social connections harder to sustain.

Supporting a parent to widen their social world is a process. Don't expect that this is a once-off conversation with the abused parent. Spend time exploring all the possible barriers to connecting with others – remembering that there can be real safety implications for a woman developing relationships outside of the home. Use the safety planning worksheet to support yourself in developing questions that can open up conversations about networks with women who find themselves isolated and/or with a limited network.

Also be aware that networks may take different shapes and forms. They are not limited to people who can attend meetings with Tusla in person – there may be extended family available online or by phone, and there may be local community supports which can meet a particular need of the parent or child. Revisit this conversation repeatedly if necessary, and look for all the efforts, however small, that a parent may make to connect with others.

Linking mothers to services and groups in their local communities, helping them access supportive and safe sites of faith, parent mentoring programmes and other social opportunities, can help reduce their isolation.

What if there is "denial" of the violence by the network?

This relates to the more general question about whether we can work with parents and/or a network when there is "denial" of child abuse. Andrew Turnell and Susie Essex deal comprehensively with this topic in the book *Working with 'Denied' Child Abuse: The Resolutions Approach* (2006).

One helpful way they suggest framing this "denial" is to think of it as harm or abuse with "disputed" explanations. As Social Workers, we often become very focused on an agreed account of what has happened, and continuously revisit explanations until we can determine the facts, or someone admits to what they did. Of course, if an abuser is open about what has happened and wants to change, that is helpful and supports a more positive prognosis of change, but what often happens in reality is that we become extremely fixed and stuck in the initial dispute and our search for "proof" or "corroboration", so that very little moves on and everyone becomes more entrenched in their positions. The emphasis on the child and their future safety becomes lost or at best sidelined.

Signs of Safety, as an approach, asks us to professionally hold our child protection concerns and worries with rigour despite what the harm-causing adult might say to minimise or dispute what they have done.

When we bring a network into the picture, it stands to reason that there are likely to be even more dissenting

voices and differing explanations of what has happened. What is important is holding a shared explanation of the reason Tusla is involved in the family's life, a focus on the harm to the child, and consistently pivoting to a focus on future safety. As Tusla workers, what we can hold firm on is our worries, whether they are agreed with everyone or not. To be part of the network, we don't need a person to agree with us about what we think happened (in fact we don't even need certainty about exactly what happened!), but we do need their "buy in" to creating future safety for the child and non-abusing parent, and agreeing that the worries of others, such as the social worker or the non-abusing parent, are serious and need to be resolved, so that nothing like what has been said to have happened can happen in the future.

Our Danger Statement can capture the fact that we have heard different perspectives on what happened, and it must also capture the most serious allegations and the extent of worries about a child or non-abusing parent; if you notice that the network is minimising the violence it can be useful to revisit the Danger Statement and the worst of the worries in order to try to work through them with a questioning approach.

Ultimately, if the network maintain denial and minimising of the domestic abuse, the harm that has been experienced or the danger posed, it is unlikely that their involvement will bring the children closer to safety so their presence and role should be reconsidered.

It is critical that practitioners are alert to network members colluding with the abuse and control. In the same way that practitioners may be manipulated by perpetrators, their family and friends may also be. Consistent analysis of what is

strong and protective about the network members should be balanced with consideration of how they are making things more difficult or dangerous.

If someone in the safety network is abusing or escalating the risk to the mother and children, it is not appropriate to continue working with them.

What do I do if the network members are not able to share information at the network meeting and contact you subsequently with important information?

Every challenge that arises in the safety planning process is an opportunity to deepen our analysis and consider whether this makes us more or less worried about the immediate and future safety of a child. First, what is good about the network member contacting you at all, when he/she could just say nothing because it is too awkward or dangerous for them? The network member contacting you means you now have two pieces of information that you didn't have before – firstly, you know something additional about their concerns for the child or non-abusing parent, and secondly, you have now been made aware that the meetings are not a safe enough space for them to share worries in front of the abusing parent.

There are lots of things to be curious about such as:

- ➔ What is the person worried will happen if information is shared?
- ➔ What is the smallest amount that can be safely shared, if anything?
- ➔ Can this information be shared but the source protected or an alternative source identified, e.g. if something can be corroborated with another professional or agency?

- Have there ever been times when the abuser has been able to hear anything worrying about themselves or their parenting or relationship and has not responded dangerously or violently? If so, who was involved then? If not, what worries us about that?

When we receive any new information that causes us to pause and update our analysis, i.e. to wonder if this new information changes things, a really useful tool we have is our Immediate Safety Scaling Question. Does this new information make me more or less worried about the child's safety today or in the coming days? If we are more worried, are there things that need to happen immediately?

As part of our safety planning process, we may prepare some questions to ask the abusing parent to open up a conversation with him about how he takes feedback, what it is like for him to hear worries, what he imagines people might be nervous about if they need to raise something with him, and seek his ideas about how people can share worries with him without retaliation or consequence to the person. It is helpful if we can skilfully communicate to the abusing parent that it is in their interest if the network can share examples of times when they had worries and were able to share them with him safely and something changed to increase the safety of the child, as these are the types of example of existing safety that we as Social Workers need to move towards, having full confidence in the safety plan.

When we are working in this way in the middle column with perpetrators of abuse, it should be within a strong understanding of their capacity to skilfully manage how they are seen by professionals.

We are never going to ask a network member to confront or share something with an abusing parent if they do not feel safe to do so. We can make efforts through our questions to explore with the network and parents if it is possible to create conditions where it could be safe enough. If through our efforts we conclude that it is not safe for an abusive parent to hear worries from the network, then we need to revert to asking ourselves whether the safety planning process is leading to increased safety and to a working future safety plan, whether it is likely to do so, or whether we need to consider an alternative response that would increase safety, e.g. establishing new or additional network members, or establishing a bottom line that the father is not to have contact with the mother or children as part of the interim safety plan.

► Professional networks: A note on interagency working

Interagency collaboration in the best interests of children is imperative where there are concerns about domestic violence and abuse. As set out in Children First, the safety and welfare of children is everyone's responsibility (Department of Children and Youth Affairs, 2017). A key principle under Children First legislation and guidance is that child protection is a multiagency, multidisciplinary activity and that agencies and professionals must work together in the interests of children.

The primary agencies with responsibility for child welfare and protection in Ireland are Tusla and An Garda Síochána. Each agency has distinct functions, powers and methods of working. Joint working between the two agencies is an integral part of the child protection and welfare service. If Tusla suspects that a child has been wilfully neglected or physically or sexually abused, it must formally notify

the Gardaí without delay. Tusla can also make the decision to notify the Gardaí where there are concerns about emotional abuse (such as a child living with ongoing domestic abuse), in particular when such cases constitute criminal acts.

When assessing and safety planning in cases of domestic violence and abuse, it is very important to give ongoing consideration, in consultation with your team leader, to the need to make a formal notification to An Garda Síochána. Tusla must notify the Gardaí if it suspects a crime has been committed. In the course of their duties, if Gardaí become aware of a child protection and welfare concern they must report it to Tusla. It is very important that Tusla and Gardaí engage in strategy discussions and meetings where there are concerns for children living with domestic violence and abuse. A representative from An Garda Síochána should be invited to attend a Child Protection Conference should one be requested. The role of the Gardaí includes providing support, information and advice (e.g. on legal orders), conducting investigations, making referrals to the domestic abuse coordinator within the area, providing information on supports available, and engaging in safety planning.

Liaison with other professionals and services involved with families, including refuges, domestic abuse support services, schools, HSE services and perpetrator services, is crucial when safety planning in relation to domestic abuse. Each agency/service is likely to hold different information and a different part of the picture of family life; sharing such information to inform assessment and safety planning supports the improvement of safety and positive outcomes for children. Practitioners

need to ensure they access all available information, past and current, when making an assessment of risk and safety, and interventions in respect of support and healing can often involve connecting children and families to their community.

The Children First Act 2015 places a legal obligation on mandated persons to report concerns at or above a defined threshold to Tusla. These mandated persons must also assist Tusla, on request, in an assessment of child protection concerns about children who have been subject to a mandated report.

When sharing information with other professionals/services for the purpose of assessment and safety planning, Social Workers should be guided by the key principle that any information shared should be necessary and proportionate. Consideration can be given to inviting key professionals or support people, with parental agreement, to safety network meetings, alongside members of the naturally connected safety network. Supporting parents to share information with safety networks in line with those core principles, and in the interest of the safety and welfare of children, is critical to ensuring that networks are informed and have a shared understanding of the child protection concerns. This will ensure increased rigour in the safety plans that they are involved in.

Practitioners should always seek to be aware of, connected with and foster positive relationships with local community support services. Even if those services are not directly engaged with the family, our partners in the work of domestic abuse will have a wealth of knowledge, advice and guidance that can support our approach to and interventions with families.

Introduction

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Section 4: Engaging with the Perpetrators of Domestic Abuse

Guidance and resources

In creating a specific section on this theme, the risk is that practitioners will see the work with perpetrators as something separate to the child protection assessment and safety planning. It is not separate and not work that can only be done by a specialist service; Social Workers engaging with any person who is causing harm to the children is critical throughout all stages of the work once it is safe to do so.

Signs of Safety asserts in general principle that it is the family who are the people who most need to understand the child protection and welfare concerns that Tusla hold and understand what it is that needs to change for Tusla to be satisfied that the children are safe. They cannot be invisible in the work.

When working with domestic abuse, the meaning of “engagement” and “working in partnership” should be carefully reflected upon and planned for, with the safety of children and women at the core of decision making about process. It might not always be safe to directly meet with perpetrators of domestic abuse due to the risks to the mother and children or risks to worker safety. When it is not possible to meet, at a point in time or ever, with the perpetrator of the harm to the children, the practice should still ensure their visibility in conversation and

in documentation. The Safe & Together Institute, in their model of practice, calls this “pivoting to the perpetrator” and their ideas about how to do this in the work influence this section of the guidance.

This section is intended to provide some additional support in thinking about practitioners’ positioning, approach to and overarching purpose and goals in working with perpetrators of abuse and to share some important key messages. It is intended to provide support and ideas to practitioners as they move from the first phone call through to case closure.

It is important that practitioners recognise that male perpetrators of domestic abuse can be any age, class, ethnicity and race, from any culture, and there is not a “typical” presentation. Practitioners might expect, through their own experiences or biases, a perpetrator or father to look, sound or show up in a certain way. Careful attention to these assumptions and biases will maintain rigour in the work and protect against perpetrator manipulation of the worker.

Paul Wolf-Light has worked with male perpetrators of domestic violence since 1992 and is one of the creators of the Choices programme delivered nationally in Ireland to perpetrators of domestic abuse referred to Men Ending Domestic Abuse (MEND) and MOVE Ireland. In the 2003 RESPECT newsletter he provided

some ideas about a framework for thinking of typologies of perpetrators of abuse, and these ideas have informed the work of agencies working directly with male perpetrators of abuse. Practitioners might find this helpful in thinking about their analysis work and their descriptions of patterns of abuse and control, but they should resist a pathologising lens that would label or “tick-box” someone.

Some of the ways in which a perpetrator of domestic abuse might present include:

- A façade of complete compliance, e.g. overly polite, passive, fawning on the worker, masked and often clearly inauthentic, which is very difficult for the practitioner to describe or work with
- Unfeeling, controlled, emotionally disconnected behaviour, scary and tough but without physical abuse which often mirrors what happens at home, i.e. their demeanour is the threat, the “or else” that maintains control
- Chaotic, impulsive, emotional, erratic behaviour that practitioners might find easier to work with as the man will quickly present a “doorway” into talking about their behaviour, which is hard for them to deny
- The “professional” who will use the organisation and systems against the worker to keep them distant, e.g. making complaints to Tusla or registration bodies, sending legal letters, stalling processes, applying for judicial reviews.

The list above is not exhaustive: there may be many other presentations along a spectrum of behaviour and emotion.



In this recording Paul Wolf-Light has a conversation with John Doyle from MEND in Ireland about the work of perpetrator change programmes: the approaches, themes and catalysts for change that arise in that work. They discuss working with resistance, guilt and shame, collusion and more, in ways that may support practitioners in their work.



The Safe & Together Institute have a brief paper available on their website which speaks to the need for child protection practitioners to engage with and involve men as fathers and explore their fathering/parenting role in the family functioning, including their violence as a parenting choice more centrally.

The Safe & Together Institute have a publicly available podcast on their website facilitated by David and Ruth Mandel. The following two episodes are helpful in thinking through how domestic violence, abuse and control intersect with worries about mental health difficulties and addiction behaviours.



[Season 2 x Episode 17](#)



[Season 2 x Episode 05](#)

Respect is a UK membership organisation in the domestic abuse sector. They state that they lead on the development of safe, effective work with perpetrators, male victims, and young people using violence in their close relationships. Practitioners in Ireland may be familiar with a number of local intervention programmes or organisations that are likely members of Respect, such as MEND and MOVE Ireland.



The following link provides helpful practice guidance from Respect in supporting professionals to approach, build relationship with and have conversations and interventions with perpetrators of violence, abuse and coercive control.

The advice of Respect in establishing good practice when working with perpetrators of domestic abuse includes the following:

- Be clear that abuse is always unacceptable.
- Be clear that abusive behaviour is a choice.
- Be aware, and convey to the perpetrator, that domestic abuse is about a range of behaviours, not just physical violence.
- Affirm any accountability shown by the perpetrator.
- Be respectful and empathic, but do not collude.
- Be positive: some perpetrators of domestic abuse can change and working with them to attempt to change is always worthwhile, ensuring safety of the mother and children in the interim.
- Do not allow your personal feelings about the perpetrator's behaviour to interfere with your provision of a supportive and respectful service.
- Be straightforward; avoid jargon and focus on behaviours and outcomes required.
- Be clear that you must follow safeguarding policy and procedures, and that there is no entitlement to confidentiality if children are at physical or emotional risk.
- Make the perpetrator aware of the effects of domestic abuse on children, regardless of witnessing it directly or not.
- Do not back the perpetrator into a corner or expect an early full and honest disclosure about the extent of the abuse.
- Be aware of the barriers to the perpetrator acknowledging their abuse and seeking help (such as shame, fear of statutory service intervention, self-justifying anger).
- Make the perpetrator aware of the likely consequences of their continued abuse.
- If you are in contact with both partners, always see them separately if you are discussing abuse.

► Children as central to the conversation

Using the lens of parenting is critical in engaging fathers. It is important to analyse the love, care, nurture and empathy they may hold for their children. It is critical to provide them with guidance on how their children's development has been and will be impacted by their behaviour and by domestic abuse experiences in general, and on how their damaging of the relationship between the mother and child will harm the child. Asking them about their relationship and parenting values and ethics, exploring how they identify the strengths in their parenting and how these can be built upon, will support men to feel more willing through the process of work to start acknowledging and taking responsibility for their abusive behaviour.

It is helpful to talk to fathers about what their vision and hopes for being a good father looked like and support them to reflect on how their behaviour and parenting brings them closer to or further away from those best hopes they had. Practitioners should lead conversations around what they would like their children to say about their father, about their relationship and about their family life as they grow into adults, and around what changes he needs to make to support his children in having those lived experiences.

When making agreements and safety plans about the future behaviour and actions of the perpetrator, it is critical that the child's voice remains central. What is it that their child needs them to do and not do? What will be the harmful impact to the child of them not doing what we are asking of them? What will safety look like for their child in the future? What has their child communicated they need? What have others communicated on behalf of the child?

When perpetrators of abuse do not agree to stop their behaviour or agree to the safety plans we are asking them to, our recording of their choices should be framed in terms of the children's safety and wellbeing.

► Meetings with the perpetrator of abuse

The Signs of Safety approach advises practitioners to be clear about their purpose and process stepping into meetings. When meeting with a perpetrator of domestic abuse for the first time, the practitioner's process might look something like this.

- **Preparation** through comprehensive information gathering about the patterns of abuse and control from various professional and family sources. Meeting in an office space, ideally not alone.
- **Welcome and introductions.** Clarity on Agency role and why we are involved.
- **Exploring the referral and information the Agency holds** regarding the domestic violence and abuse concerns. The practitioner will ask specific, detail-oriented questions to elicit specific information about how he behaved and his perspective on the impact this had on the children at the time and subsequently. The practitioner will be mapping harm and complicating factors, and seeking information on protection and safety through these conversations.

● **Exploring the wider context of the family.** The practitioner will explore the relationship history, might start developing a genogram alongside the father, will explore their involvement in family life and parenting their child, explore roles in the family and move into a discussion about how conflict, disagreement, discipline of the children etc. are managed. This also allows a discussion about how family life is, who has independence, financial autonomy, what their social lives look like and how connected they are with extended family. This conversation allows for the mapping of power and control, concerning behaviours, analysing the openness of the man to having honest conversations and his ability to connect with his children's lived experiences.

● **Exploring his understanding of the pattern of abuse and its impact.** The practitioner will give meaning to the previous conversation by identifying the behaviours we are worried about (and perhaps he has talked about) as abusive and directly inquiring into his perspective on that. The practitioner will ask questions about what he thinks are the consequences and impact on his partner, the safety and wellbeing of his children, and on how family life is.

● **Exploring change and future-focused safety.** The practitioner will explore any previous engagement with services, supports, any attempts to change his behaviour. Sharing of the Danger Statement might be done at this point to support him to understand why Tusla are so worried, what we think are the risks to the children. Exploring red flags and his insight into when he might be able

to identify particularly risky times of abuse or violence will help future safety planning. Explore whether he is involved with Gardaí, probation services or court systems. Ask if he has access to weapons. Ask him clearly what he is willing to do to protect the wellbeing and safety and mental health of his children:

- Will you stop...?
- Will you agree not to...?
- Will you speak to someone about doing a programme to help you interrupt and stop your violent or control behaviour?
- Are you willing to move out?
- Will you financially support your children while they are at the refuge?
- What else will you do?
- What help do you need?
- Who knows about us being involved, and how can they support you?

● **Immediate safety scaling** regarding his perception of the risk he poses, amplifying the detail of same.

● **When can we meet again?** Ensure we have his contact details and that he is agreeable to talking to us.

● **Contacting the mother** to update her on the meeting, confirm that he has left and confirm the immediate safety plan.

