



Using Timelines in Domestic Abuse Support

Practitioner guidance and printable worksheets

A trauma-informed, survivor-led approach

Use timelines to help a victim-survivor organise experiences, identify patterns of abuse, describe impact and consider safety. The process should increase choice and understanding, never test memory or require disclosure.

Using this pack

A timeline is a collaborative visual aid. It can make a complex history easier to understand without reducing abuse to isolated incidents.

WHAT A TIMELINE CAN SUPPORT

- Recognising patterns, escalation, repetition and post-separation abuse.
- Connecting abusive behaviour with its impact on safety, freedom, health, finances, relationships and children.
- Preparing for risk assessment, safety planning, referrals, statements or multi-agency work, where appropriate.
- Identifying protective factors, help-seeking, resistance and the victim-survivor's own safety strategies.

CHOOSE THE RIGHT FORMAT

Lifetime timeline	The whole life from age 0, including childhood adversity, protective experiences and a proportionate future section.
Pattern timeline	A course of conduct over time, including coercive control, escalation and impact.
Incident timeline	One event explored through the build-up, incident, aftermath and following period.
Future pathways	Hopes, concerns, warning signs and support needed if things improve, remain the same or worsen.

LANGUAGE AND IDENTITY

This pack uses 'victim-survivor'. Follow the person's preferred language. Do not require them to identify as a victim, describe the other person as a perpetrator, or place experiences into categories they do not use.

Before you begin

Prepare the conditions for choice, privacy and emotional safety before asking for detail.

1 Confirm purpose and consent

Explain why the timeline may help, how it could be used and who may see it. Check that the person wants to continue. Agree whether you or they will write. Consent is ongoing: they can pause, skip, correct or stop at any point.

2 Check privacy and safety

Meet where the person can speak privately and is unlikely to be interrupted or monitored. For remote work, agree how to end the call safely and whether a digital or paper copy could be discovered by the person using abuse.

3 Agree pacing and a stop plan

Ask how the person notices distress and what would help them remain grounded. Agree a pause word or signal. Do not start detailed incident work if they are in immediate danger, severely distressed, dissociating, intoxicated or unable to give informed consent.

4 Make the process accessible

Offer breaks, different colours, pictures, symbols, audio description, larger print or a supporter where appropriate. Arrange a qualified independent interpreter; do not use children or a family member connected to the abuse.

A SHORT OPENING AGREEMENT

- We can begin anywhere, move backwards or forwards, and use approximate dates.
- You decide what is included. A gap, uncertainty or change of account is not a failure.
- I may need to act if information indicates immediate danger or a safeguarding concern; I will explain the limits of confidentiality.
- We will finish with time to check how you are feeling and agree what happens next.

SAFETY BEFORE COMPLETION

If urgent risk emerges, prioritise immediate safety and follow your organisation's emergency, safeguarding and information-sharing procedures. Return to the timeline only if and when it is safe and useful.

Trauma-informed facilitation

The goal is shared understanding. The timeline should not become an interrogation or a test of credibility.

A FLEXIBLE METHOD

- 1 Begin with known anchors: a home move, a child's birth, a job, a holiday, a police contact or another memorable event.
- 2 Work in clusters rather than insisting on a continuous sequence. Add 'before', 'around this time', 'after' or a date range where exact dates are unclear.
- 3 Record behaviour, context and impact separately. Include how the victim-survivor responded, resisted, sought help or protected others.
- 4 Check meaning rather than supply it: 'What did that change for you?' and 'How did you understand it at the time?'
- 5 Review the whole picture together. Invite corrections and ask whether anything important is missing.

MEMORY AND CHRONOLOGY

Trauma, fear, sleep disruption, injury, medication, time and repeated similar events can all affect recall. Record uncertainty accurately. Do not interpret incomplete or non-linear recall as dishonesty.

LANGUAGE THAT SUPPORTS CHOICE

Try

- 'Where would it feel easiest to begin?'
- 'Would an approximate date be more comfortable?'
- 'What were you noticing before this happened?'
- 'What did you do to keep yourself or others safe?'

Avoid or reframe

- 'Why didn't you leave?'
- 'Tell me exactly what happened, from the start.'
- 'Are you sure that was the date?'
- 'Why did you let them come back?'

