

# Standards in Expert Domestic Abuse Risk Assessment

Standards for Child Focused Assessments  
of the Risk Posed by Domestic Abuse  
Full Document

## **Standards in Expert Domestic Abuse Risk Assessments**

Working document

Year of publication: 2025

Suggested Citation: DVACT-PAI (2025). Standards in Expert Domestic Abuse Risk Assessments

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## **Standards in Expert Domestic Abuse Risk Assessments**

### ***Context***

Despite improved knowledge, extensive research and greater national awareness, over two decades of investment and intervention has been ineffective in reducing the exposure of children to domestic abuse in their homes and the places where they should expect to feel safe. The challenges involved in addressing domestic abuse at a societal level are reflected in individual cases where those working with affected families face multiple barriers to their efforts to effect change. One such barrier is a lack of expertise in assessing the complex dynamics involved in domestic abuse and in establishing an accurate analysis of the risks to children. This task is more than a record of who is doing what to whom (although this of itself is an important exercise which presents its own challenges). Some perpetrators present more risks than others, some victims are more vulnerable than others, children can be more vulnerable or resilient based on numerous variables.

The interaction between risks, both static and dynamic, and vulnerabilities within a family, including situational factors must be carefully assessed before competent safeguarding decisions can be made. Once the risks have been accurately identified, the still more difficult tasks of managing them becomes the priority. Too often, children are re-exposed to abuse amid evolving situations that have either not been anticipated or been thought to be ‘successfully’ treated with an intervention. Understanding and working with families affected by domestic abuse is a subject which remains chronically neglected within social work training exposing vulnerable families to poor assessment and professionals to unfair criticism and stress.

The most commonly reported impacts on children of exposure to parental conflict and abuse are mood disorder/depression, post-traumatic stress disorder, psychosocial and behavioural problems<sup>i</sup>. Research has consistently shown that exposure is also a significant risk marker for child maltreatment with approximately 34% of those exposed also reporting physical maltreatment or neglect<sup>ii</sup>. Anecdotally, the experience of those working in the domestic abuse sector report consistently high demand for their services amid a crisis in funding and resources. Services are also slow to ‘catch up’ on the rapid changes to the forms of abuse such as the use of technology and the rise in sexual abuse linked to unlimited access to violent pornography<sup>iii</sup>.

Children who are exposed to domestic abuse are also more likely to be exposed problematic parental behaviour and thus suffer the compound effects of this including a further increase in the risk of direct maltreatment<sup>iv</sup>. This presents problems for those working with affected families as the focus switches from what is often the acute source of danger to the areas which are often the collateral damage of the abuse. There are myriad complex reasons for this including the availability of resources and the immediacy of the problem.

Often, the difficulty in identifying domestic abuse results from a parental reluctance to cooperate, the 'absence' of the perpetrator and an overwhelming tendency to focus on the mother of the children, who is most often but not always the victim. This can result in the victim feeling blamed and this is compounded by what she perceives as 'moving the goalposts' when the focus shifts from the risks posed by the perpetrator to her parenting capacity. The children then witness an acrimonious and mistrustful relationship with professionals which provides an additional barrier to their accessing support.

Domestic violence is a cross-cultural phenomenon that affects victims across all social groups; however, its prevalence is not equally widespread. When key factors are taken into account such as; the frequency of assaults, the perpetrator's capacity to elicit fear in the victim, the frequency and severity of emotional and physical injury inflicted, the co-occurrence of other forms of aggression (especially sexual assault), and post-separation aggression, women suffer domestic violence at far higher rates than men<sup>v</sup>. It is equally important to recognise which factors indicate an increased vulnerability to domestic abuse in victims.

### ***Assessment in Domestic Abuse***

Domestic abuse is not a homogenous phenomenon<sup>vi</sup> and there is a danger that without effective assessment, important differences among families may be ignored. If families experiencing domestic violence can be properly understood and meaningfully differentiated from one another, it becomes possible to allocate risk management, support or treatment interventions to meet the specific needs of family members. However, crucial to this is a sufficiently robust and nuanced assessment of risk<sup>vii</sup>. If risk is underestimated, family members may be left without adequate protection, or referred to services that are inappropriate and dangerous. On the other hand, if risk is overestimated, family members may suffer unwarranted restrictions or intrusion into their lives, or be denied access to services which may be useful to them.