Some language suggestions in navigating those conversations

- “Is it fair to assume that you came to meet me today because you care about the safety and happiness and wellbeing of your children?”
- “Are you open to having conversations with me today about your children’s safety that might be hard and might be new conversations with someone?”
- “I hear that you really want to talk about... I am interested in what you want to say about that but today we need to talk about the safety and wellbeing of your kids, can we focus on that for now?”
- “When I hear you say... that makes me worried about you justifying or blaming X for your behaviour. Can we be clear and agree that you had a choice in that moment about what you did next?”
- “When you say... happened, what exactly did you do?”
- “When you say you... do you know how that was for your wife? For the children?”
- “Can we go back to... When you did that to her, what happened to her then, where was she, what was she doing and saying? What would the children have noticed in that moment and after?”
- “I know the children were not there when... When you think about the effect that had on their mummy, what might have been hard for them in the days after that?”
- “Can you help me understand the detail of that even if it’s a hard conversation? What exactly did you do? How did you...? How hard was that? How long did that last? What happened to your wife as you were doing that?”
- “What do you regret about your choices that day?”
- “What would be your preferred way of dealing with a situation like that? Why, what seems better about that?”
- “It makes me really worried that you did this and are blaming X. What are your thoughts on your choices in those moments?”
- “Your wife is not here right now and the Gardaí are not here right now, so all we can focus on is talking about your behaviour and your choices. Can we go back to...?”
- “So you have never been in trouble with the police or at work for any physically or verbally abusive behaviour... can we agree then that you choose not to do those things to other people? What would happen if you did?”
- “How do you react or respond when... happens?”
- “How would people describe the best parts of you? How would people describe the worst parts of you?”
- “Would you describe yourself as having a temper or being hot-headed?”
- “Are you willing to stop... for your children? What are you agreeable to stopping?”

► Perpetrator manipulation of systems

Research, including that of Evan Stark (2007) and Dr Emma Katz (2022), indicates that perpetrators of domestic violence, abuse and coercive control will often target services and professionals as part of their wider strategy of control and manipulation of the mother. Behaviours might include making false allegations, claiming she is an unfit mother for drinking or having mental health difficulties, discrediting her while pre-empting disclosure, alleging parental alienation as part of litigation abuse and many more tactics that seek to create a narrative about the mother that might concern professionals and draw attention away from his abuse and controlling behaviour.



The Safe & Together Institute have published this paper on the topic:

It is common that practitioners will be told, even by victim mothers, “It wasn’t just him”, “I gave as good as I got” or “He was scratched also”. Giving time to understanding the patterns of behaviour by each parent, analysing their behaviour across analysis categories and using the power and control wheel can often show that mothers say these things because they have been told them, led to believe them, received strong societal messages leading to self-blame and guilt, may have been instructed by the perpetrator to say this, or may have been using their own right to resistance and defence.

For more about power and control wheels, see www.theduluthmodel.org/wheels.

A woman who has been abused and is experiencing trauma and chronic fear might present initially as more dysregulated, inconsistent, unreliable, panicked, angry, defensive and resistant to intervention than the male perpetrator who might present as in control of their emotions, charming, affable and “engaging”. This presentation by the mother should be understood by practitioners as a trauma response and they should be alert to this being used by perpetrators to gain alliance with the professionals in an attempt to divert focus from their own abusive and controlling behaviour.

Practitioners should be alert to their vulnerability to being manipulated by perpetrators in such cases and seek strong supervision and engage in rigorous analysis in their practice.

► Working with “denial” and “dispute”: the Resolutions approach

The Signs of Safety approach is informed by the Resolutions approach to working with dispute and denial. Turnell and Essex (2006) highlight that perpetrators of abuse have little to gain and much to lose by acknowledging their harmful abusive behaviour to statutory services and in fact many perpetrators of abuse do not admit readily to their abusive behaviour.

Practitioners will be familiar with the “Wall of Denial” and the approach of sidestepping a rigid expectation and requirement that people who abuse their children will verbally agree, acknowledge and admit to the harm they caused and the dangers they pose. In practice, practitioners often get stuck and blocked in early engagement and assessment stages around dispute, denial and requirements for admission of abusive behaviour to demonstrate “insight” and change.

In the work of domestic violence, where there can often be an entrenched denial from the perpetrator of abuse, workers will often feel powerless in moving forward and focus on the mother to the invisibility of the perpetrator. This reinforces dominant “failure to protect” narratives where she is being held responsible for the harm and behavioural change. At worst, it mirrors the blame and oppression that she is experiencing with the perpetrator. In pivoting away from the person causing harm, practitioners will struggle to maintain an accurate analysis and risk assessment and the person who needs to change (the perpetrator) has no requirement to change.

The Resolutions approach intends to offer a way to overcome that stuckness. It involves a shift to working with the family to *demonstrate* that they can ensure that the children will be safe in the future, that family life can be organised in a way that shows child protection services, the network, family and the children that the harm has been addressed. It has to be shown through behavioural change, rather than mere verbal agreements of accounts of abuse, that sufficient safeguards are in place to ensure the children’s safety in the future.

This approach to practice requires significant practice skill and supervisory support, particularly in the work with domestic violence and abuse, which is often deeply embedded in secrecy, deception and shutting out the outside world. The cracking open of those dynamics threatens the control of perpetrators and can increase risk to the mother and children. If practitioners do not understand the nuance of this work, the intention of the approach, the need for rigorous skill in the questioning approach, and don’t have a depth of understanding of perpetrator manipulation of systems, there is a risk that things will become more dangerous and our assessment and safety planning processes will lack rigour.

Key Messages: working with perpetrator dispute

01

Signs of Safety does not require consistent, coherent, aligned information from referrers, mothers, children, family members or perpetrators in order to establish that the threshold for child protection and welfare concerns has been reached. It is usual that worries about domestic violence and coercively controlling behaviour come from a variety of sources and may be reported over time in different ways. All information informs assessment of *patterns of behaviours* from the perpetrator that are causing harm to a child and how this is impacting. If a practitioner is able to detail who is worried and what they are worried about and can demonstrate analysis and rigorous safety scaling to rationalise a need for assessment and safety planning, this can support them to move out of harmful conversations where they get focused on trying to *evidence or prove* what has originally been alleged.

02

Denial and dispute should be expected from perpetrators of domestic abuse and prepared for. Often practitioners will refer to perpetrators of abuse as being “in denial” or “not acknowledging the concerns” when what they are referring to is the lack of verbal admission to the interviewing social worker about what has been put to them. Widening our lens on how denial and dispute show up in different ways is important and some examples are shared below.

03

The “sidestepping” of denial that is referred to above is intended to be an initial approach to engaging perpetrators in the initial meetings, conversations and assessment to facilitate the bringing in of the perpetrator to the process rather than getting stuck and entrenched in disputed details and not moving through the process. The goal is that this initial approach, alongside the questioning skills of the practitioner, will help the perpetrator to acknowledge the harm they have caused and support them in a process of behavioural change.

04

When a perpetrator of domestic violence and abuse maintains a denial and/or minimising of the abuse experiences of their partner and children, practitioners cannot expect meaningful sustained behavioural change. Perpetrator behavioural change programmes that work with men who have been abusive will not consider someone suitable if they have not demonstrated an ability to reflect on their harmful behaviour and the impact it has had on others. Through the comprehensive safety planning process, practitioners should expect that perpetrators acknowledge that there has been harm to their children alongside their demonstration that the harmful behaviour has stopped.

05

If a perpetrator of abuse admits and agrees with Tusla about the child protection concerns and their abusive behaviour, practitioners should carefully consider the risk that the perpetrator is using their skills to manipulate systems. These conversations should be rigorously amplified for detail, depth of reflection, intent, motivation for change, linking the acknowledgement to the lived experiences of the woman and children, and should directly influence agreements about what the perpetrator is going to do to ensure that the behaviours stop. A meaningful change in the lived experience of the woman and children should be a demonstrable outcome, as well as an acknowledgement of the harm and a change in specific behaviours.

► A note on the language we use

Being “open to multiple perspectives and multiple possibilities” as a principle in Signs of Safety should be held carefully in working with domestic violence. Rather than use the language of “perspective” and “position”, which can suggest that there is space for interpreting/misinterpreting behaviours that are abusive, practitioners should focus on who has said what and can use the language of “response”.

Consider the difference between writing, “Dad’s perspective is that he was protecting the children from Mum’s mental breakdown and he was restraining her for her safety” and “Dad’s response was that he...”. The first statement allows for a dilution of the certainty that Dad used intentional force against his wife.

The following Danger Statement demonstrates how the worker’s use of language communicates Dad Frank’s response while holding firm on the child protection concern within his behaviour.

Danger Statement - post separation coercive control

Lynn, the social worker from Tusla, is worried after meeting with Mom Martha, Dad Frank and 9-year-old Hailey a number of times. Lynn is worried that Dad Frank has been behaving for many years in ways that make life very difficult and stressful for Martha and Hailey. Frank has been to the Gardaí 25 times over the past year since Martha and he separated. He is phoning different professionals almost weekly saying that Martha neglects and hurts Hailey.

This means that every so often the Gardaí come to Hailey's home in the middle of the night and wake her from her sleep to check if she has been harmed. She is then stressed, worried about the Gardaí coming back and she is awake for hours, then exhausted for school. The Gardaí and Lynn from Tusla, as well as Mr Byrne in the school, all believe that Martha is a mother who is taking good loving care of Hailey and have never seen evidence that she has harmed her. Dad Frank says that Martha is manipulating everyone and that Hailey is not safe. He says he has the right to contact any professional he wishes, which is indeed his right, but Tusla are worried about the extent to which his behaviour in this regard is affecting Hailey negatively.

The Gardaí, Lynn from Tusla and Mr Byrne are very worried that Dad Frank is extremely controlling to Hailey when she is with him on her access days. He will not bring her to activities in school and the community so she had to drop out of the band and ballet; he forces her hold his hand and watch TV programmes that she doesn't like for hours; he tells her how sad and lonely he is which makes her worry about him when she goes home. Hailey feels like it is her job to watch her mom for her dad, like making sure her phone is charged so she doesn't miss Frank's messages and to make sure Mom never turns off the Ring doorbell camera.

Tusla are worried that if Frank doesn't change his behaviour, Hailey is going to continue to feel like it is her job to take care of and watch out for the adults around her. She may grow up to feel she doesn't have the right to make choices in her life and choose her own way of living her life freely. Tusla and Martha and Mr Byrne are really worried about Hailey's health; she seems so stressed, tired and she describes her brain and her heart feeling like a volcano. Living with that stress and pressure from her father constantly and for such a long time might lead Hailey to actually get sick in both her body and her mind. It will not be in Hailey's best interests to keep seeing her father unless his behaviour changes.

Safety planning network meeting

Social Worker Paul shared that the children have expressed that they wanted him to talk to their daddy about having to go to the Garda station. They don't like when they go there because Daddy tells them they have to meet Mam there because she is bold to him and the Gardaí will get her in trouble if she is bold to him. Mam told Paul that the children are terrified when she collects them and when they hear a car outside the house and when they are going to bed they get upset and ask will the Gardaí be coming to take Mam away. Dad Jake said this is "bullshit" and he never tells the children that, he said they are not stupid and can see what their mam is so they realise themselves why they are at the Garda station.

At this point Jake was challenged by his friend William, who pointed out that the children are 6 and 7, they are hardly making up stories like this. He said to Jake, "I have 100% heard you say that about her and it's not on." Social Worker Paul asked Jake what agreements he can make about what he does and doesn't say to the children about their mam and about being at the Garda station. A number of options were explored and although Jake continued to dispute that he said this to the children he agreed that

parents should not criticise the other parent to their children and that he does not want his children to be scared at night. Social Worker Paul stated that he is concerned that Jake is making that statement to appease Tusla and that what is required is for him to show Social Workers and his children and their mam that his worrying behaviours will stop.

Jake agreed he would not speak about the reasons they are at the Garda station and he will not say anything negative about their mother to him. William agreed to be on speaker phone in the car for the next four weeks for handover of the children and would support the conversations being "supportive and neutral". Social Worker Paul has recommended that the children's voices about their experiences of access are heard and have some influence on the court-ordered access arrangements so has asked the children's mam to seek a variation of the court order for temporary supervision of contact, so that period of time can inform the safety planning process within Tusla. Jake expressed a lot of anger and disagreement about this and was advised to speak with his solicitor.

► **Widening our lens: recognising denial and dispute**

Considering the meaning and intention behind perpetrator responses is helpful. Practitioners with a depth of understanding about coercive control will understand that the intention of someone perpetrating domestic abuse is to maintain control, have their needs met without negotiation and without delay. It is critical to remain in analysis at all times about the perpetrator's behaviour and responses, seeking to understand how entrenched their need for control is. What do they gain by the response they are giving? What would they be risking by responding in a different way? And how do their responses differ in different contexts?

Rather than holding a narrow belief that denial is simply a verbal disagreement or lack of verbal acquiescence, it might be helpful to think of perpetrator responses on a continuum or spectrum, with absolute denial and lying on one end and full admission, responsibility taking and open sharing of information about the harm they have caused on the other end. Most men who use violence against their partner and children will move along this continuum. Some will not and will remain stuck at the extreme end.

Some of the ways in which men will tactically avoid talking openly and honestly about their abusive behaviour include:

- **Lack of contact** – refusing to meet or talk with Tusla or other professionals
- **Forgetting/blanking out** – “I can’t remember”, “I had drink taken and blanked out”
- **Exclusion/inclusion of details** – consider what is being left out when maybe they accept some behaviours as abusive like a physical assault but not others like sexual coercion, financial control, weaponising children
- **Minimisation** – normalising their abusive behaviours or downplaying the severity: “I only...”, “It was just a small knock”
- **Removal of self and intention** – not connecting themselves and their intention to their abusive behaviour: “I’m not a wife beater”, “I’m not a violent person”
- **Excuses** – accepting blame but not responsibility, perhaps ascribing the blame to a time or context or other person like their past trauma, that they took “bad” drugs that night, that they were provoked, that they have mental health issues
- **Justifications** – perhaps accepting their behaviour happened but putting the blame with the woman: “I shouldn’t have done it but she cheated on me”
- **Confessions** – an openness about the behaviour, with or without remorse. This might be in a disconnected or inauthentic manner and actual follow-through on agreements and implementation of plans is lacking.

Even when men are fully denying, lying about or avoiding talking about the abuse details that you have learned about thus far in your assessment, it is possible to have conversations that explore risk and focus on the future safety of the mother and children. For example:

- Who do you think has ever been frightened of you at times?
- Have the Gardaí ever been called to your home?
- Would you say your behaviour towards her and the kids is getting worse?
- How do alcohol and drugs affect your behaviour? What would the kids notice is scarier or worse about you when you have been drinking or using drugs?
- How are the children affected by how things are at home?
- What are some of the things you think your family do because they are afraid to anger you?
- When is it hardest for you to behave and react in ways you think are fair and calm?
- Have you ever threatened your wife or the children with a weapon or hit/assaulted them with one? Not just a standard weapon like a knife or gun but any kind of implement from the house?
- How do you feel about your behaviour and your way of being as a husband and father – what would you like to change? What worries you most about yourself and your behaviour?
- Who in your family or friends has ever disapproved of something you did to you wife or the kids? What were they worried about?

- What are some of the things you say in private conversations that you wouldn't do in public?
- What are some of the ways in which a man would behave towards his partner or mother of his children that are unacceptable to you? What are some of the ways you have seen or heard of men treating women that you think are wrong?

► **Ways of moving out of the stuckness of dispute and denial in early conversations**

Below are some examples of strategies that can be used to open up the conversation when working with dispute or denial:

I have heard you say in a number of different ways now that these worries are not true or not something Tusla needs to worry about or be involved in. I am guessing it doesn't feel good to hear that we are worried your children are not safe. What are you going to do to show everyone your kids are safe and get what they need now going forward?

What are your best ideas about how to show Tusla and your kids that we don't need to be worried about your children? I imagine you wouldn't think it a good idea for me to just take your word for it? Like if you heard that the parents down the street did XYZ, and Tusla just closed the case, I would imagine you would think, What the hell are they doing? So we can't just take someone's word for it but we can work together to have conversations about the opposite.

Jenny's parents are worried that they don't see Jenny or the children anymore and they are aware that Jenny was injured recently and needed to go to hospital. They are quite clear about their worries and contacted us. They are worried that she is being assaulted by you and you are controlling who she sees and what she does with her day. You say these things are not true. They are so serious, I wouldn't be doing my job if I didn't ask questions about this, so what can you tell me to reassure Tusla that your children will be safe and secure? Tell me what happened on Saturday when the neighbour contacted the Gardaí...

Even though you say these things did not happen, what are some of the parts of your parenting or your relationship with your kids that you would like to change or improve on? What are some of the choices you have made as a parent that you look back on and think "maybe I could have done that better"?

How does the school principal / public health nurse / garda see things differently from you? When they say they are worried about the children witnessing the hitting and shouting, what do you think are some of the things they have heard or noticed that make them worried?

In [Appendix 9](#), practitioners will find an additional resource with further question ideas to support them in moving conversations forward in response to common perpetrators responses.

► Referring to other services

Practitioners often work with fathers or perpetrators of domestic violence, abuse and coercive control who are engaged in direct interventions, behavioural change programmes or other support services. Practitioners must be clear that those interventions are not safety plans, do not automatically create safety and do not replace social work engagement with men in analysis and safety planning processes. In isolation, even when the perpetrator attends and is reported to engage in the programme, long-term behavioural change should not be assumed or expected.

In Ireland, domestic violence perpetrator programmes are delivered by MOVE Ireland and MEND.

mensnetwork.ie/mend/
moveireland.ie/

Practitioners should be aware of research that shows such programmes have failed to meaningfully reduce levels of recidivism or improve levels of safety for women and children. A meta-analysis (Travers et al, 2021) is available here:

https://pureadmin.qub.ac.uk/ws/portalfiles/portal/228029114/Second_revision_review_of_IPV_interventions.pdf

In addition, the Safe & Together Institute has published a "white paper" (Mandel, 2020) that cautions practitioners about how men's attendance and completion of perpetrator behavioural change programmes can lure practitioners into a false judgement about the safety of women and children.

https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/CertsAreDangerous_paper2142020_web.pdf

However, despite the evidence for change being minimal, there are some men who have used intimate partner violence who are able to successfully change their behaviour. The likelihood of meaningful, sustained change in this regard requires a wraparound intervention that is triangulated between child protection services, perpetrator behavioural change intervention and supports, and specialist safety and support interventions for mothers and children. A timely and well-coordinated multi-agency response, including that of An Garda Síochána, will support better outcomes in any child protection and welfare case.

A perpetrator who is not taking any responsibility for their harmful behaviour or their need to change will be highly unlikely to be accepted as suitable for a behavioural change programme.

It is not uncommon for perpetrators to cite mental health, trauma and/or substance use as the cause of their abusive behaviour, or indeed for mothers, children or other professionals also to hold similar narratives. None of these things is a *cause* of domestic abuse; there are links and any of these could exacerbate a perpetrator's abusive behaviour, but addressing them or treating them does not address or treat the abusive behaviour or prevent the core beliefs and values that might be contributing to the perpetrator's behaviour being sustained or increasing.

It might be appropriate to refer some perpetrators to an additional service for their mental health, trauma and/or substance use, and in some areas practitioners might identify a service that is able to address both. There is a risk

that focusing on such issues may allow the perpetrator to avoid responsibility for their current behaviour and attitudes – especially if such a service is provided in the absence of a specialist domestic abuse intervention that also considers the parenting of the children. Practitioners should use caution in how much weight they attribute to perpetrators engaging with other services as part of a safety plan. Often the engagement with these services is an important part of additional supports provided to a perpetrator but might not be a rigorous element of a safety plan unless it contributes to behavioural change in the timeframe that children require. This should be communicated clearly to everyone involved in the safety planning process.