A helpful reframe is: 'What made leaving difficult or unsafe?' Responsibility for the abuse always remains with the person using it.

Creating a lifetime timeline

Begin at age 0 so childhood adversity, protective experiences and later patterns can be understood in context, without implying that adversity caused the abuse.

SUGGESTED PROCESS

- 1 Mark age 0 at the far left. Agree an estimated lifespan or end age for the far right. This is a planning estimate, not a prediction of how long the person will live.
- 2 Calculate current age divided by estimated end age, then place 'today' at that percentage across the line. For example, 40 divided by 85 is 47%, leaving 53% for estimated remaining life.
- 3 Add memorable anchors from childhood onwards in the person's chosen order. Dates may be exact, approximate or expressed as life stages.
- 4 Use separate rows, colours or symbols for relationships, homes, children and dependants, health, education or work, services, and significant events.
- 5 Invite positive, neutral and difficult experiences. Agree what positions and colours mean rather than assuming that experiences belong above or below the line.
- 6 End by identifying strengths, protective experiences, help-seeking and what the person wants to carry forward.

POSSIBLE ANCHORS

- Birth, early caregiving and important relationships
- Adverse childhood experiences, including abuse, neglect or exposure to domestic abuse
- Protective adults, school, community and other sources of safety
- Beginning, changes or ending of relationships
- Moves, housing changes and periods of homelessness
- Education, work, caring roles and financial changes
- Health events, disability and access to care
- Coming out, transition, migration or faith/community events
- Contact with services, police, courts or safeguarding

FUTURE PATHWAYS

The gap after 'today' should be proportionate to the estimated years remaining. Use that space to branch into: if things improve, if things remain the same, and if things worsen. Explore hopes, warning signs, what is outside the person's control, and which people or services could support safety. Neither the lifespan nor the pathways are predictions.

Use Appendix A for a lifetime line. Use Appendix B if the main purpose is to map a relationship or pattern of abuse in greater detail.

Mapping a pattern of abuse

Domestic abuse may be a single incident, but often involves repeated and interlocking behaviour. A pattern timeline helps practitioners look beyond the most recent event.

KEEP THE PATTERN IN VIEW

Map what the person using abuse did, the impact it had, and how the victim-survivor adapted. Avoid describing survival strategies as mutual abuse without exploring context, fear, intent, impact and who had control.

BEHAVIOUR TO CONSIDER

- Controlling or coercive behaviour: rules, monitoring, isolation, degradation, intimidation and restrictions on everyday life.
- Physical violence, threats, sexual harm, reproductive control, stalking and harassment.
- Economic abuse: withheld money, debt, interference with work, benefits, housing or essential items.
- Technology-facilitated abuse: location tracking, account access, impersonation, image-based abuse or surveillance.
- Identity-based and family abuse: racism, homophobia, biphobia, transphobia, ableism, threats of outing, immigration threats, forced marriage or abuse by relatives.
- Abuse through children, dependants, pets, professionals, court processes or third parties, including after separation.

EXPLORE CHANGE OVER TIME

- Did behaviour become more frequent, severe, unpredictable or wide-ranging?
- What freedoms or resources reduced? What did the person stop, change or do differently to avoid consequences?
- Were there apparent calmer periods, apologies, promises or affection? What happened next?
- Who knew, what help was sought, and how did responses from services or communities affect safety?
- What changed around separation, pregnancy, illness, bereavement, housing, immigration, court action or new relationships?

CHILDREN AND DEPENDANTS

Children who see, hear or experience the effects of domestic abuse are recognised as victims in their own right under the Domestic Abuse Act 2021. Record their experiences and needs without placing responsibility for their safety on the adult victim-survivor.

Use Appendix B to record the pattern in periods or stages rather than forcing an incident-by-incident account.

Exploring a specific incident

Explore the build-up and aftermath as carefully as the incident itself. This can reveal anticipation, appeasement, isolation, recovery time and continuing control.