The overwhelming consensus in the field is that domestic abuse risk assessment should be based on an analysis of empirically-derived risk indicators<sup>viii</sup> derived from multiple sources of information about the subject's background. Risk assessments based solely upon unstructured clinical judgements have been widely discredited - even experienced clinicians fail to predict future violence in cases where violence would have been readily predicted from empirically-established risk indicators<sup>ix</sup>. One of the main reasons for this is the tendency to overrate impressions gained from the person in interview and underrate information about the person's past history and behaviour.

Effective risk assessment in domestic abuse requires the application of several methods of enquiry and should include information from direct interviews alongside numerous other sources. The intensity of the inquiry should match the level of risk and should increase accordingly as higher levels of conflict and abuse are uncovered. In the more serious cases, front line practitioners will often not have the specific skills, training and expertise<sup>x</sup> in working with domestic violence needed to create risk management strategies which will be positive for the child, and provide adequate safeguarding. This may be because there are uncertainties about the extent, severity and nature of the domestic violence; because levels of hostility, conflict and fear need to be more fully understood and addressed; or because there is a complex pattern of intersecting risk concerns such as a history of violence, substance misuse, non-violent criminal activity, and mental health concerns<sup>xi</sup>.

It is also crucial to recognise the harm to children caused by living with persistent emotional abuse. This means that assessments need to produce as full an account as possible of incidents across the full range of behaviours which fit within current definitions of domestic abuse, and to identify whether there are patterns of behaviour as opposed to isolated incidents. Incidents of abuse that may, in isolation, seem less severe, will give rise to greater concerns if they fit within a larger pattern of abuse and domination. An informed assessment of the impact of such patterns of behaviour on the non-abusing parent is central to understanding the risks to children<sup>xii</sup>.

In conducting an assessment where domestic violence has been alleged, collecting all of the information is a complex and time-consuming process. In order to establish the presence or absence of historical risk factors, it is necessary to take a detailed history from the alleged abuser (and from any other sources of information available, such as medical records, criminal records) from birth to the present time. This is to ascertain how their own experiences in childhood may have impacted upon their capacity to manage intimacy and consider their children's needs etc; this should include an examination not only of their relationships with their other primary carers but with their peers and contemporaries at school and address factors such as conduct problems, school and employment adjustment, substance abuse history, relationship history, criminal history and history of general aggression. Assessors must have the requisite skills to conduct detailed interviews with a forensic focus.

Family law solicitors and child protection professionals have long emphasised the value of well-informed and assertive recommendations about risk management. These professionals emphasised that such recommendations should be realistic, take into account local resources, and matched to the level of risk identified<sup>xiii</sup>. Domestic violence perpetrator programmes are one of a range of possible ways of reducing risk that the court can recommend. convey to the court and other professionals their opinion on the utility of pursuing treatment as an option, to avoid delay in the court process, raising false hope in parents, and waste of public funds in pursuing treatment options which have little hope of success.

### ***How the impact on children should be considered.***

Since 5th December 2022, children affected by domestic abuse are now automatically treated as victims regardless of whether or not they were present during violent incidents<sup>xiv</sup>. The Crime Survey for England and Wales estimated that one in five adults aged 18 to 74 years experienced at least one form of child abuse, whether emotional abuse, physical abuse, sexual abuse, or witnessing DVA before the age of 16 years that is 8.5 million people.<sup>xv</sup> The effect on any individual child of living with domestic violence depends on a range of factors, including the frequency and severity of the violence and the extent of the child's exposure to it, as well as other risk and resilience factors, including whether the child has experienced other forms of maltreatment. Research on the effects of domestic violence on children has tended to rely on a binary distinction between those who were or were not exposed to violence at any time in their lives, which can lead to a underestimation of the effects on those who experienced chronic and severe violence and overestimation of the effects on those whose exposure was less frequent and severe. Any thorough assessment will therefore consider these factors, and avoid assumptions about the effects on any individual child.

Unequivocally, the experience of the child should be at the centre of all assessments. Experts carrying out a risk assessment with the parents take into account the children's experiences and needs via collateral sources of information (e.g., from teachers, doctors, counsellors, social workers) and from the children's guardian. It is not recommended that expert assessors interview children directly thus adding to the burden experienced by the children in repeating their stories to multiple professionals.