► Worker safety

Practitioners working with men who have been violent can be in a vulnerable position. Worker risk assessment should be part of supervision in these cases and safety measures should be put in place as needed. Some practitioners in particularly dangerous working relationships have put measures like these place:

- co-working cases
- using taxis to avoid car identification
- only meeting the perpetrator in a public building
- using offices with CCTV
- having Garda support on standby
- having a colleague within hearing distance of office meetings



The Safe & Together Institute published a paper on worker safety in this context

Supervision, group supervision, peer support, reflective practice spaces are all forums in which practitioners engaged in this complex work can be supported emotionally and psychologically. The Tusla staff team is predominantly female, and there are many practitioners who will have experienced oppression, violence, abuse, domestic violence, coercive control in their own lives or through the lives of their loved ones. Having support to do this work while maintaining wellbeing and working reflexively and ethically in a context so full of personal resonance is vital to staff and to the families we work with. The Tusla Employee Assistance and Counselling Service is available to staff 24/7.

Further information on accessing the service can be found [here](#).

Introduction

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3. Moving to Comprehensive Safety Planning
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Section 5: Further Areas for Consideration

Pathways, outcomes and recordings

It is critical in all casework that any decision or pathway outcome is clearly documented, has management oversight and governance, and that the rationale for the decision is clear. Pathway decisions following Intake, Initial Assessment or Comprehensive Safety Planning should arise from clear analysis that then informs safety scaling (judgement). The judgement of the safety of the child should lead to proportionate decision making and actions.

The complex dynamics of working with domestic violence, abuse and coercive control can at times result in Social Workers being concerned about the family living with domestic violence but holding the view that they do not have sufficient evidence that the situation meets the threshold of Comprehensive Safety Planning. The fear of the perpetrator, his grip of control, anxiety, shame, fear of statutory services, fear of losing their children are all factors that can lead to difficult challenges for Social Workers: withdrawal of disclosures, minimising or denying of the family experiences, silencing of the mother's and children's voices, even the withdrawal of contact and resistance to engagement.

Practitioners experience situations such as:

- mothers attending refuges and making disclosures that are mandated to be reported but later withdrawing those disclosures
- children sharing their experiences but parents denying them and saying the child is not being truthful
- family and neighbours reporting concerns anonymously to Gardaí, schools or Social Workers and the parents denying the allegations
- families minimising the extent and severity of the perpetrator's abuse, perhaps mutualising it as "fighting" or "conflict"
- some evidence of worrying adult behaviour in the perpetrator but no or little evidence of impact on the children

Practitioners should understand these behaviours and presentations in the context of the dynamics of power, control and manipulation that perpetrators use. It is important to consider the behaviour and presentation of mothers and children in these contexts as strategies that may be keeping them as safe as possible. Further, these behaviours may often be the impact of the destructive gaslighting that the mother and the children have been subjected to having the intended consequence of distorting their perception of what is normal and acceptable behaviour towards them.

The risk to the mental health of mothers living in these contexts is already significant and it is possible that for some women the trauma triggered by engaging with and opening up to professionals may feel too much.

In analysis it is important that practitioners try to gather as much collateral information as possible from a variety of sources about harm, danger and what is working well in the family. Analysing histories of referrals to Tusla should be supported by the harm analysis matrix allowing for consideration of patterns of behaviour that are of concern, rather than responding in an incident-based manner and making judgements of safety based on individual referrals.

Liaison with An Garda Síochána around histories of violence and abuse is important in identifying risk factors. There will be many cases where families are not known to Gardaí and not subject to the notification system. Practitioners can hold informal consultations for the appropriate sharing of information in relation to child protection concerns. Having collateral information from professional sources including our own case files and systems allows Social Workers to verify the harm and impact in a way that might ease the pressure on the mother and children by taking away the responsibility for disclosure. It can also provide a more comprehensive analysis of patterns of abusive and controlling behaviour outside of referral incidents and disclosures.

The use of professional knowledge and domestic violence informed practice are critical. If, for example, there is worrying and harmful behaviour from a perpetrator of abuse but no evidence of impact on the child, this should not mean that a case is automatically scaled high on safety. As this guidance has outlined, the

evidence of harm that living with domestic violence and coercive control has on women, parenting, family life and directly on children is significant, so analysis across the three categories is required. Decisions should not be made on analysis solely in the category of Past Harm.

When practitioners are closing cases of domestic violence, abuse and coercive control at any stage of the work process, attention to documentation is particularly important. All worries, red flags, indicators of abuse and control, risk and vulnerability factors should be clearly documented. These do not have to be “proven” or “founded”. Signs of Safety asks us to answer the question, Who was worried and what were they worried about? If later referrals are received about the family this information will inform the ongoing analysis of patterns of concern. Appropriate information sharing with other agencies that may be in contact with the family should always be considered, even if they are not the referring service.

Safety scaling rationale in closing of cases should also clearly document what factors, strengths and evidence of safety are contributing to the scaling number that leads to the case being closed.

In closing cases at any stage of the process, information should be shared with the mother about local community and support services that might be of help to her now or in the future, including specialist domestic violence services, details of Gardaí and legal options available to her. This information should be shared at the earlier stage of work but should be revisited upon case closures if time has passed. The barriers to engaging with community services might be lower for her than engaging with statutory child protection services, so that might feel safer.

Sharing of information on resources and legal options should be done in a way that is safe for the mother and children; communicating with her about how to access those resources is good practice. Practitioners will find information about the 2018 Domestic Violence Act in Appendix 10.

Reception of a child into care

Practitioners might wonder: *How can I take a child into care if I am working in a domestic violence informed way? Isn't that ultimately mother blaming?*

Tusla's statutory responsibilities are clearly centred on the safety of the child. Similarly, Signs of Safety is concerned with ensuring that the safety of the child is at the forefront of all assessment, safety-planning and decision-making processes.

There will be times when children are assessed in crisis, during assessment processes or through ongoing safety planning work as not being safe enough to remain in the care of their parent(s) and will need to be received into alternative care.

► Key messages – receiving a child into care

01

The rationale for the decision should be clearly outlined and documented through balanced and rigorous safety scaling that has taken all analysis categories into account, as well as professional knowledge. When social work judgements and decision making are located in clear and rigorous analysis families and professionals will more clearly understand those decisions.

03

Attempts to find and work with natural networks to provide increased safety or care for the child within safety planning should be evidenced. Workers should clearly document all the ways in which they have helped the parents, their networks and the children to engage in safety planning to date, what efforts they have made to engage and work with the perpetrator father in reducing risk to the children, and what interventions have been helpful, successful and unsuccessful.

02

The reception of the child into care should be demonstrated and documented as a last resort, with clear evidence of how the social worker has attempted to elicit examples of strength and existing safety in their assessment and how the analysis has demonstrated that the strength and protective efforts of the mother and those around the child do not mitigate the harm and danger caused by the perpetrator, all of which is outside the control of the mother.

04

The practitioner should provide evidence that attempts to create safety for the mother and child through the use of all the legislative powers they have available in protecting them from the father's abuse and contact were unsuccessful due to the level of harm and danger posed by him.

05

The practitioner should evidence all the ways in which they clearly explained to the mother what the consequences would be for the child's care arrangements as a result of the perpetrator's behaviour, and if she has been asked by Tusla to engage in certain plans, what the consequences would be of not following those plans. The options available to her should be clearly and plainly communicated with a support person or advocate present.

06

Practitioners should ensure that the mother has a personal safety plan or is engaged with a support worker or domestic violence worker during this critical period. Risks to her safety from the perpetrator may escalate; her mental health, hope and coping strengths may become increasingly fragile; her ability and capacity to advocate for herself and seek legal advice may require significant support.

07

The language used in documenting the rationale for a decision for children to be received into care of Tusla is critical. The decision should be recorded in a way that clearly holds the perpetrator father/male responsible for the harm to the children and the lack of sufficient safety that has led them to come into care.

This is important in documentation but also in how we explain the decisions and actions to the family and others, including in the Words and Pictures explanation that is provided to the children. How Social Workers use language in documenting their work is critical as an intervention in resisting the 'failure to protect' narrative about mothers living with domestic violence.

This narrative often pervades child protection and other systems and positions the mother as failing to protect her children rather than positioning the father as someone who has harmed the children (see Arnall & Stewart, 2021; Azzopardi, 2022).

► Practice Example**A practitioner could record a decision in the following way:**

The incident that took place at the weekend was so serious (baby Bailey ended up with shattered glass around and on him in his cot) that we are worried baby Bailey will get injured or hurt if it happens again and Dad Brendan has been drinking all week. Mum Mairead refuses to go to the refuge and has no family to stay with so an ECO will be applied for when the Section 12 timeframe expires today.

Or in the following way:

From talking to Gardaí, Mum Mairead and her friend Sara it is clear that Dad Brendan has shown a pattern of controlling Mairead over the past year which got worse throughout her pregnancy. His control of her has left her isolated from her family and some of her friends, she does not have her own money or access to the family car keys and he verbally abuses her multiple times a day. She has described numerous attempts to seek out calm and quiet and safety for her baby Bailey.

At the weekend a S12 took place because Brendan screamed at Mairead and the baby for hours, a neighbour called Gardaí and they could see that Mairead was shaking in fear and Brendan had smashed the bedroom up, leaving shards of glass in baby Bailey's cot.

It does not seem that Mairead feels it would be safe to go to a refuge right now. Her family have been disconnected from her due to Brendan's behaviour so she cannot reach out to them at the moment and although Mairead engaged well in discussions about natural networks, she is very isolated.

Her friend Sara has a hospital procedure tomorrow and cannot look after the baby. Brendan has refused to meet Tusla, Gardaí cannot make contact with him and Mairead said he has been in and out of the house, has a set of key and has been consistently drunk the past few days. Mairead agrees she is at significant risk of being assaulted by him at any time now.

Because of the risk that Brendan poses in the context of his abusive and violent behaviour and the impact it has had on Mairead, and due to the lack of safety around Mairead and their baby, Tusla will apply for an ECO later today as an Interim Safety Plan.

Is it safe enough to close the case?

Signs of Safety provides a framework for analysis and safety planning, an overarching process that the practitioner will lead a family and their networks through towards the Safety Goal that has been established.

In Signs of Safety, the Safety Goal that is developed alongside the Danger Statement and Safety Scaling Question in assessment is used throughout the life of a case to maintain focus on what is to be achieved by the family. It is a statement of what is required by Tusla in order to close the case. A Safety Goal has three bottom lines at its core:

- an informed and active safety network that has been part of the process of safety planning
- a safety plan that address the harm and has been tried and tested over time
- Words and Pictures as an explanation for the children about the child protection concern and the safety plans

Practitioners often find the latter parts of the safety planning process, such as the reviewing, monitoring and testing phase of the work, really challenging, and it is at this point that professional anxiety can often override analysis. Particularly in cases where there has been significant harm, such as sexual abuse of children or trauma caused by domestic violence and coercive control, it can be difficult for practitioners to trust in the strength of their analysis and safety planning work.

In the absence of strong clinical case supervision and reflective guidance, what can happen at this juncture is that practitioners start to operate from a position of worst fears and “what ifs” and can lean towards underestimating the strength and safety that has been shown by the family. Sometimes this leads to the shifting of goalposts by the practitioner because they are so anxious about closing the case that they start requiring more and more of the family that may not be based in analysis.

Alternatively, what can happen is that practitioners feel they must stick rigidly to the process and can bypass rigorous safety scaling that might indicate that a different process is required where there is insufficient child safety. Sometimes practitioners might see strength as safety, attach disproportionate weight to things the parent might be doing, reduce collaboration in their approach and perhaps make judgements and decisions alone, closing a case despite insufficient progress in safety scaling, or closing a case based on timelines being met or a lack of reported incidents of abuse despite meaningful change not being evidenced.

These practice pitfalls and others can be minimised towards the end of our safety planning work if the decisions around closing of cases are slowed down and take place with a considered, evidence-based, reflective and collaborative approach.

► Practice points – case closure

It is important to use the Trajectory of work as a base document going through the process. If tasks have not been completed, we should hold firm on our bottom lines about not moving forward in the timeline. Reviewing the Trajectory and confirming that critical parts of safety planning have been completed is essential prior to closing a case.

- What has anyone seen or heard or noticed that lets them know that the harmful behaviours have stopped or reduced? What positive changes have been noticed in the children and what do they tell us?
- If the abuse and control of the perpetrator continues or there is no evidence that the lived experience of the mother and children is safer and better, what is the rationale for closing the case? What other measures can be put in place to prevent his harm to the children?
- What is everyone, including the family network and Tusla, scaling on the safety scaling question that we have used throughout the case? Have we got less and less worried as we elicited examples of safety over the course of our monitoring period? Is everyone's rationale for scaling high clear and does it include details that are specific about behaviours, research around risks and protective factors?
- Have we gathered enough evidence of safety through our Safety Journal over the course of the work? Has that been robust and located in the analysis category of existing safety as opposed to strengths? Has the amount and depth of the information gathered been proportionate to the harm experienced?
- Who has been doing the work and changing? Has change happened where it was established it was required?
- Has the plan been tested naturally or by us with the parent?
- Has the period of reviewing and monitoring been long enough? Has it been proportionate to the harm and danger, according to our professional knowledge of the harmful behaviours and the change processes required?
- Has there been a scaffolding approach to closure or reunification? Have we slowly pulled back on our interventions, monitoring and responsibility while the network takes on more of that? Are we sure that we have done that as a transition rather than a sudden significant change?
- Have the bottom lines that we set initially been met?
- Are the children aware of the safety plan? Have we updated our Words and Pictures story with the rules of the safety plan if our story ended with us all working together to come up with a plan? Do the children know who is in their network and what they will do?
- Has there been sufficient analysis of, understanding of, education, information sharing and safety planning around risk factors that would indicate things are deteriorating or might become dangerous in the future?
- Have all professionals been sufficiently consulted on the closure of the case?
- Is there a sufficient plan in place with other non-statutory services to support the ongoing healing, stability and support of this family?

Considering change

► The meaning of change

Signs of Safety has the safety of children front and centre of its work. Practitioners are required very early on in a case to develop clarity and a vision of what “safety” and “safe enough” will look like for each child in each family, and this will of course differ from family to family depending on the details of the harm and danger. It is critical that practitioners are able to do some deep thinking with their supervisor on their Safety Goals so they can ensure that the family, network and everyone else involved in the case has a shared understanding of what is required for Tusla to be able to close the case knowing the children are safe.

Safety plans in Signs of Safety are behaviourally specific and action based, with clear intention to address the child protection worries. What is required over time in achieving safety is **meaningful, measurable behavioural change to the harm-causing behaviours**. Professor Andrew Turnell states that “Signs of Safety is a show-me state.” Practitioners must see what change the safety plans are achieving and document how they are increasing safety for children in order to identify them as rigorous safety plans.

As previously stated in this guidance, domestic violence perpetrators have been consistently shown in research to be highly recidivist and resistant to change, particularly in the medium to long term. Their abusive behaviour is largely driven by an intrinsic desire and sense of entitlement to have their needs met without delay or negotiation. This is generally layered on a misogynistic belief system.

Where perpetrators of domestic abuse have demonstrated a capacity to change meaningfully, it has involved sustained and ongoing treatment/intervention that is part of a whole system of support for all family members; this professional knowledge should underpin the depth of analysis, safety planning and decision making.

When the harm is caused by a perpetrator’s violence, abusive and controlling patterns of behaviour, the practitioner should reflect on change through considering questions like:

- Has the abusive and controlling behaviour that we learned about in our ongoing analysis of harm significantly reduced or stopped? Are the children and their mother safer? In what ways are they safer and for long have they been safer? How has the change in the perpetrator’s behaviour improved the quality of life of the mother and children? Has their world been made bigger? Do they have more autonomy? What does that look like day to day in ways that they say are meaningful for them? Does the mother have increased self-determination in her life?
- Has change for the mother and children happened because of the behavioural changes the man has made or because of other measures such as legal orders, ceasing of contact between the father and child, because the child is living in refuge? The context of change is important for safety planning into the future and the analysis of sustainability of the safety.
- Have secrecy, silencing, a sense of shame been addressed in the family?

- Is the atmosphere in the home one that has less tension, hypervigilance, anxiety? Do the mother and children spend less time worrying about what the perpetrator will do next? Is home life for the children more stable? Can family members show vulnerability and step into error without a fear of repercussion or emotional abuse?
- If they are attending access with their father, what do the children tell us about change and how that part of their life is experienced in a better way? Are they safer in some or all contexts of their life, e.g. their family home might be safer but are they safe on access, online?
- What do the children, mother, father and network think about Tusla moving towards closing the case? What do other professionals consider is good and/or worrying about Tusla closing the case? When we know that behavioural change today does not automatically equate to behavioural change tomorrow, have we been rigorous enough with the family and network in future safety planning, i.e. thinking through with them all the worst possibilities for the return or increase of the abusive and controlling behaviour?
- Have interventions been put in place for healing from trauma for the mother and children, individually and relationally?

The Safe & Together Institute, in their paper 'Perpetrator Intervention Program Completion Certificates are Dangerous' (Mandel, 2020), suggests that assessing a perpetrator's change could be focused on three questions:

- Has the perpetrator admitted to a meaningful portion of what he has done?
- Is the perpetrator able to talk about the impact of his abusive behaviours on himself and others?

- What relevant change has the perpetrator made in his behaviour pattern?

The paper can be accessed [here](#) to read in more detail about the concepts behind these questions.

Practitioners should notice that many behavioural change programmes for perpetrators of domestic abuse align with these ideas of the Safe & Together Institute around the requirements for meaningful change, including admission of harm-causing behaviours, working through denial and minimisation, repair with victims. Similarly, restorative and therapeutic justice approaches value those elements of perpetrator change.

► Indicators of change

What is not a good indicator of change?

- Engagement with Tusla in itself
- Perpetrator programmes being completed
- Rehab being completed
- Engagement with a service, e.g. domestic violence support services, drug addiction counselling
- A perpetrator addressing their own trauma history
- Physical separation, going to a refuge, someone moving out of the home
- Legal orders being in place
- Criminal processes being underway
- Assurances that certain things will be done in the future if they have never been done in the past, e.g. Mum will call the Gardaí if she is worried

- Someone saying they are no longer worried without this being accompanied by evidence, amplification and meaning around child safety
- The children saying everything is fine now without consideration for the contexts in which this is being said
- Reduction or absence of referrals / Garda incidents
- The perpetrator opening up the secrecy in the family to his network of people and asking them to help keep him be accountable for his behaviour
- The perpetrator complying with safety plans and restrictions despite this being uncomfortable and inconvenient for him because it is in the best interests of his children's welfare and protection

What are good indicators of change?