### ***Information sharing***

The importance of gaining a sense of the children's lived experiences should not be overlooked and access to documents and information sharing is crucial. Uncertainties over sharing information has compromised efforts to safeguard and promote the welfare of children and adults at risk.<sup>xvi</sup> The law relating to data protection and privacy is still not well understood by practitioners and managers and the legal rules surrounding confidentiality should not be used as a barrier to sharing information between professionals when the safety of children is in question. Serious case reviews repeatedly refer to the 'opportunities missed' to protect vulnerable children due to the failure of professionals to share information. Professionals must therefore endeavour to have sight of all the relevant information relating to safeguarding the children.

Whilst it is possible to do a risk assessment of an adult without information about the children this severely limits what recommendations can be made, especially around safety planning and safeguarding. If the assessor has not had information about the impact of the abuse on the child, and their experiences, reports should clearly state that limitation and provide an explanation for it. They should state the necessary steps which would enable a more complete analysis. Reports should provide limited or provisional conclusions if a child assessment is not present.

### ***Purpose of Risk Assessment and Recommendations***

The purpose of domestic abuse risk assessments is to establish and quantify the risks to the children of exposure to domestic abuse and conflict. The most important element of any risk assessment is in establishing, as far as is possible a picture of the nature, severity, frequency and pattern of abuse and violence that has been happening in the family so that professionals can understand what the children are likely to experience if nothing changes. This is an investigative task and an exploration of the conflict and abuse will always provide the most reliable predictive information.

Without doubt the essential purpose of any expert assessment is that it must be useful to the professionals and to the court. It should provide expertise that is not available within the usual realm of child protection professionals. An expert assessment relating to domestic abuse must:

- a) Provide a summary of the assessor's **expertise**
- b) Provide a clear explanation of the **methodology** used to draw conclusions
- c) Contain a short, narrative **summary** of the important factors in the case, including the dynamics of the parental relationship
- d) Detail the specific **static and dynamic risk factors** relating to the person being assessed
- e) Provide an analysis of any structural, cultural or
- f) Give a clear indication of the **level of risk and vulnerability** in the case, including on the basis of alternate findings in disputed cases
- g) Provide a statement on the **viability** of intervention to reduce the risks and vulnerabilities
- h) Address risks associated with **different likely scenarios** e.g. if the parents are together, separated or purporting to be separated etc.
- i) Provide **evidence** for their conclusions, state when conflicting evidence exists and give reasons for preferring one over another

- j) Recommend realistic **risk management strategies**
- k) Give a **prognosis for meaningful change** within the timeframes of the child/ren to avoid unnecessarily protracted proceedings
- l) Recommend appropriate treatment or **interventions** with timescales.

In addition to offering professional expertise, a report must be appropriate for use in a court setting. This means that high standards of professionalism must be met when writing documents which will form part of a court bundle and be used to assist in decision-making. Families that are subject to care proceedings face a uniquely high level of scrutiny and are judged on their honesty and compliance with professionals even when they are experiencing the ordeal of having others decide whether or not they can care for or even have contact with their children. It is incumbent on those professionals to ensure that those they assess are treated with dignity, respect and care. This should be reflected in the care taken to write accurately. Reports must be well written, proof-read and understandable with clear prose, correct grammar and consistent, accurate spelling. Particular care should be taken to spell names correctly and avoid acronyms, jargon and cliché.

### **Oral Evidence**

It is crucial that those completing expert assessments are available and willing to give oral evidence in court. There is an expectation that dates to avoid will be sought in advance and that professionals will provide a reasonable range of dates to enable scheduling and avoid delays. During evidence, it is important for assessors to be clear about the limits of their expertise and to be able to answer questions based on their report including expanding on and explaining their opinion.

### **Experts in Domestic Abuse**

The definition of expert as used by the family courts can lead to significant discrepancies in what is meant by expertise, resulting in difficulties for commissioners. Within the large field of professionals there are multiple and varied titles and qualifications signalling areas of expertise. Formal recognised qualifications and membership of professional bodies form the criteria by which many courts decide who to appoint to assist them in the role of expert.



Many qualifications which are thought to be relevant **do not** ensure that a professional has the requisite expertise to address domestic abuse. In particular, legal practitioners will often default to a psychological or psychiatric assessment when confronted with entrenched or problematic behaviour even if the context strongly suggests that domestic abuse is the underlying cause of difficulties and the principal source of danger. However, domestic abuse is a specialised area to which models and theories from other disciplines, including psychology, do not readily apply.

### **Lessons from Serious Case Reviews**

In 2011 members of DVACT undertook a comprehensive analysis of Serious Case Reviews (SCRs) where domestic abuse was identified as a key factor in the death or serious harm of a child. Consistent themes emerged showing that professionals involved in child care tended to have a poor understanding of risk and that as a result assessments were inadequate. In 2025 DVACT-PAI repeated the exercise, taking account of recent SCRs from between 2020 and 2024. The findings showed that poor risk assessments continued to be a significant factor in 32% of cases and that an alarming 59% of cases showed professionals had insufficient understanding or a lack of confidence about domestic abuse and its nuances. Domestic Homicide Reviews (DHRs) have consistently raised the issue of inadequate risk assessment and poor understanding of the role played by coercive control in working with vulnerable families.

This suggests that more work needs to be done towards improving expertise and risk assessment in cases where children are at risk of serious harm due to domestic abuse. The reviews show a consistent theme of overlooking fathers' roles in caring for children and focusing on the deficits of mothers – who are often more readily available to agencies due to their more prominent role in childcare<sup>xvii</sup>. Mothers are in the statutory 'system' from the time they book their first pregnancy and there are many opportunities for professionals to assess their capacity to care for their child/ren. It is therefore easier to assess the more xxx

In 25% of the SCRS, professionals were found to have underestimated the level of risk to the child. The review revealed an insufficient focus on static risk indicators and an overreliance on the dynamic or clinical factors. This is mainly related to overly optimistic assessments of progress that parents were making based on short-term or superficial signs of improvement. Reviews also found that parental minimisation was too readily believed by professionals, and assessments focusing on parents' reassurances were being taken at face value. This meant that concerns were slow to be escalated and assessments tended to be inaccurate in assessing the level of risk.

Reliable risk assessment (and effective intervention) requires specialist knowledge of the field and a thorough understanding of the power dynamics in families affected by domestic violence, typically ignored by medical and psychology training. The British

Psychological Society (BPS) released guidelines in September 2023 in which the qualifications and specialisms which must be demonstrated to earn the right to adopt one of nine protected professional labels are listed. There is no reference within any of these criteria to domestic abuse or risk assessment. In practice, this means that expert evidence is often produced which fails to address some of the most basic questions in family court enquiries where domestic violence is a key factor<sup>xviii</sup>. It can also lead professionals towards a pathology led approach when there may well be a more appropriate formulation based on the family's history of domestic abuse.

DVACT-PAI is an agency specialising in providing expert opinion in the family courts on all aspects of family conflict, including domestic abuse, sexually harmful behaviour and mental health. An estimated 2,500 expert reports have been completed by their assessors and oral evidence has been provided in over 400 cases. These reports have been completed by domestic abuse experts with extensive experience and knowledge of the field. However, it is not uncommon for a court to instruct a single joint expert who is a psychologist to complete the risk assessment.

Perpetrators of domestic violence often deny or minimise the abuse, externalise blame for their behaviour. Abusers may do well in psychological testing, often better than their victims, be adept at convincing others that they have 'learned their lesson' or 'put their past behind them' and may present as mild mannered and appear reasonable despite severe risk, (or conversely be noisy and intimidating with professionals despite presenting only moderate risk to their partner or child). In contrast, victims may appear angry with services, emotionally dysregulated and difficult to work with.

Respondents to a review of domestic violence risk assessment (Newman 2012) emphasised the importance of specialist domestic violence expertise, (one legal practitioner described this as 'utterly invaluable' in providing the confidence and expertise to distinguish levels of risk and to match these to appropriate risk management strategies).

When coupled with a sound assessment methodology, experience of direct work with domestic violence perpetrators and victims in both assessment and treatment settings provides:

- a capacity to assess the significance and impact of individual incidents of abuse alongside the context of the pattern of abuse across the whole relationship,
- skills in clarifying accounts of violence and abuse in the face of the high levels of denial and externalisation of blame which are common in abusers,

- and a capacity to assess the risk significance of dynamic variables, such as denial, victim empathy, remorse and the range of attitudes or cognitive distortions which may underpin abusive behaviour.

Whilst training in other forensic settings may provide a similar skill-set, it cannot be automatically assumed that mental health professionals (even those with experience in other areas of child protection work) have this expertise. This is acknowledged within the psychiatric literature, thus Carroll (2007) states that “the key lessons of research on violence risk assessment have not been systematically incorporated into the daily practice of most mental health professionals. Risk assessment technologies are generally used in a highly variable way, if at all.” (see also Jodi et al 2018)<sup>xix</sup>.