- The victim/survivor mother and the children feeling safer and reporting that they are safer with tangible details from them and others about how their lives have changed positively
- The perpetrator agreeing to and following through on stopping the abusive and controlling behaviour – corroborated by the mother and children
- When the world of the mother and children becomes bigger – they are less isolated, have more connection, have freedom and feel less restricted
- Mother and children have more autonomy – they have freedom to do things that they were not able to do before, they can make active choices about how they live their day-to-day lives without fear of repercussion from the perpetrator because he has changed his behaviour in the home
- The perpetrator demonstrating an understanding of the impact of the harm to his children
- When the father engages in perpetrator programmes or one-to-one work and can evidence to the mother, children and professionals that the work has had an impact on his position, behaviour and responses to his family
- The perpetrator engaging in Words and Pictures for his children and showing some accountability through this work
- The perpetrator providing the children with permission and encouragement to talk to others outside the family about the abuse or any worries they might have
- The contexts in which the abuse occurred in the past having changed, or if they are present the behaviour of the perpetrator is now shown to be different – shown through accounts of the mother, children, networks, other witnesses or through safety journaling

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Conclusion

This guidance aims to help practitioners examine their practice in analysis and safety planning at the intersection between child protection and domestic abuse. It brings a domestic violence informed lens to the use of the national approach to practice, Signs of Safety, and provides a vision of varying aspects of the work through practice examples, while also pointing them towards additional resources.

Practitioners will know that adult learning theory acknowledges the value of training, instruction and practice guidance, but recognises that the most significant learning and development is achieved by learning-in-action through practice. Practice learning should, further, be robustly supported by reflective and reflexive practice.

Practitioners using this practice guidance will have a variety of supports available in continuing their journey in domestic violence informed practice and are encouraged to utilise these, along with other, more local, opportunities that may become available over time. Managers and practice leaders are encouraged to consider, when supervising their practitioners and teams, what next steps they may need in their ongoing commitment to practice development.

Ongoing learning: resources and supports available

Clinical supervision: managers are encouraged to use Personal Development Plans and other CPD tools in considering the needs of individuals and teams.

Group supervision facilitated locally by practice leaders: practitioners are encouraged to include agency partners in group supervision that might be themed around the work in domestic abuse

Reflective group spaces are encouraged. The sharing of learning and good practice can be supported with the use of Appreciative Inquiry, a key learning method of Signs of Safety.

A **two-part workshop** is available to teams to support the implementation of this guidance. Teams can contact their Regional Signs of Safety Practice Lead in this regard.

Support from Regional Signs of Safety Practice Leads:

- Individual case support available on request from team leaders
- Support in building capacity for facilitation of group supervision
- Local workshops on the practice methods of Signs of Safety; workshops can be tailored to learning needs of teams and areas

HSeLanD training courses:

- Signs of Safety: An Introductory Briefing
- Signs of Safety Training for CP&W Staff Tusla V.2
- Tusla Domestic, Sexual and Gender Based Violence: An Introduction
- HSE Domestic, Sexual and Gender Based Violence Programme
- Violence, Harassment and Aggression

Signs of Safety Knowledge Bank:

Tusla practitioners have access to the licensed knowledge bank through the Research Centre on the Tusla Hub. The knowledge bank is accessed via your employee Open Athens account and full details of how to set up this account are available on the Research Centre page on the Tusla Intranet.

Appendices

Appendix 1: Harm Analysis Matrix: a case example of questions


When assessing child abuse and neglect it is crucial to gather specific, detailed information about the harm. This involves clearly identifying the harmful behaviour, its severity and frequency and impact on the child. The matrix below is designed to assist professionals to develop questions to gather detailed information from referrers and to develop a sense of timespan and pattern around the worrying behaviours.

Case background: Tusla received a referral from a school principal after a meeting with Mum Karen and her two teenage daughters this morning. They described a difficult night where Mum's partner James

was drinking all night, playing loud music and when Mum Karen challenged him and asked him to go to bed he started smashing the doors, the stairs, was up in her face screaming at her, he hit her and was throwing his beer bottles around. He eventually fell asleep. One of the girls tried to ring the Gardaí and Mum told her not to, Mum says this night 'felt dangerous'. The girls said they are usually afraid of James who has been in their life for about six years. Mum is in a refuge today and she is bringing her daughters to meet the social worker tomorrow afternoon. The team had a brief group supervision session to plan questions for meeting Mum and the girls in order to understand more about Dad's abusive behaviour.

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour	We know James hit Mum (get full description of that including the leadup). He shouts, screams, harasses her by doing this all night, prevents the family from being able to sleep, is drunk and frightening around the children, keeps being scary even though his kids are getting in the middle to protect their mum, risking them being hurt. What else does he do?			

The exploring of first, worst and last incidents in the HAM supports the eliciting of a sense of the abuse over time by punctuating the story when there may have been years of ongoing patterns of abuse and control. Practitioners should skilfully use their analysis skills to avoid the lure of being 'incident focused' and getting stuck in those parts of the conversation to the detriment of the mapping of overall patterns. Practitioners should move to analysis of impact as soon as possible in their questioning around those incidents.



Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour	How often does James do things that are aggressive or controlling? What is his pattern? Is it predictable for Mum and the girls? What makes it predictable?		What would the girls say is the worst of it for them?	
Behaviour	<p>What does James do that Mum feels like she wouldn't even be able to explain well or it would sound crazy but makes her feel scared?</p> <p>Have the children ever been pushed, shoved, hit, slapped, hurt by Dad? Has he got in their face, threatened to hit them, said things that insinuate he would? Broken their stuff?</p> <p>Have there been constant low and edgy times living with James or have there been ups and downs? What tends to precede the bad times? Is there a pattern? Is the abuse getting worse overall?</p>	<p>When Karen thinks back to the early days of their relationship, what were some of the things she first noticed about James's behaviour that worried her, that maybe didn't seem a big deal at the time but make sense now?</p> <p>What was he doing when she first realised she doesn't deserve to be treated this way?</p> <p>When did he first behave towards her girls in a way that made her think that's not okay? What was he doing?</p> <p>Was there someone in Karen's life that didn't like James? What was it that they saw in him?</p>	When they think about a day that was particularly hard and frightening or maybe Mum Karen thought about leaving him or calling Gardaí. What was happening that day?	When was the last time James hurt, scared or threatened you? I know that men who abuse and control their wives in this way usually find ways to make that happen in all parts of the day so I don't want to assume that last night was the last time you have had contact with him? Has he contacted you since? What is his position on things today? Is that usual for him or different?

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour	Mum said James is not a nice person when he is drinking – when he isn't drinking and she feels maybe things aren't as bad, what are some of his worst behaviours then? How does the drinking make things better or worse? What are the ways in which Mum has to 'watch out'?	What was the first time she can remember where she felt scared or him or on edge, like even if he didn't hurt her maybe she had a sense that he could?		
Severity	<p>How bad have things ever got for Karen because of James's behaviour?</p> <p>Has James ever said what he will do if Mum leaves him? e.g. 'If you ever leave me I would...'</p> <p>What are the worst ways that James makes life hard for them?</p> <p>What are the good reasons Mum has for staying in this relationship being treated in a way she doesn't deserve? What has made it hard or unsafe to leave? Has she ever tried to leave before? What happened?</p>	<p>Does James have a history of being abusive to women or children? What does she know about his ex-partners?</p> <p>How did you know over time that things were getting worse and not better?</p> <p>If there were times where things felt safer or more settled, what was the lead up to the change and to him choosing again to behave in such abusive ways?</p>	When Mum said that on that night it 'felt dangerous', has she felt that before in her life? What did she notice that gave her that sense that things are especially dangerous? Does Mum think James is capable of seriously harming or killing her or the children?	<p>Is this last incident an escalation or does it feel like 'more of the same'?</p> <p>What has the refuge team you saw this morning said about their risk assessment? How dangerous do they think things are? How dangerous do you think things are today on a scale of 0-10 with 10 being 'He is annoyed but today feels like every other day for the past six years and I am not worried about going home', and 0 being 'I absolutely can't go home, I actually think he will seriously hurt us'?</p>

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Severity	<p><i>Exploring some known high-risk behaviours</i></p> <p>Has James ever stalked or followed Mum, tried to control where she goes and what she does? Choked or strangled Mum, raped her?</p> <p>Has James ever threatened to kill himself? In what context and when? Has he ever threatened to kill Mum? Have these been comments thrown around with insinuations or has he ever said how he would do this?</p> <p>Does James shout, rant, scream at, intimidate, threaten with weapons and hit other people in his life? Do we know of anyone else he intimidates?</p> <p>Has James ever been in trouble with the law? What is his attitude to the law? Have there ever been orders against him?</p>	<p>Does James have a history of being abusive to women or children? What does she know about his ex-partners?</p> <p>How did you know over time that things were getting worse and not better?</p> <p>If there were times where things felt safer or more settled, what was the lead up to the change and to him choosing again to behave in such abusive ways?</p>	<p>When Mum said that on that night it 'felt dangerous', has she felt that before in her life? What did she notice that gave her that sense that things are especially dangerous? Does Mum think James is capable of seriously harming or killing her or the children?</p>	<p>What felt different and so bad about what happened this week that you built up the courage to tell the principal about it and meet with me today?</p>

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Impact	<p>What do the girls see, hear, notice and do when James is being controlling or frightening or drinking? What spaces in the home do they feel safe to use? Not use?</p> <p>What words do they use to describe how it makes them feel, how they have to live their life in ways that keep them safe?</p> <p>What are the ways in which James is not helpful or supportive to the running of the family day to day?</p> <p>How does all of this affect Mum in herself, in her mood, her freedom, her ability to be a woman and live her life how she wishes? How does his choice to behave this way affect her as a Mum?</p>	<p>What did Karen first notice in her girls that made her think James is behaving in ways that are maybe not good for them, that they are picking up on the ways in which he was abusing and controlling their mum? What does he do directly to them? How does he speak and relate to them usually? Has their relationship changed over time, according to the kids?</p> <p>What would Karen's best friend or someone in your family say they noticed about you that let them know something is going on at home, whether they knew what that something was or not?</p>	<p>When James makes the choice to behave in ways that are intimidating and scary and leaves his children feeling they have to protect Mum, what has been the worst of that for the children? What is the worst they saw or heard? When was that? How do we know it impacted them?</p> <p>Who has been physically hurt by James or had their physical space compromised through things like him being aggressive, too close, making someone feel like he could physically hurt them? What has that felt like in the moment and after?</p>	<p>What was the impact on the children of the last few days? How do they describe how it made them feel, what they are thinking about their situation?</p> <p>Are the girls scared right now? What do they think should happen?</p> <p>When the principal was talking to them today, what did she notice about them that worried her?</p> <p>Is she more or less worried about how the children are over time?</p>

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Impact	<p>What have the children ever said to Mum that lets her know this isn't a good situation for them?</p> <p>What do Mum and the children say is the worst part of living with Dad?</p> <p>If Mum and James were not together and she wasn't afraid of him, what would be the biggest difference in her life?</p> <p>What are the ways in which Mum feels her parenting is affected by Dad's mood, his behaviour, his anger?</p> <p>In what ways does James make it hard for Mum to be the kind of parent she would like to be? What does he say about her mothering?</p> <p>What are the things that Mum does and maybe gets the kids to do or not do in order to manage Dad's mood, his anger?</p>	<p>What did Karen first notice in her girls that made her think James is behaving in ways that are maybe not good for them, that they are picking up on the ways in which he was abusing and controlling their mum?</p> <p>What does he do directly to them? How does he speak and relate to them usually? Has their relationship changed over time, according to the kids?</p> <p>What would Karen's best friend or someone in your family say they noticed about you that let them know something is going on at home, whether they knew what that something was or not?</p>	<p>What would the principal say she has ever noticed in the girls at school that would make her think maybe they are having a hard time?</p> <p>What does feeling unsafe in their own home do to the children? How would they describe how it has affected their mental health?</p> <p>What is the hardest about how this has affected the relationship between Mum and the girls, even if in some ways it has brought them close?</p>	<p>What does Mum say worries her most about how her children are at the moment?</p> <p>In what ways is it affecting their life that they had to leave their home and go to a refuge because of James's behaviour? What do they need right now that they don't have because of how he made things feel so dangerous they had to leave? Who has access to or control over resources in the family like money, bank accounts, paying bills, car, phone accounts?</p>

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Impact	<p>How do his abuse and drinking affect other parts of family life, like having enough money, using the car, having friends and family over, being connected to people, plans having to get cancelled, etc?</p> <p>What does Mum know about domestic violence and how it can destroy the confidence and safety of women and children?</p> <p>Has she ever heard or read anything about this and does she recognise some of that in her and her children's lives?</p>			

Appendix 2: Harm Analysis Matrix: a case example of questions for an interview with the perpetrators

Case background: Mum Sonia, Dad Alan, Rachel (age 15) and Max (10). Referral received from a refuge in relation to Dad Alan having punched Rachel in the

face at home. Mum has stated he ‘has been controlling for years’ and that he previously hit Max. Social worker has met with Mum and briefly with Rachel. Social worker is meeting Dad tomorrow and seeking advice on questions that would be useful for the exploration of harm.

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour The dangerous or harm-causing adult behaviour. Can also be a young person’s dangerous behaviour	What are the ways in which you have been violent or frightening or controlling to Sonia and the kids? What are some of the ways you experienced men or fathers growing up that you feel affects how you parent today in ways that are abusive? We know that you assaulted Max also in the past – how often would you say you hurt the children or are physically rough with them? When did that first start? Describe how the first moments built up to them being hit, punched and you giving Rachel a bloody nose?	When you think back to meeting Sonia, what was going on that meant you first felt the need to get her to behave in ways that made you feel more secure? How do you think Sonia would describe your behaviour when things started to go downhill? When did you first have a feeling of wrongness or shame around how you were treating Sonia? When did you first notice that the children were afraid of you? When did that start to get worse?	What do you think Sonia would say is the thing you have done to her or do to her that makes life hardest for her? What are the things that are usually happening within you that make you blow up? What is the day that comes to mind where that was at its worst? What are the worst ways in which you put down Sonia as a mother – either physically or verbally? What ways do you use the children to control her?	Describe what you did to Rachel during the assault of her in December? How long would you say that assault lasted, when you punched her in the face? What were you saying while you were punching her in the face and had her pinned against the wall? Since that day, have there been times when you have made Rachel feel scared, whether you hit her or not? Do you think Rachel would say that was the worst of what you have done to her or would she describe other times that are just as harmful?

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Behaviour The dangerous or harm-causing adult behaviour. Can also be a young person's dangerous behaviour	Who else are you verbally and physically abusive to in your life? How do you usually manage disagreements, annoyance, anger – like in work or with your friends, do you choose to react to them with violence? With your ex-partners would any of them have negative things to say about how you treated them?			
Severity Describes how bad the harmful adult behaviour is	Have you had any other legal orders or charges against you in the past? Have you ever been in trouble with the guards before? Have you ever breached orders? Who would say they have experienced the worst of your temper or aggressive behaviour?	Have you ever choked or tried to strangle Sonia or the kids? Have you ever threatened to kill yourself or Sonia or the kids? Have you ever threatened to use or used a weapon or implement against your family? How bad have the bad times been?		Describe the injuries Rachel had? Who took care of her after? What did they have to do – e.g. go to the doctor, get her plasters?

Time Action/Impact	Timespan	First Incident	Worst Incident	Last Incident
Impact Describes the physical and emotional impact of the adult behaviours on the child	<p>Tell me about your understanding of domestic violence and control of women and children? What do you know or what have you heard about how that affects children?</p> <p>What are your biggest worries about your children? What worries you the most about Max and how he is doing in life? What about Rachel, what does she struggle with?</p> <p>What have you seen in the children that has made you think 'they are may be like that because of my behaviour being violent and controlling and abusive'?</p> <p>What do you think worries Tusla most about everything we have heard?</p>	<p>What are the ways you talk to the children after you have been behaving in ways that are frightening or confusing to them? What are the ways you explain your behaviour?</p>		<p>What was Rachel saying and doing when you were assaulting her? How did you know she was upset? Where were the other children? What do you remember about their faces or what they were doing or saying that let you know your behaviour wasn't good for them? What did you see or notice that told you it was a good idea to leave the house?</p> <p>When you think of your hopes for Rachel as a teenage girl and adult woman in relationships, how would you like for her to be treated? If she had a boyfriend who did that to her, what would worry you about that? What do you think Rachel is learning from you about men and relationships and her right to be free from violence? What would you like her values and expectations to be?</p>

Appendix 3: My Three Houses with illustrative questions 1

Case background




Jack (aged 5) told his teacher today, “I don’t like Daddy because he slaps and hits my Mum and he hates me.” Social Worker Rebecca is on duty and going to the school to meet Jack with his learning support teacher who he has a good relationship with. Mum Sonia is going to meet her at the school also. Rebecca has prepared some questions to slow down

her thinking and get into the space of analysis with Jack. She also has a plan about building rapport with Jack: his LST told her he loves hot-wheel cars and dinosaurs so she has brought along her bucket of dinosaurs and some playdough to support sensory regulation. Rebecca will appropriately spend a significant amount of time connecting and playing with Jack. She is aware that direct questioning can be confronting and shut down children’s sharing of their experiences.

House of Worries	House of Good Things	House of Dreams or Safety
<p>Tell me about the slapping and hitting... who does that? What is the worst thing Dad did?</p> <p>You said Dad hit Mum, tell me about that. How many times did Dad hit Mum? Does anyone else get hit or hurt or scared?</p> <p>(You could ask when/where/ what happens, where are you, what is Dad doing, what is Mum doing, what happens after, what does Dad say, what does Mum say?)</p> <p>Tell me about Dad saying things you don't like, like that he hates you... when did Dad say that?</p> <p>Does anyone else hit or hurt people? What happens then?</p> <p>What is a worry? Depending on child's emotional language, you could ask what are the things that make you worried/sad/scared/angry?</p> <p>Who helps you with those feelings or things? (link to middle column)</p> <p>Do you have any worries about talking to me about hitting or slapping or trouble?</p>	<p>What do you like about Dad? When is he not hitting and hurting and slapping, what does Dad do that you like? Don't like?</p> <p>What do you like about Mum? What are the things Mum does to keep you safe and make you feel loved?</p> <p>Who visits your family that you like?</p> <p>Are there fun things you do together as a family?</p> <p>When Dad is not angry/cross/ whatever word the child uses... what does he do? What are the jobs that Dad and Mum do in the family?</p> <p>What are your favourite things?</p> <p>What makes you happy?</p> <p>Who helped you when Dad slapped your face? What did they do or say?</p> <p>Who makes you feel better when you are upset? Who is safe?</p> <p>What is good about telling someone about the slapping or hitting?</p>	<p>If your dinosaurs could come and protect you at home from anything scary or sore or sad, what would they do?</p> <p>What would be good rules in your family?</p> <p>What would a safe house be like? Who would be there? Who shouldn't be there?</p> <p>If you had three wishes, what would you wish for?</p> <p>If someone in your house is angry or mad, what should they do? What should they not do?</p> <p>Who would be a good person that you know to come and visit and check that nobody is getting too angry or hurting anyone?</p> <p>Do you know what an emergency is?</p> <p>What is a good thing to do in an emergency?</p>

My Three Houses with illustrative questions 2

Below is a further selection of possible questions that a practitioner might use to support a child in talking about their experiences of living in their family.

 House of Worries	 House of Good Things	 House of Dreams or Safety
<p>What is a worry? Depending on child's emotional language you could ask what are the things that make you worried/sad/scared/angry?</p> <p>Everybody has worries, what are the sorts of things that make you worry?</p> <p>What would your best friend think shouldn't be in this house because they know it worries you?</p> <p>When/where/what happens, where are you, what is Dad doing, what is Mum doing, what happens after, what does Dad say, what does Mum say?</p> <p>Tell me about a time when you wanted to get help for you or your family but you felt like that would get you in trouble?</p> <p>If you knew about some boys and girls where their daddy scared them and he was shouting at their mummy, what do you think those children feel inside? What advice would you give those boys and girls?</p> <p>When Daddy shouts at Mammy, where is your dog Rover, what is he doing? What do you think Rover sees and hears that makes him feel scared?</p>	<p>Who makes you feel happy in your family? How do they do that?</p> <p>Who helps you feel safe and happy, even if you've had a hard time?</p> <p>What are your happiest memories with your family?</p> <p>What is the best thing about Daddy?</p> <p>What is the best thing about Mummy?</p> <p>What keeps you strong? Keeps you going?</p> <p>Who are the family members or friends you love to have visit your home? What is good about them coming to visit?</p> <p>Who is the grown-up outside your family you would call if you needed help?</p>	<p>If you had three wishes, what would you wish for?</p> <p>What rules should there be about how people are allowed to behave in your family? What rules would you like to be changed in your house? Who is really good at making those rules? Who breaks rules in your family about being safe?</p> <p>What would be different about your parents or how you all live together? How would that be better than now?</p> <p>If you went to bed tonight and woke up in the morning and all your worries were gone, what would be different?</p> <p>Who would be around in the safe house helping even if it isn't every day that they are there? What would they be doing to help?</p> <p>Who would not be there, who is the person who couldn't be in the safe house? What would they be doing that isn't okay?</p> <p>If this was a plan agreed by everyone, what would be good about that?</p> <p>What could make it hard to stick to this plan? If everybody tried really hard and it still all blew up some day, what should the plan be for an emergency?</p> <p>What else is important about the future plan for how your family can live together in a happier and safer way? Who could do what? What are your other best ideas?</p> <p>Who would be a good person to come and visit or talk to your family and check that everyone is safe and nobody is hurting or scaring anyone?</p>

Appendix 4: The research of Professor Jane Monckton-Smith

Professor Jane Monckton-Smith is Professor of Public Protection in the University of Gloucestershire. She is an ex-police officer and has focused her research on developing knowledge around offender behavioural patterns in domestic homicide. She seeks to help frontline workers across all professions gain a deeper understanding of how to recognise rising danger in perpetrators of abuse and control.

She has analysed 575 cases of homicides of women, of which 372 were classified as intimate partner femicide. She has identified common and consistent themes that she considers provide a predictable timeline to homicide, consisting of eight stages that were present in almost all the murders analysed.

Her book *In Control: Dangerous Relationships and How They End in Murder* (Monckton-Smith, 2021) provides a case-based deep dive into each of the stages.

1. A pre-relationship history of stalking or abuse by the perpetrator

We can check this by directly asking the perpetrator and his family, by completing checks with An Garda Síochána and by checking if the perpetrator is known to Tusla as a father to other children who may have experienced past harm.

2. The romance develops quickly into a serious relationship

Ask the couple about their relationship timeline, when and how they met, moved in together. Consider the presence of early proposals, early pregnancy, pushes for early commitment, jealousy at an early stage, early declarations of love using possessive language (“You’re mine”), general “love bombing”, concerns held by Mum’s family and friends, comments like “We never see her anymore”.

3. The relationship becomes dominated by coercive control

Other red flags include: stalking, jealousy, sexual aggression, physical assaults during pregnancy, possessiveness, doing everything together, isolation of the victim from friends, family and community. Drugs and alcohol should not be considered a causal factor but can exacerbate violent behaviour. Depression should not be considered as causal but can exacerbate violent behaviour.

4. A trigger threatens the perpetrator’s control

For example, the relationship ends, the perpetrator gets into financial difficulty, mental health deteriorates, Mum becomes pregnant and baby is her priority or she is having appointments without him, the involvement of statutory service.

5. Escalation

An increase in the intensity or frequency of the partner's control tactics, such as stalking or threatening suicide. Concerning behaviours becoming more frequent, serious or severe. Language like "I won't let you leave" or "If I can't have you no one can". Sometimes control also evolves into physical and/or sexual assaults. Escalations also often occur in pregnancy. In this stage, the perpetrator's behaviour may suggest panic and the mother might refer to him as "out of control", but he is indeed very much in control and grasping to gain further control.

6. The perpetrator has a change in thinking

He is choosing to move on, is somewhat resigned, has made a decision or come to some resolution that his control "hasn't worked" and decides to take some form of harmful action.

7. Planning

The perpetrator might buy weapons or seek opportunities to get the victim alone; he might trick her. His normal behaviour is different, he may be arranging alibis or cover-ups. Dr Monckton-Smith's research challenges the concept of a 'crime of passion' that has dominated the media and societal narrative about domestic homicides. Her research indicates that the vast majority of intimate partner homicides are planned.

8. Homicide

The perpetrator kills his or her partner and possibly hurts others such as the victim's children.

Professor Monckton-Smith highlights that this timeline might hover around one of the earlier stages because the perpetrator's control has successfully entrapped the woman. Some of the earlier stages may also be cyclical in nature.



Professor Monckton-Smith's Ted Talk is available here.

Evidently not all cases of domestic violence, abuse and control progress to homicide, and child protection practitioners need to be proportionate in their analysis of future danger, but they should pay attention to escalating violence, escalated control, and features of the later stages that are described in Professor Monckton-Smith's research, as well as to the woman's own gut instinct and sense of the danger she is in.

Rigour in the analysis of danger lies in the rigour of the analysis of past harm and the assimilation of professional knowledge.

Appendix 5: Case example: a full mapping of worries about coercive control

Initial Assessment Mapping Mam Frida, Dad Stefan, Callum (nine) and Mariana (three).

What are we worried about?

Past Harm

Callum and Mariana have been known to Tusla for the past seven years. There have been 12 referrals to Social Work over that time and they relate to a variety of referral reasons which will be analysed further below.

The most recent referral was made by the children's father Stefan who said that he is going to the Gardaí to make a complaint against Frida for 'parental alienation' and that they told him to contact Tusla. Stefan has also made 10 telephone calls to the social worker in a space of three weeks expressing concerns that his children are being slapped by their mother.

During this assessment, Social Worker Rebecca has met with the children twice (alone on 5th April and 17th April 2023), has met with Frida twice (once with a domestic violence support practitioner) and has met with Stefan twice. There have been numerous phone calls and conversations with both parents and those from their natural networks of support.

Following assessment, Rebecca is worried that Stefan has been coercively controlling and emotionally abusive to Frida and his children for many years. He has shown a pattern of behaviour that when viewed as a whole and considered with an impact lens has been extremely harmful.

Stefan's worrying behaviours include the following:

Pre-separation behaviour and how this has impacted on the children, on Frida's mothering and on the whole family.

- Frida described Stefan as being very charming and "spoiling her" with gifts and dinners early on in their relationship. They moved in together quickly and she quickly became pregnant. Frida said that once she was pregnant things shifted and Stefan became obsessed with how she looked. He would criticise her clothes, use her pregnant body to make her feel bad about herself, calling her "an elephant", commenting on other women who were pretty, constantly looking at models online when she could see his phone.
- Frida's sister and aunt believe that Stefan took advantage of the fact that their family were grieving the loss of Frida's father at that time. They heard him frequently use her father to manipulate her into doing what he wanted. For example, he would say, "Do you think your father would want you going out dressed like that?" "Your father would be embarrassed about you not keeping the house."
- Over the years of their relationship, Frida and those close to her describe Stefan putting her down, embarrassing her at dinner dates by arguing with people, so they eventually stopped meeting their friends often.
- He would put Frida down in front of the children almost every day or second day, saying things to them like "silly Mummy", "bad Mummy", "you don't want silly Mummy putting you to bed". He would make vomiting noises when he ate dinner she cooked, then laugh with the children about it. Frida remembers the children sometimes joining in but also crying sometimes, saying "Mummy isn't bad".
- Frida describes a few years later things being more controlled by Stefan. He wouldn't agree to her going back to her teaching job after having the kids because he was obsessed that the kids would be sexually abused in creche. This meant there was less family money to spend on things outside the basics. It meant when she needed to buy clothes for the kids or anything unexpected

What are we worried about?

she had to ask his permission and ask for money. He would always make her wait a few days for this and she would be very anxious in those days and nervous. She remembers sometimes not bringing the children out because she was afraid to spend money if they asked for treats and they would have tantrums that she didn't feel able to cope with on the hardest days.

- Frida described a pattern of every few weeks Stefan “blowing up” in anger, usually saying something jealous about where she had been, like accusing her of having an affair. On three occasions he took her car keys for about a week. Once this was in the winter and she had to walk 45 minutes in the rain every day to get the kids to school. This meant the kids were up earlier so getting less sleep, were cranky going in and sometimes crying during the walk because it was too far.
- When Stefan would “blow up” this involved him shouting and screaming for hours on end. The children remember this and when asked by the social worker about it, Callum described his Dad as “scary but not scary anymore”. He remembered Mummy asking him to take baby Mariana upstairs and he remembers himself also shouting at Dad to “leave Mummy alone, she’s not being bad”.
- When asked about the time she was most frightened or freaked out about Stefan’s behaviour, she said it was when he found some history on the laptop of her looking at family law solicitors and the Women’s Aid resources. She said he obviously knew that she was thinking of leaving and a week later they were watching the news when a domestic homicide case came on about a girl in Scotland who was murdered by the father of her child in a court custody/access context. Frida said that Stefan commented, “Well, did the stupid bitch think she would get away with trying to leave him and take his children?” She said he made a stabbing motion at the television and she felt a shiver in her body knowing it was a warning to her.
- In his Social Work interview, Callum talked about missing his old family dog. The dog was really important to Frida and gave her comfort. She recalls that twice, when her dog was quite old, Stefan said he would “sort that thing out one day because it should have been gone long ago”, meaning he would put it down without Frida knowing. The children would cry when he would roar at the dog and make a swiping motion at it.

Over the years there have been worries about Mariana and Callum’s emotional wellbeing. When we look at all the referrals from the school, the PHN and the early years service in the context of what we now know about the coercive control that pervaded the family, we can understand a lot of those referrals with an impact lens.

Callum was referred for an ADHD assessment when he was six years old because of his dysregulation in school. Tusla were told that Frida DNA the appointments. She said that Stefan wouldn’t sign the consent forms because he didn’t “want a child with special needs”. When the social worker explored with Frida the possibility that Callum’s behaviour might have been because he was scared and stressed and confused about how his Dad was treating the family, she said she knows it is that and he has been a lot better since Stefan isn’t around every day, with the exception of the days after visits. Other ways in which the children have been impacted by their living with their Dad’s behaviour include:

- Serious separation anxiety in Mariana: she screams and cries with distress when Frida is out of sight. This has been constant and not within the normal developmental stages where small children experience separation distress.
- The children’s ability to be and play freely with their Mum has been controlled by their Dad. Frida feels that they never had permission to just be happy and playful and “wild” like kids should be. She always had to account for the reason they went anywhere and if it was just something fun she was punished by Stefan, who would give her “silent treatment” for days, leaving her on edge and nervous about when he would blow up next.
- Frida experienced so much stress and anxiety from having to constantly be thinking about

What are we worried about?

how to “not piss him off”, as she describes it, that she says her biggest sadness is that she didn’t leave him earlier. She says that she got so depressed at times that she was not the mother she wanted to be. She described finding it very hard at times to listen to and be at ease with the children because she was so low in her mood. She recalls spending hours in bed and letting the children watch TV. She said they have been isolated and didn’t get to go to parks, play centres, have play dates or have close relationships with their extended family because they just were not allowed that freedom from Stefan.

- The children still don’t have relationships with many people in their extended family– Frida feels that her parents blame her for the marriage being over and they don’t believe in divorce. They are from a very Catholic and traditional Portuguese background and they also don’t know the extent of her experiences because they are elderly and frail so she doesn’t want to worry them.
- When Social Worker Rebecca spoke to Stefan’s parents, who were present on a visit to his home, they described Frida as a lazy and messy mother and housewife. How they spoke about her was similar to how Stefan did and they were not able to identify exceptions to their harsh views on her. Stefan’s mum says that he is a good dad. She says that he helped Frida, that she had nothing before she met him and now this is how she is repaying him.

Overall Rebecca is worried that Callum and Mariana have spent most of their lives in an environment that was tense, uncomfortable, scary at times, restrictive, without an easiness that young children need, due their father’s behaviour.

Frida left the marriage and family home with her children nine months ago. She moved in with her sister and nephew and feels everything has got worse since then.

Post separation behaviours and how this has impacted on the children.

In nine months Stefan has made 18 applications to the family courts. He has pursued and appealed access arrangements that have significantly disrupted family life. It seems that Stefan is using the family courts and litigation to create distress and financial stress for Frida. This impacts on the children also, as Frida has to spend a lot of time at her kitchen table sorting paperwork and records and being on the phone. She had to get a loan so they have cut back on spending in the family and it makes her very stressed and worried therefore irritable day to day.

He records Frida at drop-offs and collections for the children’s access. He says in front of the children, “Just making sure Mummy isn’t hurting you or being crazy today,” then turns on his phone camera. Callum told Frida and his social worker that he hates when Dad takes his phone out and it makes him “awkward”.

Stefan has told Frida via a fake Instagram account that he has videos of her naked, making her afraid he will share these publicly.

He undermines Frida’s parenting – gives the children five or six toys from the toy shop at every access visit, got a skateboard for Callum when he knew Frida was going to get one for his birthday. When SW Rebecca spoke to Callum, he said the things he doesn’t like about being at his dad’s house are that he asks him a lot of questions about his mummy and he doesn’t like him saying, “I am the boss and you will do what you are told.” He also said that his dad makes them talk for a very long time on the laptop to their paternal grandparents and he doesn’t like this.

Stefan has been making complaints about school staff, Social Workers, the OT working with Callum, and the school bus driver. He has about 10 formal professional complaints in process which, although he is entitled to do this, are creating disruption in services at OT for Callum, meaning he doesn’t get his weekly appointments at the moment. He has had a new SNA (who he doesn’t have a relationship with) appointed to him temporarily and it means the social worker has to bring a second person who he doesn’t know on visits.

What are we worried about?

The most worrying thing recently for Frida is that Stefan has sent her messages that are very subtle but suggest he knows where she has been and who she has seen. He asked her how Stanley is and she had just accidentally bumped into Stanley at Woodies. She is freaked out that he is following her or has someone watching her. She got the garage to check her car for a tracking device but they didn't find one. She said she hates that she is nervous and hypervigilant because she knows that when she is "a ball of nerves" the kids' behaviour gets more difficult; they are probably picking up on her stress and this makes them feel insecure.

Identified risk factors in Stefan's behaviour

- Alluding to harming the family pet
- Alluding to his capability to kill Frida
- Controlling behaviour as detailed above
- Stalking and monitoring of Frida

Stefan's view is that the Social Work department have been manipulated by Frida. He says he "never laid a hand on her or their children" and is a good father who was the primary caregiver when at home. He says his children want to live with him and that should be enough for Tusla to realise that his wife is mentally unstable.

He has brought old videos to the Social Work dept of Frida shouting at the children – SW Rebecca believes this is an attempt to discredit her and distract from talking about safety planning.

Danger Statement

If nothing changes in Stefan's behaviour, Tusla are worried that Callum and Mariana will grow up feeling trapped in a relationship with their father who makes them feel like they are being controlled, don't have choices in their life or about when and how they see their dad. Tusla already see the children having problems with their emotions and their behaviour, if this gets worse because of how their father is treating the family, this could really make them depressed and anxious in the future.

Callum and Mariana are likely to keep seeing their father treat their mother in a way that is controlling and harmful.

Seeing their mother upset, stressed, being treated badly by their father could really impact their understanding of a healthy loving relationship. If Stefan's need to control the family continues, he might escalate and become more dangerous, especially because Tusla are worried that there are signs he is trying harder and harder to grip on to the control he had over his family, like maybe following Frida, making more and more court applications, which take away the voice and the choice of his children.

Tusla are worried about what Stefan might do next or, as he sees Frida living a new independent life, might he really try to stop this, which will also stop that safe and free life for his children that they have a right to.

Complicating Factors

Frida has a history of trauma in her own family and a lot of bereavement and loss. This complicates things as she finds it hard to trust the boundaries she sets with people and she would say she needs support and reassurance with that. Her support network is small and this is part of the worry and is an impact of Stefan's control of her. and more court applications, which take away the voice and the choice of his children.

What is working well?

There are many examples that Social Worker Rebecca has identified in the assessment of strength and safety, particularly in relation to Frida's mothering.