Assessors undertaking expert domestic violence risk assessments for the family courts (in private law cases) should reach or exceed the minimum standard in each of the following areas:

### Minimum Standards in Family Safety Assessment

Assessments	Skills/Knowledge
<p>Assessments should examine impacts on children of exposure to domestic abuse.</p> <p>They need to consider the harm already experienced by them</p> <p>They need to consider the impact of the abuse on the non-abusing parent.</p> <p>They must assess the potential future harm.</p> <p>They should understand and consider which factors may suggest greater resilience or vulnerability for the children.</p> <p>They need to consider the child's need to recover</p> <p>They need to consider the timescales and the impact of protracted proceedings (private law)</p>	<p>Understanding the impact of domestic abuse on children</p> <p>Understand the different effects on children according to a number of factors (such as age, vulnerability etc)</p> <p>Use up to date research and information</p> <p>Use appropriate tools</p> <p>Be able to elicit information about children from parents</p>
Rely on established relevant research base and not exclusively on	Expert assessors must have extensive and up to date knowledge of

clinical impressions	<p>risk assessment methodology.</p> <p>They must be able to describe their methodology in oral evidence</p> <p>They must have the capacity to apply research to the specifics of individual cases.</p>
Assessments must contain a predictive risk analysis using a principled method for determining risk ratings.	Assessors must evidence advanced knowledge of static risk indicators and must keep up to date on their application within the field of risk assessment
<p>Reports should be well written, readable and understandable to an educated lay-person</p> <p>Reports should be coherent and focused</p> <p>Readers should be in no doubt as to how the conclusions were arrived at</p> <p>Assessment reports should be proof-read</p>	<p>Educated to post graduate level in a relevant discipline<sup>1</sup></p> <p>Ability to express opinions professionally in writing</p> <p>Assessors should actively seek peer supervision</p> <p>Assessors must have the ability to engage in research and development They must be able to assimilate information and write to a high standard.</p> <p>They must be able to make realistic estimates about their assessments and stick to timeframes.</p>
<p>Assessments must be evidence-based, drawing on multiple sources of information about the family to identify risk indicators that have a demonstrated relationship to violent behaviour or vulnerability.</p> <p>Assessments should consider in detail the violence and abuse that has been alleged</p> <p>Assessments should clearly outline the risks:</p> <p>Of what</p> <p>To whom</p> <p>In what circumstances</p>	<p>Expert assessors should seek access to collateral information – court bundle</p> <p>Assessors must be willing to spend sufficient time with parents in interview</p> <p>Interview skills including the ability to:</p> <ul style="list-style-type: none"> <li>• Elicit information about attitudes</li> <li>• Establish working alliance</li> <li>• Discern and respond to difficult behaviour such as manipulation, emotional dysregulation, controlling tactics</li> <li>• Be responsive to vulnerable, passive parents</li> <li>• Respond to parents' concerns sensitively</li> <li>• Communicate in an appropriate understandable manner</li> </ul>

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<sup>1</sup> See appendix 1

Assessments should share information appropriately and responsibly	Assessors must be appraised of the most recent statutory advice on information sharing including HM Government's advice for practitioners providing safeguarding services to children, young people, parents and carers. (July 2018)
Assessments should identify realistic strategies for risk management Assessments should make recommendations offering viable interventions, taking into account local resources, and being matched to risk levels.	Assessors need to be aware of the availability of interventions
Recommendations should provide timescales Recommendations should balance interventions with meaningful prognosis for change	Assessors should know the viability of treatments and interventions taking into account research based evidence and credible evaluations
Assessments should consider the range of behaviours which meet the current definition of domestic abuse. A domestic violence assessment should explore the context in which incidents have taken place. Assessments should identify whether there are patterns of behaviour as opposed to isolated incidents Assessments should consider a range developmental indicators Static indicators of risk should be indicated clearly Assessments should detail the relationship history Assessments should contain the accounts of both perpetrator and victim Reports should contain a detailed exploration of the nature and dynamics of the abuse across the whole relationship.	Knowledge Interview skills Analytical skills Assessors should be aware of which historical and static indicators are relevant to risk Assessors should have extensive professional experience in the field of domestic abuse Assessors should separately interview both or all the parties involved in the relationship Where possible, assessors should use structured inventories of abusive behaviour which ask about the frequency and severity of physical, sexual, emotional abuse and controlling behaviour experienced by each partner, as well as injuries suffered.
Assessments should consider other sources of risk to the child within the family e.g. neglect, substance misuse, direct harm from	Assessors should have experience of needs based assessments and have the ability to screen for other indicators of risk and harm