- Despite not being financially independent, being a primary caregiver to two children, having a limited social network and living in a controlled home, Frida drew on her internal resources and strength and she left Stefan in February last year. She said she sought advice from a Women's Aid worker on her rights and it took a long time for her to get there but she knew she would leave one day. Frida says she did not want her daughter to grow up in a family home where a woman is being treated as "garbage" and she wants Mariana to be a strong woman.
- The relationships and bonds that Frida has with the children are a protective factor. She talked about them with love and pride, they have been seen by social worker and other professionals to have lovely warm interactions. When asked who they love, the children both immediately said their mum and they both called her kind and nice. Frida has great ability to understand things from her children's perspective – she showed good insight into what life has been like for them through their eyes and understands their different needs.
- Frida has on many occasions sought out help for her children – she got learning resources in school for Callum, she has applied for counselling in Barnardos for Callum, she has attended an early years support group with Mariana.
- Even though she can't afford to and has felt let down by it, Frida has used the court system and advocated for her children's needs. When Stefan wouldn't sign consent for OT for Callum, she applied to dispense with his consent and she asked her social worker to help her with this.
- Through her abuse experiences, Frida has been isolated from her family, but despite the barriers she reached out to her sister Nicola and asked if she and the children could stay with her when she left the marriage. Frida worked with a domestic violence support worker from Women's Aid to build back her confidence in doing this.
- Frida shared many examples of how, through the hard years they lived, she tried hard to make fun for the children and distract them from tension and fear in the home as a result of Stefan's behaviour.
- Even though Stefan was telling Frida that she would get reported to Social Workers for being an unfit mother, she went to her GP and to Primary Care Psychology looking for support around her mental health. She has been taking care of her depression and anxiety through a programme of medication and CBT, and she attends all the appointments, finds it really helpful and can describe how it sustains her in the low moments. She described how she has been sharing some of the techniques she uses around breath work and EFT tapping with Callum and they have special "relaxing time" moments together where they practice these techniques.
- Frida describes that when the children come back from access very wired and hyper and dysregulated (crying easily, sometimes screaming at her, fighting with each other, not going to sleep easily), she supports them really well. She makes sure there are no demands of them in the days after that, she lets their teacher know they will be off form, she gives them warm baths, reduces screen time and gives them extra cuddles. She has techniques she uses personally to help be regulated herself.
- Frida is very honest about the times she finds hard with her children and when the stress and anxiety get to her and she shouts at them sometimes. This honesty and Frida's descriptions show Social Worker Rebecca that Frida is really attuned to the needs of her children and is coping and surviving as best she can. She always apologises to the children if she is irritable or shouts at them.
- When Rebecca considers the worries that Stefan has about Frida's parenting and that she might be slapping the children, the assessments show that there is no evidence that there is harmful behaviour from Frida to the children. They have been observed together on two occasions and the children

What is working well?

are very comfortable with their mother, present as very close to her, are comfortable in challenging her and being disciplined/redirected when they were disruptive during one visit. When Rebecca spoke to the school, creche and PHN during the assessment, they similarly described very attuned and respectful parenting from Frida to the children. The children were directly asked by Rebecca what happens at home with Mummy if someone breaks the rules or they are naughty and they described not being allowed to watch their cartoons, Mum saying “You won’t get your Friday treat if you keep going on like that” and they said sometimes Mummy shouts, “Stop it right now or no telly”. There have never been any concerns about unexplained bruising or injuries to the children. In light of those factors, Rebecca is of the view that Stefan is likely trying to undermine Frida’s credibility by criticising her parenting to professionals. the children are very comfortable with their mother, present as very close to her, are comfortable in challenging her and being disciplined/redirected when they were disruptive during one visit. When Rebecca spoke to the school, creche and PHN during the assessment, they similarly described very attuned and respectful parenting from Frida to the children. The children were directly asked by Rebecca what happens at home with Mummy if someone breaks the rules or they are naughty and they described not being allowed to watch their cartoons, Mum saying “You won’t get your Friday treat if you keep going on like that” and they said sometimes Mummy shouts, “Stop it right now or no telly”. There have never been any concerns about unexplained bruising or injuries to the children. In light of those factors, Rebecca is of the view that Stefan is likely trying to undermine Frida’s credibility by criticising her parenting to professionals.

- When asked about their dad, the children presented as comfortable and at ease talking about him. Mariana smiled and helped Rebecca draw a picture of her dad. She said “Daddy cat” and tried to excitedly tell Rebecca a story about Stefan’s cat climbing trees. Callum spoke positively also about his dad and was able to describe what he loves and likes about him. He said that although he would like to see his dad less, they have fun together sometimes. They enjoy playing basketball and his dad installed a hoop on the side of his house. He said he likes his dad’s friend Jim who comes over and always brings sweets. Callum said that Dad is “mostly nice” and only shouts at them when they talk about Mummy too much. Callum described his dad as funny and good at playing games like sports and pillow fights.

What needs to happen?

Tusla will close the case when a safer environment has been created for the children. This requires Stefan to change his behaviour that is abusive to Frida and his children.

Tusla need Stefan and Frida to separately bring together a network of people from their lives (at least two initially) and Tusla will meet separately with those networks and Stefan and Frida (separately) to help them come up with a safety plan around who will do what moving forward to ensure that the child protection worries about Stefan’s behaviour are resolved.

The voice and wishes of Callum and Mariana will need to be centre of this safety planning work – their social worker will work with Frida and Stefan to help create a Words and Pictures story about why Social Workers are worried about them and what will change in the future.

Tusla have asked Frida to speak with her solicitor to advise them that the Tusla assessment has been completed and child protection concerns that require safety planning have been identified. It is likely that the court will seek the view of Tusla and Frida wishes for her solicitor to seek out the evidence of this assessment to support Frida’s appeal on the judgement of the court not to direct supervised access.

What needs to happen?

- Frida is seeking access to be supervised and is willing to pay for that supervision by an independent person.
- Stefan has stopped taking telephone calls from this social worker towards the end of the assessment so a letter will be sent to him including the Danger Statement, Safety Goal and Scaling Question. Tusla are asking that Stefan agree to work with Tusla to improve the welfare of his children and note that he very authentically told Rebecca at the beginning of the assessment that he will do anything for his children.

Possible bespoke scaling questions

On a scale of 0–10, where 10 is that Stefan's controlling and psychologically abusive behaviour has stopped and he takes responsibility for his behaviour and choices now and in the future, and has told his children about the changes he is making, there is a network around him who have a tried and tested plan to monitor and act in the future to ensure he is not able to control and harm Frida and the children in the future, or to manipulate the services and court process, even if he attempts to return to his old patterns, and Frida feels confident in her and her children's future safety; and

0 is that there is no change to Stefan's pattern of behaviour, he has repeatedly demonstrated a total lack of willingness to make changes to his controlling and abusive behaviour or to proactively improve his parenting choices, there is still a cloak of secrecy around the ways he acts, he continues to manipulate the systems around the family to the detriment of Frida and the children, there is no network to hold him accountable, and Frida and the children do not feel any more protected or safe from his attempts to control and frighten them than they did when things were at their worst, where would you scale this today?

Or

On a scale of 0–10, where 10 is that Stefan has made big changes in his behaviour towards Frida, Callum and Mariana that mean the children don't hear their dad badmouth their mom, they feel free to speak about their mom when they are with their dad, Stefan is supporting Frida in her parenting of the children and any extra supports that are needed such as OT or play therapy for the children, and he has a network of people around him who know about Tusla's worries in relation to his behaviour towards Frida and the children and they are working hard to help him make a plan to learn new ways to be around his children where they don't feel sad or worried because of him making their mom feel scared or worried; and 0 is that Stefan's need to control both Frida and his children continues even though he no longer lives with them, he appears to be even more angry and finds ways to continue to control how his children grow up now that Frida has made the decision to leave the relationship, and the impact on Mariana and Callum continues to be seen in their behaviour when they return from visits to their dad, and even though Stefan has said he would do anything to keep his children safe in fact his choice to use controlling behaviours and his need to control his family tells me the opposite, where would you scale this today?

Appendix 6: Example of a Trajectory and Timeline

Trajectory and Timeline of work agreed between Lena and Jakub and SW (social worker)

Week	Stage of the process	Meetings	Focus and arrangements
Preparation	Immediate Safety Planning	Initial meetings between SW and Lena to explore immediate safety plan – visit to the refuge to meet Lena. Strategy meeting with Gardaí and hospital.	Lena in a refuge with the children because Jakub refused to leave the home so his children could return.
Weeks 1–2	Network Finding and short-form Words and Pictures Share Danger Statement and Safety Goal with Lena. Share Danger Statement and Safety Goal with Jakub. Jakub to identify a network of at least three people who understand the worries and can work with Tusla to help the family create a Safety Plan as well as provide support and accountability for Jakub. Lena creates a network of at least three people who understand all the worries and can work with Tusla to create a Safety Plan and support Lena and her children. SW to draft a short-form Words and Pictures story to agree with the parents and bring to the first network meeting.	Prior to the meeting with network, SW will meet with Lena and Jakub separately to agree on the short Words and Pictures story for the children. Mapping meeting in the Social Work department. Parents to attend for split meeting with their individual network. Support development of detail in the interim plan for Lena and the children to stay with her friend. <ul style="list-style-type: none"> • Outline clearly to family and network what are we worried about and what needs to happen through sharing of DS, SG and reading of WP story. • Safety scaling conversations to establish the current safety of the children and support Next Steps conversations. • SW to be really clear about Tusla's bottom lines for the children and what needs to happen before the children can return to live in their home with Lena and Jakub, as requested by them both. • Initial middle column mapping with the networks. • Establish a plan around how the children will be safe if they see their dad. • Establish arrangement for Mum to be supported by her DV worker or SW in reading the WP story to her children. 	Words and Pictures story will be read to the children before they move to Magdalena's home so we are confident the network are fully informed with a shared understanding of the child protection concerns and so the children and network are clear about what the Safety Plan is. SW to visit Lena and the children at Magdalena's house when they move. SW meets with Zuzanna and completes My Three Houses. Children to return to preschool and crèche, who will be aware of the concerns. Thinking about what supports Lena and the network think Lena and the girls need. Ensure close communication in safety planning with the refuge outreach support worker who is helping Lena formulate her personal safety plan. Ensure ongoing liaison with Gardaí.

Week	Stage of the process	Meetings	Focus and arrangements
Weeks 4–8	<p>Reviewing of Interim Safety Plan</p> <p>and</p> <p>Building of the Comprehensive Safety Plan</p> <p>Network are asked to start immediately recording in a Safety Journal in Week 4</p>	<p>Safety planning meetings x 3</p> <p>Date: XX/XX/XX</p> <p>Date: XX/XX/XX</p> <p>Date: XX/XX/XX (parents to attend together)</p> <p><i>Building the long-term safety plan</i></p> <p>What are the best ideas Lena, Jakub and the network have about showing Social Workers and the children that Lena, Hanna and Zuzanna are safe if they return home to live in their house with their parents together? What exactly needs to be in place before that can happen? How will anyone know this is safe enough or not?</p> <p>These plans will be built on the parenting and family strengths as well as on what has already been done by everyone to ensure the safety of the children.</p> <p>Social worker will use the Safety Planning Worksheet to work through three safety planning meetings using those intentional focused questions to build conversations leading to a family-owned safety plan.</p> <p>Lena and Jakub will attend meetings 1 and 2 separately with their networks. There will be a safety plan for Lena around the attendance at these meetings and her DV support worker is welcome to attend with her also if Lena wishes.</p>	<p>Reviewing the current plan</p> <ul style="list-style-type: none"> How is the plan working? What has been hard about it, what have the obstacles been and how have these been resolved or not? What else needs to be thought of? What does Lena need to feel supported and safe while staying with Magdalena? What is Jakub doing to ensure he is contributing to the family and care of his children right now? What more does he need to do? What are the ways in which Jakub has been supported by his network to behave in ways that show everyone he is safe and secure to be around his family? What good choices is he able to tell us about? How long can Lena stay with Magdalena? Reviewing timelines of the Interim Safety Plan. What does Lena want? How have the children been kept safe while spending time with their dad? Who has helped with that? What has Jakub been doing to make safe choices about his behaviour and how does this differ from the past? <p>In addition, this period of time will involve one-to-one meetings with Lena, one-to-one meetings with Jakub, and a visit to the children.</p>

Week	Stage of the process	Meetings	Focus and arrangements
Week 8 <i>(not before Easter break – two network people are on holidays)</i>	Safety Plan in action Mum Lena and children transition back to the family home. Jakub goes to stay outside of the family home with a network member.	Monitoring visits <ul style="list-style-type: none"> • Network visits to the home as per the plan • Social worker visiting the home • Calls to check in with Lena and Jakub 	<p>Jakub comes over and spends time with the kids and Lena in the evening after work. Jakub supports Lena in caring for the kids, feeding them and getting them ready for bed.</p> <p>A person* from the safety network will be there in the house when Jakub visits in the evenings.</p> <p>Words and Pictures to be updated with the specific arrangements and re-read to the children, this time by Jakub on his first evening visit with one of his network present to support.</p> <p><i>*This person must have been part of the previous safety planning meetings, at least the initial one where the DS, SG and SQ were shared alongside a draft W&P.</i></p>

Week	Stage of the process	Meetings	Focus and arrangements
Weeks 8-10	Safety Plan in action Mum Lena and children transition back to the family home. Jakub goes to stay outside of the family home with a network member.	Review safety planning meetings with Lena, Jakub and network Date: XX/XX/XX (Week 8) Date: XX/XX/XX (Week 10) Scaling at each meeting- what direction are we moving in? Are we more worried or more confident that no matter what is happening, the children will be kept safe and will not be exposed to any more violence? What makes us think that? What is going well with the plan? What are the gaps and worries? Reviewing the Safety Journal. What will let us know that it is okay for the children to be on their own with Lena and Jakub without someone from the network being there? What has Jakub done to show us that he has reflected on his parenting, his behaviour, has made changes to his behavioural responses, is engaging well with his children as a father and supporting Lena as a mother? Who is helping him?	Jakub remains sleeping outside of the family home. Jakub takes on increased parenting tasks during the week – bringing the girls to creche and pre-school with a network member, dropping shopping to the house, going to dance class etc. These details will be developed through needs-led conversations at the meetings. Lena and the children to be supported on an ongoing basis by their DV support worker and other community resources they may have engaged with. Social worker will be ensuring consistent information sharing and communication with other professionals involved as the plan changes and engaging them in safety scaling.
Weeks 8-10	Developed Safety Plan put into action Jakub moves back into the family home Mum Lena and children transition back to the family home. Jakub goes to stay outside of the family home with a network member.	Monitoring visits and calls by social worker and network to Lena, Jakub and the children.	Lena and Jakub are back living in the family home together with their children, with safety network and social worker monitoring the plan.

Week	Stage of the process	Meetings	Focus and arrangements
Weeks 11-17	Reviewing, monitoring and testing	<p>Safety planning review meetings in week 11, 14 and 17</p> <p>Date: XX/XX/XX</p> <p>Date: XX/XX/XX</p> <p>Date: XX/XX/XX</p> <p>Focus of these meetings</p> <ul style="list-style-type: none"> Detailed conversations about the management of stressors, the changes in Jakub's behaviours, how tough times are being dealt with safely, what the children and Lena are noticing is different, what the network are doing to intervene and support in moments that move towards harm. What is not working well? What needs to change? How are the children being engaged in reviewing and monitoring? Future-proofing the safety plan. <p>During this period of time there will be testing of the safety plan with the children and parents.</p>	<p>Jakub remains sleeping outside of the family home.</p> <p>Jakub takes on increased parenting tasks during the week – bringing the girls to creche and pre-school with a network member, dropping shopping to the house, going to dance class etc. These details will be developed through needs-led conversations at the meetings.</p> <p>Lena and the children to be supported on an ongoing basis by their DV support worker and other community resources they may have engaged with.</p> <p>Social worker will be ensuring consistent information sharing and communication with other professionals involved as the plan changes and engaging them in safety scaling.</p>
Weeks 17-19	Reviewing, monitoring and testing	<p>Weekly check-ins by phone and sometimes in person by SW with network and parents. Continued use of Safety Journal.</p> <p>During this period of time there will be further testing of the safety plan with the children and parents.</p>	<p>Lena and Jakub living in the family home together with their children, with safety network and SW monitoring the plan.</p>

Week	Stage of the process	Meetings	Focus and arrangements
Weeks 20	Preparing for case closure	<p>The worker should incorporate appreciative inquiry into this final meeting as part of seeking family feedback on the work together.</p> <p>Network continue keeping Safety Journal, even after case closes.</p> <p>Final version of safety plan complete and shared.</p> <p>Any changes incorporated into final child Safety Plan.</p> <p>Case closure meeting with the children – appreciative inquiry to be incorporated for feedback.</p>	
Weeks 20	Case closure	Celebration to recognise the hard work of the family and network.	

► Tusla bottom lines

The Social Work department has serious worries about what happened the night that Lena's hand got badly injured; it is worried about what the children saw and what happened that night, so it is a bottom line that the children cannot be around any violence or see adults getting seriously hurt in their home.

All steps must be completed before moving on to the next week. The safety plan must be tried and tested over time, over a minimum of 16 weeks.

The network must decide on a lead safety person who will continue to lead on the management of the safety plan when the case is closed.

Appendix 7: Using the Safety Planning Worksheet: case example 1

Developing a family-owned safety plan with parents, children and the support network takes time. There will always be a number of key issues that need to be addressed (for example, drug use, violence, depression). It is important that professionals work with families one issue at a time since to try and address all the issues at once will be overwhelming and makes failure more likely. This worksheet is designed to assist professionals to prepare for safety planning sessions, and it is important that the worksheet is used for one issue at a time and for one session at a time. Professionals should use a new worksheet for each session and each issue.

Identify the key issue to be addressed in the next session or the current stage of the work

Domestic violence perpetrated by Jakub

Create a clear scaling question connected directly to that issue

On a scale of 0–10, where 10 is there is a clear working plan in place that shows nobody has to worry about the children hearing shouting or Lena being hit and they will never be in a terrifying situation again like the night Lena was stabbed because Lena, Jakub and their network have worked together on a plan that has been working over some time, and 0 is while Jakub and Lena have told everyone they know children should not be scared, there is no plan in place other than Jakub saying it won't happen again, there are people around but they haven't worked through all the issues with Tusla and the family, and everyone thinks it is only a matter of time before Jakub chooses to lash out verbally or physically at Lena – the girls would almost certainly be caught up in that – where would you scale today?

Create questions to explore what's working in the family, especially in relation to the issue

Lena, what is better about life right now and not being worried about Jakub getting angry and lashing out? What or who is making the biggest difference for you?

Jakub, what have you been doing to show Lena and the children that you take seriously the changes everyone needs to see in your behaviour? How have you been helping provide for the girls since you wouldn't move out of the house and now they are living somewhere else?

Lena, what do you think the refuge workers would say are all the things you are doing well in caring for your girls? What are you most proud of about how you are coping with everything?

Who are all the people around Lena and Jakub who support them when times are tough? What are the things they do that Lena and Jakub would say are most helpful? Magdalena/ Niall/ Miguel/ Sofie, tell me some of the ways you have been there for the family when things were hard?

Who are the people Jakub knows and respects that do not use violence? Who are the men in Lena's life (now or any time in the past) that she trusts and respects who do not use violence? Who would be pretty horrified about the choices Jakub has made as a partner and father?

Miguel, as part of the interim safety plan you are linking in with Jakub before his visits with the girls – what are the things you hear or see that let you know the visit is good to happen? What about you Niall, how have your conversations been with Jakub when you talk during the week? What lets you know things are going okay and that Jakub is in a good space?

Jakub, tell me a time when you've been really upset, angry, sad or worried about something and you were able to manage it without it losing your temper or taking it out on Lena in some way?

Thinking about Hanna and Zuzanna (who I know is very young), but if they were to talk about all the people who love them and make them feel safe, who do you think they would talk about? What are the things these people do for the girls when they feel scared? What are the ways people have been able to talk to the girls about why their mum, dad and they are not all living together right now?

What would Hanna and Zuzanna say are the best things about seeing their dad? Tell me about all the fun things you do together as a family? Magdalena, I know you are there, tell me all the things you notice Magdalena and Jakub do to make this the best time for the girls and that they feel secure?

Create questions to explore when, where and how problem and the danger for the child/ren has been managed in the past even a little (existing safety)

When things have started to get difficult at home, tell me about some of the things people have done to calm the situation, so Zuzanna and Hanna weren't scared, and no one was hit or hurt?

What would Hanna or Zuzanna see/ say you do to keep things calm in hard times? What would they say (if they could talk) say they like best about how you do that?

Tell me about the best things Magdalena, Niall, Miguel or Irena do to help when home life starts to get scary to make sure Hanna and Zuzanna are ok and not scared or worried about their Mum? And what else?

Jakub tell me about some of the times when you noticed you were feeling or thinking a certain way that might often lead to you treating Lena badly but you did something to change that?

Lena, tell me about a time when Jakub was getting angry and someone did something that calmed the situation so it didn't turn into a terrifying situation where someone started threatening or hitting out?

What would the children say you (or anyone) do to keep things calm in hard times, so they aren't scared about their Mum or them getting hurt? What would they say they like best about how you do that? What helps you be able to do that?

Lena, it must be so terrifying when Jakub is losing it, threatening, screaming and hitting. I wonder if you can tell us all the ways you are able (or try) to keep Hanna and Zuzanna safe (even if it makes things scarier for you)?

Miguel or Niall, tell me about a time you were talking to Jakub before a visit and there was maybe a little doubt in your head....what did you do to make sure the visit was actually OK to go ahead or if it needed to be re-scheduled how did everyone figure this out? How did you approach this with Jakub and Lena?

Create questions to explore the most dangerous times

Jakub, what are things that you feel inside when you are starting to get angry or you want to start telling Lena how to behave or what to do in ways that make her feel not good and controlled or scared? What do you think others who are close to you (your family, Miguel or Niall) say they notice about you?

What would Lena say she notices in Jakub's behaviours, words, voice that are the very first little signs she would see that let her know she will tread gently so things don't get worse?

What are the things that are happening in and around the family or Jakub when stress starts to get to him and he stops being a caring and loving daddy, making different choices?

Jakub, what are the things that wind you up, but you can manage fairly easily (most of the time) to calm yourself down? How do you do that? What helps? What makes it more difficult?

What are the things that are like a red rag to a bull, and you know that will push your buttons nearly every time? Tell me a time when one of those things happened and someone was able to help you react without shouting, hitting or hurting someone?

Thinking about that night, looking back now, what do people remember was happening before it got really dangerous and Gardaí and ambulance were called? Maybe even in hindsight you think you could have done something different?

What would be the first things the children already know even at two and four about Dad or about Mum that tell them things are going to get scary soon?

Create questions to explore what are the Red Flag signs that the problem is happening

Network, tell me about a time when Jakub was doing things toward the children and Lena that you thought were not okay. Maybe you said something or stepped in, maybe you didn't, but you were uncomfortable with what you saw? What was it you noticed?

What do you think Gardaí would say they have heard about Jakub doing that would suggest to them that someone has to do something immediately to make sure nobody gets scared, hurt or even killed?

Refuge support worker, if you were on the phone to Lena, while she is out or maybe even in the future when she has left the refuge, what are the things that would have you on high alert for Lena and the children? What about everyone else around the table, what would you hear about or see that would get you really worried?

Questions to explore who would do what at any time in everyday family life to keep the children safe when the problem happens – i.e. the Triggers, Stressors, Red Flag signs are seen

Thinking about the plan we have in place right now, what are the parts people can see working? What are the parts everyone thinks will be harder to do when Lena and the girls are no longer in the refuge? What worries (if any) do people have about Lena and the girls moving from the refuge? Is there anything the refuge support team are doing that others might find hard to do? When Lena and the girls are staying with Magdalena, do we still require the rule that says Gardaí should be contacted if nobody hears from Lena? Lena, what would help you feel protected and safe around that idea? What do you think is reasonable? Magdalena, is this something that you feel you are able to do? What are your best ideas about who needs to do what to fill in those gaps?

Jakub, what are your best ideas for who you can call and ask for help when you start to get those feelings/thoughts that we spoke about – those stressors that mean you are getting close to wanting to hit, yell or hurt Lena? What about others, what do you all think needs to happen? Jakub, who would be the person that would be most helpful to talk to you at these times? What do you want that person to do that would be most helpful to you, Lena and the children? And what else?

What would be the best way for Jakub to ask for help when he thinks he needs it (because that could be embarrassing or even make him feel ashamed – admitting he thinks he might do something to Lena or the children)? Who would the children say they most want to come and be with them or take care of them if that were ever needed? What would the children say they need these people to do?

When Lena first starts to notice Jakub winding up, those very first little things she notices that are kind of the warning signs, what do people think should happen to make sure she and the children do not get hurt or scared? Lena, what help would you need in those moments, what would be the safest way to protect the children and yourself? How would you contact someone? Who would be the best, most available person to call? Who does the network think would be the best person for Lena to call? What should she say? How do you think she could best do that – knowing that how this happens could shift Jakub one way or another – getting him to calm down *or* making him furious and more dangerous?

Lena, you spoke to your support worker about things being more likely to kick off when people are drinking and “partying”. What are everyone’s best ideas about the plans that are needed around socialising or using alcohol so that Lena and the kids are safe?

Using the Safety Planning Worksheet: case example 2

Case involving DV and drug use/drinking and neglect.

Identify the key issue to be addressed in the next session or current stage of work

Oscar seeming to want to be always in control of what happens in the family. We believe he does this in many ways, for example by giving mum and the children the silent and sullen treatment when he's unhappy, at other times being angry and making threats, including saying vicious and nasty things to Annette and the kids and sometimes hitting and punching Annette and holding her down, threatening to kill her. We believe all these behaviours by Oscar make Annette, Aaliyah and Jayden feel constantly scared, like they are constantly walking on eggshells and can't ever do anything right.

Background - using these questions skilfully and intelligently

In working on this issue I am primarily going to use relationship questions by emphasising this is the professional's worry to get the issues on the table and keep Annette out of the firing line while at the same time letting her know we can see how she might be feeling. I am looking to land the question and get Oscar thinking about that much more importantly than get the answer - this is about the process of questioning and raising the issues in as neutral way as possible rather than getting answers.

This is what it means to use questions as the intervention. To work in this way, it's vital for the professional to think they know the answers therefore I won't ask the questions - the questions are not being asked to give professionals answers - the questions are being asked to get parents and network people to engage with the question and see if they can formulate answers, or at least think about the issues in a different way .

These questions are seeking to open up space around what looks like coercive control by Oscar of Annette. The idea is for the practitioner to be thinking and judging: Is this question opening up space for more space to safely drill into the dynamics of control in a way that doesn't put Annette or the children in the firing line and will be helpful and can strengthen Annette by giving her a sense we are seeing her experience?

Using a questioning approach is first and foremost fostering a learning process/ learning space and focus before any answers are offered. The more questions you ask, the more space you will open up and the more flexibility you will give yourself in working with this stuck and complex situation of likely intense power and control by Oscar of Annette. Finally, on this remember deShazer's maxim - "You know the question you asked by the answer you received" - part of this means don't get invested in getting a particular answer - whatever the answer, it provides you with information. So, an answer professionals might consider "good" and insightful may be exactly that or it may be an answer family members give because they believe that is the answer the professional wants; a non-

answer or a “defensive/aggressive” answer can help the professional better understand issues that are hard for the family members to consider. In other words, every answer is a good answer as it provides more information to keep opening up the issue.

Context for doing this safety planning

Use leverage with Oscar, saying if he wants to be able to see and be with the children we need to work through our concerns with him and a network. So all the questions are designed to be explored with Oscar and at least three or four support people (professionals need to be agile with the number – for example, if Oscar’s parents are completely in sync with his perspective and both are in his safety network, that’s fantastic and we would likely want two more involved).

Create a clear scaling question connected directly to that issue

Segue (always give Oscar his position i.e.): *So Oscar, let me check, so you are saying this is all Annette’s fault, if she hadn’t phoned the police, if she hadn’t complained, if she just did what you told her, if she just accepted that she is the problem (etc) everything would be okay? Is that right? I’m glad I understand what you are saying is behind these problems. Can I ask you a bit of a challenging question?...*

On a scale of 0-10, where 10 is I and my agency, the police and the judge if we had to take this to court and the hospital doctors would all say Oscar’s right, Annette just has to agree with Oscar and do what he says, and 0 is the more Oscar keeps saying that he’s right, the more all

the professionals are going to be worried that Oscar is demanding everyone has to follow his way and do what he says and always make sure he’s happy and this is making Annette, Aaliyah and Jayden feel like they are walking on eggshells all the time and makes them feel they can’t concentrate on anything else... If the children could answer this question where do you think they would rate it? Who most agrees with you in your family – where would they rate it? Who is most worried about how you relate to Annette and the children – where would they rate this? Where would the judge/doctor rate this? (Whatever answer Oscar gives, “positive” or “negative”, honour him for even considering it and keep building the conversation.)

Create questions to explore what’s working in the family especially in relation to the issue

This is your home base in talking to them. For every challenging question you need to be honouring them constantly and asking them about positives – the nature and behaviour of the children is one incredibly fruitful area for this:

Aaliyah and Jayden are really well mannered and try really hard at school – Oscar, what are all the things Annette does as their mum to raise the children like that? Annette, what are all the things Oscar does as their Dad to raise the children like that? What has he done to instil those attributes in them? Who else helps and what else?

What are you proudest of about Aaliyah and Jayden? What do you most appreciate about how Annette cares for and looks after the children?

What would the children say are their favourite things to do with you, Oscar/with nanna?

Create questions to explore when where and how the problem and danger for the child has been managed in the past even a little (existing safety)

You seem to not trust Annette very much, Oscar? Would you say that's true, nanna and grandpa? When would Annette say you did trust her? What sort of things did you trust her to do?

When would the children say you were really positive about things Annette does?

When would the children say you told them they have done something well and you are proud of them?

If we asked them, when would your children say they have told you something they don't like about what you do or they disagreed with you and you listened to them?

When have you noticed that Aaliyah, Jayden or Annette are really on edge and scared of you and you have done something to make them feel more at ease? (can then go with something like - I think it's good you can see they do get very scared of you. So here's another one of those hard questions you hate me asking... when you did [X] would Aaliyah, Jayden or Annette seeing you doing that make them feel more at ease or just mostly make them think Dad's keeping us more on edge by being nice to us now and pretty soon there's going to be another nasty look or an explosion?)

What would Aaliyah, Jayden or Annette say you have done to make them feel more at ease when they have been feeling really on edge and scared of you?

What have you done to comfort the children after you have exploded or threatened or hurt Annette? What would the police say you did to comfort the children when they came to the house?

What do you do to take the heat out of an argument with Annette? When have you done this?

Oscar, who have you been able to talk to over the years about how angry you get with Annette? How has that helped you? How would Annette say that has helped?

I was thinking about the fact that sometimes when you and Annette are arguing and you are becoming really wound up or threatening and Aaliyah and Jayden are in the other room watching TV that Annette will sometimes go in with the kids to stop things getting worse and stop upsetting the children and Annette says sometime you let her do that. So those times maybe you seem to decide that's a good thing to do (you could storm in there)? How does that make things better for Annette, Aaliyah and Jayden? How might Aaliyah and Jayden say it makes things better for them?

Create questions to explore the Triggers and Stressors that lead to the problem happening (It's very useful for professionals to think through the behaviours they think they would see in situations of coercive control, to help them formulate better questions in advance of asking these questions.)

These questions are asked in a semi-hypothetical format by asking about “a husband”, “a man”, or “a wife” rather than asking specifically about Oscar or Annette. This creates more space to consider the behaviours separately from the particular people.

What are the things that would make a man feel like has to control his partner and the children, to know where they are and what they are doing all the time?

What behaviours might you see a husband do that would make you think he’s wanting to control his wife and the children all the time?

What might he be doing with the children or saying to them if he was all about controlling them and his partner?

What would be low-level things?
What would be really intense things to do to try and control them?

What sort of looks or quiet things might he do that the partner would say sends a “get back in line” message to her?

What sort of things might you see her doing or saying that make you think he’s controlling everything she does?

Create questions to explore what are the Red Flag signs that the problem is happening

What are the things that would make Oscar determined that he has to control Annette and the children, and know where they are and what they are doing all the time?

Oscar, what happens and when are the times when you have felt you need to get things under control

with Annette? Where you just had to tell her what’s what?

Has there been a time when Oscar was doing things toward the children and Annette that you thought they were not okay and you wished you had stepped in to stop things?

What do you think police would say they’ve heard about Oscar doing that they would say someone has to do something immediately?

Create questions to explore who will do what at any time in everyday family life to keep the children safe when the problem happens, i.e. the Triggers, Stressors and Red Flags are seen

You have said you’d be willing to do anything to show us that it’ll be safe for the kids to see you/Oscar. Can I check that out a bit more?

Is there anything you wouldn’t be prepared to do?

What would you be prepared to do? Given the sorts of things we’ve talked about as triggers and red flags and the sorts of things you understand and can see worry us, what do you think we would most want you to do when these things are happening?

(To Oscar’s support people) In these situations some of these things go by pretty fast, say if you were there when Oscar is seeing Aaliyah and Jayden... what do you think you should do if Oscar was asking them things like – Does your mum have a boyfriend? or What’s your mum doing while you’re with me? or telling them Your mum’s a slut/Your mum’s a useless druggie?

Oscar, what would you want them to do if they saw you do/heard you were doing any of those things, like following Annette, texting her all the time, puncturing her tyres/encouraging her to drink or use?


How could your support people/you show us you are doing those things?

Given we have said that, for you to see the kids, we need one of your support people to pick the children up and drop them home – all of you think this isn't necessary at all – what are you going to do so the children believe you think this a good idea? Grandma, what does this say to you about your son that he is willing to support this happening?

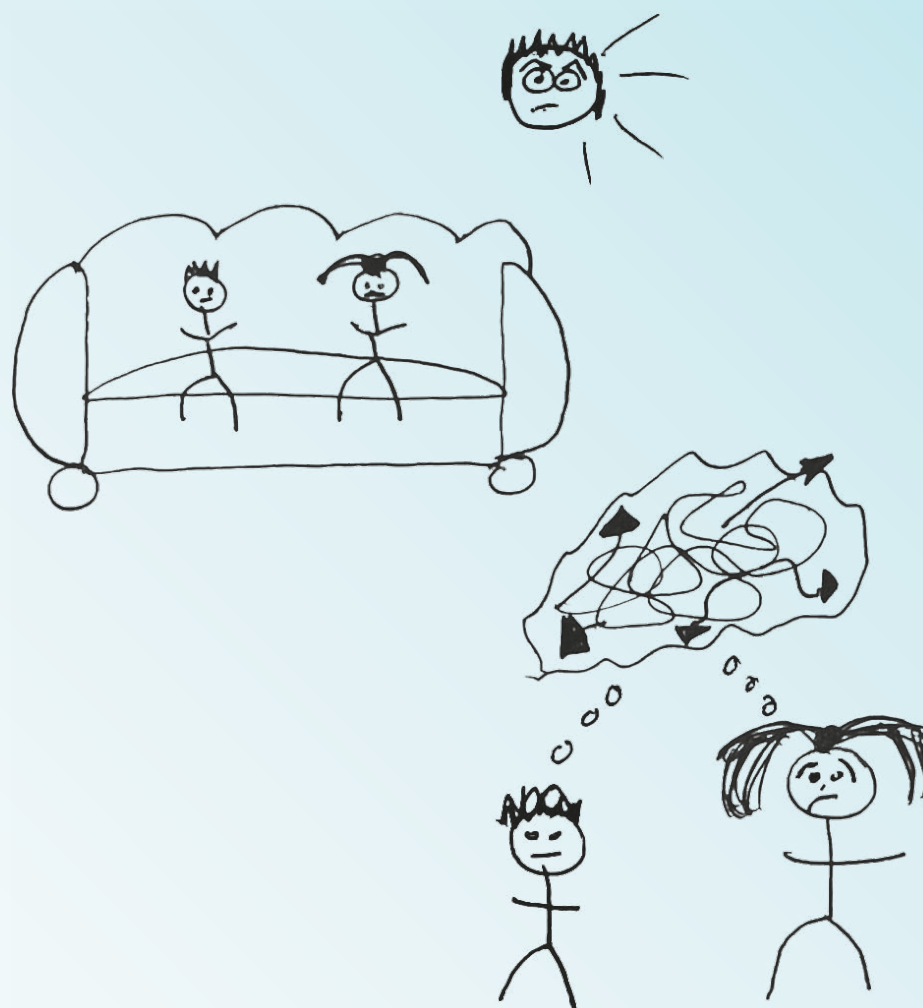
When they see you, who could the children call if they are worried that could come straight away and take them home? I know you hate this idea, but what do you think it would mean to me/Helene/a judge if you supported this with Aaliyah and Jayden?

When you are really wound up, your support people see things that worry them or they see things in how the children are behaving that make them think they are scared – what's the best way they can step in and keep the kids (and Annette) safe?

Appendix 8: Words and Pictures Frame Samples



Garda Steve who visits the family every week to check on how they are doing has told Social Worker Michael that he has worries about how Mam Helen and Cora are feeling day to day. He thinks they are living their life being very nervous because Daddy keeps breaking the rules about staying away from them and not contacting them on the phone. Garda Steve knows that Daddy was driving around the area in his taxi car, that he sends a lot of messages to Mam's phone and that sometimes Cora thinks she sees him outside school and the playground. Mam feels like she and Cora have to be careful about where they go and Miss Becky in school thinks that recently Cora has become very nervous and distracted. She's worried that Cora finds her work hard because of this and that it is hard for her to just feel easy while playing like a little girl deserves to play.

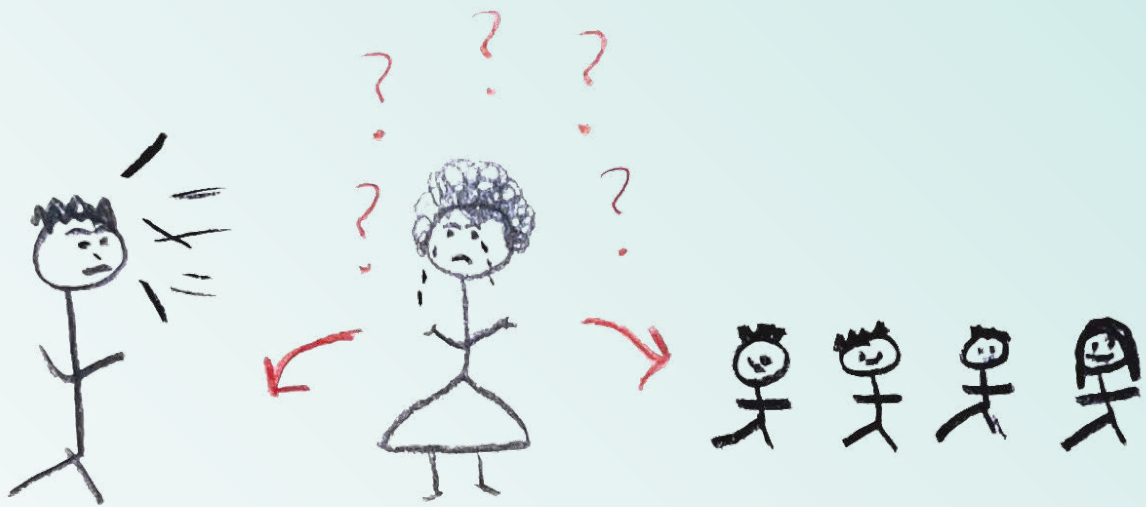


Daddy and Mommy have told Social Worker Emily that the children don't see and hear the times that Daddy is drinking too much beer and the times when he does stuff like shouting at Mommy, using scary words to her, breaking the special things in the house like her photos of Nanny and Gaga. Social Worker Emily knows that children don't need to always see or hear things like this to know they are happening. Children often feel sad and nervous and scared in their body and their mind even when they are not in the room with stuff like that. Social Worker Emily and Múinteoir Emma are worried that when they are in bed or watching telly or come home from school that Carrie and Colm know bad things have been happening and they see that Daddy is mad or acting strange and that Mommy has been hurt in her heart. Maybe this is why they ask Mommy lots of times a day if she is okay and maybe this is why they cry a lot when she has to leave them at bedtime.