either parent, and the fact that even if the risk of domestic violence reduces, this does not necessarily mean that other risks have reduced.	Assessors should have the confidence to prioritise needs in terms of risk to the children and to challenge assumptions or poor practice concerning this.
<p>Assessments should be independent and clearly state their overriding duty to the court, which takes precedence over any obligation to other parties.</p> <p>All reports should be peer reviewed and quality assured to the highest professional standard.</p> <p>Assessments must be concerned with the risks to the child/ren and should be free from any bias on behalf of the expert or others.</p>	<p>Assessors must show they have access to high-quality clinical supervision</p> <p>Assessors must have substantial experience of working within a professionally regulated setting.</p> <p>If available, assessors should be accredited by a regulatory body (such as DVACT).</p>
Expert reports should address any issues of discrimination or risk and vulnerability in relation to gender reassignment	Assessors must adhere to ethical standards relating to gender reassignment and diverse gender identities which may not be upheld by other services.
Reports must be free from discrimination in relation to sexual orientation.	Assessors must positively address any prejudice relating to sexual orientation including among fellow professionals
<p>Assessment reports must be helpful, assertive and assist in the decision making process.</p> <p>Reports must identify gaps in evidence.</p>	Assessors should have an advanced level of knowledge concerning static and dynamic risk indicators
<p>Assessments should be respectful to all parties and completed by the agreed timescale.</p> <p>Assessments must only address the areas within the expertise of the writer.</p> <p>Reports should clearly list their sources of information including the dates of interviews and any missed appointments.</p>	<p>Administrative processes must be transparent and information sought in advance of instruction to clearly state exactly what the expert assessment provides.</p> <p>Assessors should state the limitations of their expertise and whether they are unable to answer any of the questions posed by the court.</p> <p>Assessors must be aware of data protection regulations in keeping secure, accurate records of contacts with clients or professionals.</p>

<p>Assessments must take account of the cultural contexts in which the service users are living.</p> <p>Assessments must be free from discriminatory language.</p> <p>Assessments should recognise that many races and ethnicities, particularly Black and dual heritage communities, continue to experience disadvantages and barriers in accessing the services they are entitled to.</p>	<p>Assessors must be actively anti-racist, recognising that racial and cultural discrimination is structural and be prepared to interrogate their own motives and assumptions</p>
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<sup>i</sup> Gartland, D et al (2021). Intimate partner violence and child outcomes at age 10: a pregnancy cohort. Archives of Disease in Childhood

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<sup>iv</sup> Moylan, C et al (2011) The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems J Fam Violence. 2010 January ; 25(1): 53–63.

<sup>v</sup> Safe lives dataset (2016) see also Cooper, K., & Obolenskaya, P. (2021). Hidden victims: the gendered data gap of violent crime. The British Journal of Criminology and McPhee, D., Hester, M., Bates, L., Lilley-Walker, S., & Patsios, D. (2021). Criminal justice responses to domestic violence and abuse in England: an analysis of case attrition and inequalities using police data. Policing and Society, 32, 963 - 980.

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<sup>vii</sup> Hunter, R.C., Burton, M., & Trinder, L. (2020). Assessing Risk of Harm to Children and Parents in Private Law Children Cases: Final Report.

<sup>viii</sup> Samuels, A.H., O'driscoll, C., & Bazaley, M. (2005). Combining clinical and actuarial methods to assess and manage risk in a New South Wales forensic psychiatric setting. Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists, 13 3, 285-90 .

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<sup>xi</sup> Humphreys, et al (2021). Beyond co-occurrence: Addressing the intersections of domestic violence, mental health and substance misuse. Child & Family Social Work.

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- <sup>xiii</sup> Newman (2012) Risk Assessment in the Family Court a report commissioned by RESPECT
- <sup>xiv</sup> The Crown Prosecution Service, (2023)
- <sup>xv</sup> Elgin ONS (2025)
- <sup>xvi</sup> Preston-shoot, M. (2014). Deciding to Share Information.
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