Mommy was worried because if Daddy didn't give her the key back and let her have her car she would not be able to collect Sarah and Shaunie from school, she was worried they would feel scared and alone so she called the Gardaí for help. The Gardaí were very worried that Daddy was not letting Mommy use the car or leave the house so they came right away.

When Sarah and Shaunie came home from school, the Gardaí were still there talking to Daddy and the kids remember that Garda Melissa gave them jelly babies and chatted to them while they did their jigsaw puzzle. Garda Melissa thought that Sarah and Shaunie were really brave talking to her and she listened carefully to their worries about sometimes feeling confused and scared at home.



Social Worker Aoife worries about how stressful and scary and confusing it must be for Mommy and the children in those moments. Aoife is worried about how hard and impossible it must feel for Mommy when Benjamin, Brandon, Billie and Bibi are crying and calling for her but Daddy is telling her not to go to them in a scary voice. Mommy is trying her best to keep everyone safe and happy even if sometimes it doesn't feel like that. Mommy tells Social Worker Aoife how much she loves her little kids and they are her whole world.



Hope
 "my brain and my heart feel like a volcano"

Even though all the adults around Hope say so many different stories about what has been happening and who is doing what and Daddy says there is absolutely no problems at his house so Social Workers need to stop visiting, Social Worker Holly is still very worried and will keep working with Hope's family. When Hope drew a picture of her feelings for Holly she said her brain and heart feel like a volcano. Holly is worried that the things Daddy does and says to Hope when they are together at his house are making her feel so stressed that she feels like there is a volcano inside her and Holly will be working with Daddy to make a plan about how things will be different in the future. Until that happens, Hope will not be visiting Daddy but if she wants she can talk to him on video calls at her own house. Auntie Jana said she will help Hope with those calls.

Appendix 9: Responding to common responses from perpetrators

Here are some common responses practitioners encounter from perpetrators during our child protection assessments. Below are examples of how you might respond to this. These responses are not scripts or directions to follow verbatim but are ideas and examples to provoke thought and creative thinking. These ideas may help to build confidence in the practitioner to have direct conversations that can elicit helpful information and work towards building relationships with clients that can bring about honest reflection and change.

Blanket denial: “It never happened”

This could be reinforced by additional statements such as “the reporter is lying”, “has it out for me”, “my partner is bi-polar”, “she’d been drinking”, “she can’t even remember what happened” and “she’s jealous that I’ve moved on”. This could be further elaborated with assurances of their good character and standing in the community. For example, you might hear him say things like, “Ask my neighbours what I am like, they will tell you she is the crazy one.”

Possible responses:

→ I hear what you are saying, but when we receive reports like this, we have no choice but to assess the situation as domestic violence is a very serious child protection concern. Talking to fathers about their behaviour makes up an important part of this assessment even when I hear you saying it didn’t happen.

→ I hear you say your partner is crazy or unwell and I am curious about why you are feeling the need to talk about your partner in such a way – it doesn’t strike me as particularly compassionate. Even if your partner is unwell, why do you think that’s important for me to know in relation to this report?

→ If you were to think about a child experiencing life as has been described in the Danger Statement, how do you think that might affect the child? Are there ways you think your kids are being impacted by some of the stuff going on in your family, even if you are saying it isn’t as described? How do you feel they are doing? What would they say they like and don’t like about how you take care of them and how you relate to them and their mother?

→ I want to hear what you have to say about that. For now, with me speaking to you, would it be okay just to talk about you and your behaviour, and what your experience of being a partner and father has been like?

→ It sounds like we have heard about a worrying part of your life and that your experience of a dad or partner is different – help me understand more about how you see the relationships in the family, your relationship with your kids, what makes you a good husband and father? In what ways might you think you need to do better as a father?

“She hits me too”, “I was only defending myself”, “I had to restrain her, she was losing her shit”

Perpetrators will often be skilled at eliciting violent responses from their partners by goading them, harassing them, winding them up intensely. When the woman reacts, this gives the perpetrator something which he can seek to use to discredit her, report her to the authorities for, tell the children about if they haven't seen it. It is helpful in these conversations to seek to understand what he said and did in the time before and after she assaulted him or retaliated so we understand more about the context in which that happened.

Possible responses:

- Violence perpetrated by any person is not something we are excusing, but for now I want to talk about your behaviour.
- How difficult or easy would it be for you to talk about your violent behaviour only without necessarily trying to explain it for now? Has anyone had challenging conversations with you before about that?
- Regardless of whether or not both of you have been violent, can you acknowledge that this is a problem for your children? What impact does it have on them?

Practitioners will likely find it helpful to explore the man's views about gender and equality. For example, having conversations about whether he thinks there is physical disparity between males and females in relation to threat of violence or actual violence.

Exploring power and control dynamics as a practitioner is important when faced with a narrative about mutualised

violence or aggression – who holds more power, more control, who is more likely to be in fear. What are the patterns and extent of the aggression or control?

“That happened when I was drinking/ on drugs and that's stopped now so why do we keep going back to that? I don't touch her, I'm a peaceful guy.”

Possible responses:

- Okay, let's park the drinking and drugs for a second. You say that you don't touch your partner and that you're peaceful. Can you tell me about some times when you think you could have done better? When you have not been peaceful or respectful? Any things you regret?
- I think what you're talking about are the times you hit or physically hurt your partner, would you accept there have been other parts of your behaviour that haven't been appropriate – like when you might not have spoken to your partner in a respectful way or when you might have deliberately tried to make her feel bad about herself or when she couldn't do something she wanted because she knew you wouldn't like it?
- Research tells us that partners rarely hit out or become abusive only when they've been drinking and that there may be lots of other behaviours that happen that are unhealthy and even abusive at other times. Could we talk in more detail about your relationship? The day-to-day stuff?
- Tell me about the ways in which you manage to drink or take drugs and get along okay. If you are down at the pub or at a family event, do things get out of control ever? If not, what helps in those situations? What is different?

Appendix 10: Domestic Violence Act 2018

Domestic Violence Act 2018

Domestic Violence Act 2018-	What is a Safety Order?	What is a Barring Order?	What is a Protection Order?
<p>This new progressive legislation commenced in January 2019 and applies to a wide range of relationships, including ex- partners, relatives living together and parents against adult children.</p>	<ul style="list-style-type: none"> This is an order of the court, which prohibits the violent person (the respondent) from committing further violence or threats of violence. The respondent is not obliged to leave the home Where the respondent does not live with the applicant, the safety order will prohibit them from watching or being near the applicant's home, and from following or communicating (including electronically) with the applicant or a dependent person. A safety order can last for up to 5 years. 	<ul style="list-style-type: none"> A barring order requires the violent person to leave the home and prohibits the person from entering the home in the future. The order also prohibits the person from further violence or threats of violence, watching or being near the applicant's home, and from following or communicating (Including electronically) with the applicant or a dependent person. A barring order can last for up to 3 years 	<p>Between the time of making an application for a safety order (or barring order) and the court's determination, there may be reasonable grounds for believing that the safety and welfare of an applicant or dependent person is at risk. If so, the court can grant a protection order to prohibit the respondent from:</p> <ul style="list-style-type: none"> Using or threatening to use violence Watching or being near the applicant's home, where the respondent is not living with the applicant Following or communicating with the applicant or a dependent person <p>A protection order is temporary and only effective until the court hearing for the application for a safety or barring order.</p>

Implications for Practitioners

What options does TUSLA Child and Family Agency have if they are concerned about domestic violence in a home with children?	What threshold must the CFA meet for a successful application?	What if a non-abusive parent does not want to co-operate with leaving the family home with the children and denies there is domestic violence?	What is a Protection Order?
<p>Under section 11, the Child and Family Agency are specifically empowered to bring applications for a safety order, barring order or emergency barring order, on behalf of a victim of domestic violence, in circumstances where that victim is entitled to apply, but chooses not to owing to fear, intimidation, or other inhibition.</p> <p>The Agency can also bring proceedings on behalf of person who would otherwise apply for relief on behalf of a dependent person, but is deterred or prevented from doing so by the perpetrator.</p>	<p>The Criteria under Section 11(1)(c) require that the CFA must be: " .. of the opinion that there are reasonable grounds for believing that.</p> <ul style="list-style-type: none"> a person would be deterred or prevented as a consequence of molestation, violence or threatened violence by the respondent or fear of the respondent from pursuing an application for a safety order, a barring order or an emergency barring order on his or her own behalf or on behalf of a dependent person 	<p>If Tusla assess that there is a risk of harm to a child remaining in a family home and there are no protective factors such as a protective parent or other family member, Tusla may make an application for orders under the Child Care Act 1991 for an Emergency Care Order or Interim Care Order, which places the child in the care of the state. However, the agency must show the court what efforts have been made to maintain children with a non-abusive parent and that the decision to remove the child from the parent is proportionate and necessary in order to safeguard the child's welfare.</p>	<ul style="list-style-type: none"> State agencies must facilitate and assist parent's to seek their own legal advice to address risk of their partner / offending person to their children. Removal of children to state care should only arise where there is a risk to the children, which cannot be mitigated by less invasive measures, such as placement of the children and parent in a refuge together. Exposure to domestic violence is categorised as emotional abuse of children In the Children First Guidelines 2017.

References

- Alexander, K., Humphreys, C., Wise, S. and Zhou, A. (2022) 'Bringing Dignity to the Assessment of Safety for Children who Live with Violence', *British Journal of Social Work*, 52(6), 3578–98.
- Arai, L., Heawood, A., Feder, G., Howarth, E., MacMillan, H., Moore, T., Stanley, N. and Gregory, A. (2019) 'Hope, Agency, and the Lived Experience of Violence: A Qualitative Systematic Review of Children's Perspectives on Domestic Violence and Abuse', *Trauma, Violence, & Abuse*, 22(3), 427–38.
- Arnall, E. and Stewart, S. (2021) 'Developing a theoretical framework to discuss mothers experiencing domestic violence and being subject to interventions: A cross-national perspective', *International Journal for Crime, Justice and Social Democracy*, 10(2), 113–26.
- Azzopardi, C. (2022) 'Gendered Attributions of Blame and Failure to Protect in Child Welfare Responses to Sexual Abuse: A Feminist Critical Discourse Analysis', *Violence Against Women*, 28(6-7), 1631–58.
- Barnardos (2021) 'A Shared Understanding of Childhood Domestic Violence and Abuse'. <https://knowledge.barnardos.ie/handle/20.500.13085/266>
- Bunston, W. (2015) 'Infant-Led Practice: Responding to Infants and their Mothers (and Fathers) in the Aftermath of Domestic Violence'. In N. Stanley and C. Humphreys (eds), *Domestic Violence and Protecting Children: New Thinking and Approaches*. London: Jessica Kingsley, pp. 148–63.
- Callaghan, E. and Alexander, A. (2015) *Understanding Agency and Resistance Strategies (UNARS): Children's Experiences of Domestic Violence*. Northampton: European Commission.
- Callaghan J., Alexander J., Sixsmith J. and Fellin L. (2018) 'Beyond "Witnessing": Children's Experiences of Coercive Control in Domestic Violence and Abuse', *Journal of Interpersonal Violence*, 33(10), 1551–81.
- Cunningham, A. and Baker, L. (2007) *Little Eyes, Little Ears: how violence against a mother shapes children as they grow*. Ottawa: Public Health Agency of Canada. Available at: www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.pdf
- Department of Children and Youth Affairs (2017) *Children First: National Guidance for the Protection and Welfare of Children*. Government Publications: Dublin.
- Holt, S. (2015) 'Post-Separation Fathering and Domestic Abuse: Challenges and Contradictions', *Child Abuse Review*, 24(3), 210–22;
- (2020) 'Domestic Abuse and Post-Separation Contact: Promoting Evidence Informed Practice', *Child Abuse Review*, 29(4), 325–32.
- Holt, S., Buckley, H. and Whelan, S. (2008) 'The Impact of Exposure to Domestic Violence on Children and Young People: A Review of the Literature', *Child Abuse & Neglect*, 32(8), 797–810.

- Holt, S. and Cahill, L. (2021) 'International Review of the Literature on Risk Assessment and Management of Domestic Violence and Abuse'. In J. Devaney, C. Bradbury-Jones, R. Macy, C. Overlien and S. Holt (eds), *The Routledge International Handbook of Domestic Violence and Abuse*. London: Routledge, pp. 433–47.
- Holt, S., Gilligan, R., Caffrey, L. and Brady, E. (2023) *Through the Eyes of the Child: A Study of Tusla Child Protection & Welfare Intervention*. Dublin: School of Social Work & Social Policy, TCD and Tusla, The Child & Family Agency. <https://doi.org/10.25546/102433>
- HSE (2011) *Child Protection and Welfare Handbook*. Dublin: Health Service Executive.
- HSE (2012) *Practice Guide on Domestic, Sexual and Gender Based Violence*. Available at: https://www.tusla.ie/uploads/content/Domestic_Practice_Guide_on_DSG_bassed_violence.pdf
- Humphreys, C. and Absler, D. (2011) 'History repeating: Child protection responses to domestic violence', *Child & Family Social Work*, 16, 464–73.
- Humphreys, C., Heward-Belle, S., Tsantefski, M., Isobe, J. and Healey, L. (2022) 'Beyond Co-Occurrence: Addressing the Intersections of Domestic Violence, Mental Health and Substance Misuse', *Child & Family Social Work*, 27(2), 299–310.
- Humphreys, C. and Thiara, R. (2003) 'Neither Justice nor Protection: Women's Experiences of Post-Separation Violence', *Journal of Social Welfare and Family Law*, 25(3), 195–214.
- James-Hanman, D. and Holt, S. (2021) 'Post-Separation Contact and Domestic Violence: Our 7-Point Plan for Safe[r] Contact for Children', *Journal of Family Violence*, 36(3), 1–11.
- Katz, E. (2015) 'Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed by and Resist Regimes of *Coercive Control*', *Child Abuse Review*, 25(1), 46–59.
- Katz, E. (2022) *Coercive Control in Children's and Mothers' Lives*. Oxford: Oxford University Press.
- Lapierre, S. (2010) 'More Responsibilities, Less Control: Understanding the Challenges and Difficulties Involved in Mothering in the Context of Domestic Violence'. *British Journal of Social Work*, 40, 1434–51.
- Lapierre, S. (2021) 'Mothering in the Context of Domestic Violence'. In J. Devaney, C. Bradbury-Jones, R. Macy, C. Overlien and S. Holt (eds), *The Routledge International Handbook of Domestic Violence and Abuse*. London: Routledge, pp. 462–77.
- Lippy, C., Jumarali, S., Nnawulezi, N., Williams, E. and Burk, C. (2020) 'The impact of mandatory reporting laws on survivors of intimate partner violence: Intersectionality, help-seeking and the need for change', *Journal of Family Violence*, 35(3), 305. Available at: <https://doi.org/10.1007/s10896-020-00136-6>
- Mandel, D. (2020) 'Perpetrator Intervention Program Completion Certificates are Dangerous'. https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/CertsAreDangerous_paper2142020_web.pdf

- Mohaupt, H. (2020) 'Fathering in the Context of Family Violence: Challenges, Interventions and Collaboration towards Child Protection'. WWP EN Expert Paper. Available at: https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Resources/Expert_Papers/final_fathers_expert_paper.pdf
- Monckton-Smith, J. (2021) *In Control: Dangerous Relationships and How They End in Murder*. London: Bloomsbury.
- Morton, S., Gallagher, B. and McLoughlin, E. (2023) 'You Can't Fix this in Six Months: Exploring the Intersectionality of Women's Substance Use in the Irish Context'. Dublin: University College Dublin and Merchants Quay Ireland.
- Munro, E. (2002) *Effective Child Protection*. London: Sage.
- National Task Force on Violence Against Women (1997) *Report of the National Task Force on Violence Against Women*. Dublin: Office of the Tánaiste.
- O'Leary, D. (2022) 'Who gets ongoing service and why? An exploration of assessment, judgments and decision making during Initial Assessments in Child Protection and Welfare Social Work in Ireland.' PhD thesis, National University of Ireland, University College Cork, Cork. Retrieved from <https://hdl.handle.net/10468/14549>.
- Overlien, C. and Holt, S. (2018) 'Including Children and Adolescents in Domestic Violence Research'. In S. Holt, C. Overlien and J. Devaney (eds), *Responding to Domestic Violence: Emerging Challenges for Policy, Practice and Research in Europe*. London: Jessica Kingsley.
- Overlien, C. and Hyden, M. (2009) 'Children's Actions when Experiencing Domestic Violence', *Childhood*, 15(4), 479–96.
- Radford, L. and Hester, M. (2006) *Mothering through Domestic Violence*. London: Jessica Kingsley.
- Reynolds, V. (2020) 'Trauma and Resistance: "Hang Time" and Other Innovative Responses to Oppression, Violence and Suffering', *Journal of Family Therapy*, 42(3), 347–64.
- Stark, E. (2007) *Coercive control: How men entrap women in personal life*. Oxford University Press.
- Travers, Á., McDonagh, T., Cunningham, T., Armour, C. and Hansen, M. (2021) 'The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis', *Clinical Psychology Review*, 84, Article 101974.
- Turnell, A. (2013) *Safety Planning Workbook*. Perth: Elia International. Available at: <https://knowledgebank.signsofsafety.net>.
- Turnell, A. and Edwards, S. (1999) *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework*. New York: Norton.
- Turnell, A. and Essex, S. (2006) *Working with 'Denied' Child Abuse: The Resolutions Approach*. Maidenhead: Open University Press.
- United Nations (1989) Convention on the Rights of the Child (UNCRC). <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.
- Wade, A. (1997) 'Small Acts of Living: Everyday Resistance to Violence and Other Forms of Oppression', *Contemporary Family Therapy*, 19(1), 23–39.