1 Build-up	2 Incident	3 Aftermath	4 Following
What was happening beforehand? What warning signs did you notice? Where was everyone? What was said or done? How were you feeling? Did you change your behaviour to prevent escalation?	What do you remember happening? Where was everyone? What was said or done? Were there threats, injuries, sexual harm, strangulation or weapons? What did you do to survive or protect others?	How did it end, and who ended it? Was anyone injured or in need of care? What did the other person do next? Did you feel required to apologise, reassure, clean up or conceal what happened?	How long did the effects last? Was there silence, affection, blame, denial or further monitoring? Who did you tell? What changed at home, work or for the children? What remains unsafe now?

FACILITATION NOTES

- Use the person's own words. Put quotation marks around exact words only where they remember them as exact.
- Ask one question at a time and tolerate pauses. Do not repeatedly ask for detail simply to resolve uncertainty.
- Name safety strategies and resistance, including freezing, placating, leaving, calling for help, protecting children or appearing to comply.
- Ask about children and others present without implying that the victim-survivor caused their exposure to abuse.
- If the incident was recent, prioritise medical needs, evidence preservation and specialist advice in line with local procedures.

PAUSE RATHER THAN PUSH

Stop detailed exploration if distress is increasing, recall is becoming less reliable through pressure, or the purpose is no longer clear. Reorient to the present, offer grounding, check immediate safety and agree whether to continue another time.

Use Appendix C for the four-stage incident timeline.

Recording and using the timeline

Agree how the record will be created, stored and shared. The safest format may not be the most detailed one.

Accurate and respectful recording

- Label estimated dates or sequences clearly.
- Separate what the person recalls from practitioner interpretation or information from another source.
- Use the victim-survivor's words and preferred names or pronouns.
- Record behaviour and impact; avoid labels that minimise, blame or imply mutuality.
- Invite the person to review, correct or add to the timeline.
- Date versions and note who created or amended them.

Privacy and information handling

- Explain confidentiality and its limits before recording.
- Store the timeline according to organisational policy, data protection requirements and access controls.
- Consider whether a paper or digital copy could be found by the person using abuse.
- Agree safe contact, naming and delivery arrangements.
- Share only for a clear purpose and on an appropriate lawful basis.
- Record any sharing decision and what the victim-survivor was told.

CLOSE THE SESSION DELIBERATELY

- Summarise what has been understood and check that the summary feels accurate.
- Ask what the person needs before leaving or ending the call; allow time to return attention to the present.
- Review immediate safety, agreed referrals, safeguarding actions and who will do what by when.
- Confirm where the timeline will be stored, whether a safe copy is wanted, and when it will next be reviewed.
- Offer choice about unfinished sections. The timeline can remain incomplete.

When the timeline reveals risk

A timeline often brings together information that was previously separated. New patterns or high-risk indicators may require action before the exercise is completed.

ACT ON RISK

If anyone is in immediate danger, prioritise emergency action. Otherwise, use your organisation's approved domestic abuse risk assessment, safeguarding and escalation pathways, alongside professional judgement and the victim-survivor's own assessment of danger.

PAY PARTICULAR ATTENTION TO

- Recent escalation in frequency, severity, unpredictability or access to the victim-survivor.
- Stalking, surveillance, technology-facilitated monitoring or repeated breaches of boundaries or orders.
- Non-fatal strangulation or suffocation, sexual violence, threats to kill, threats of suicide, weapon access or extreme jealousy.
- Separation, attempted separation, a new relationship, pregnancy, recent birth, court action, child contact disputes or loss of housing.
- Risks to children, adults with care and support needs, dependants, pets, or people assisting the victim-survivor.
- Isolation, immigration insecurity, financial dependence, disability-related barriers, forced marriage, so-called honour-based abuse or multiple family members using harm.
- Suicidal thoughts, acute mental distress, serious injury or urgent medical needs.

TRANSLATE THE TIMELINE INTO ACTION

- 1 State the current concern in plain language, including who may be at risk and from whom.
- 2 Ask the victim-survivor what they believe may happen next and what has helped or increased danger before.
- 3 Agree immediate safety steps and specialist referrals; record responsibility and timescales.
- 4 Explain any safeguarding or information-sharing action, unless doing so would increase risk or conflict with lawful duties.
- 5 Plan follow-up and review the timeline when circumstances change.

PROFESSIONAL JUDGEMENT

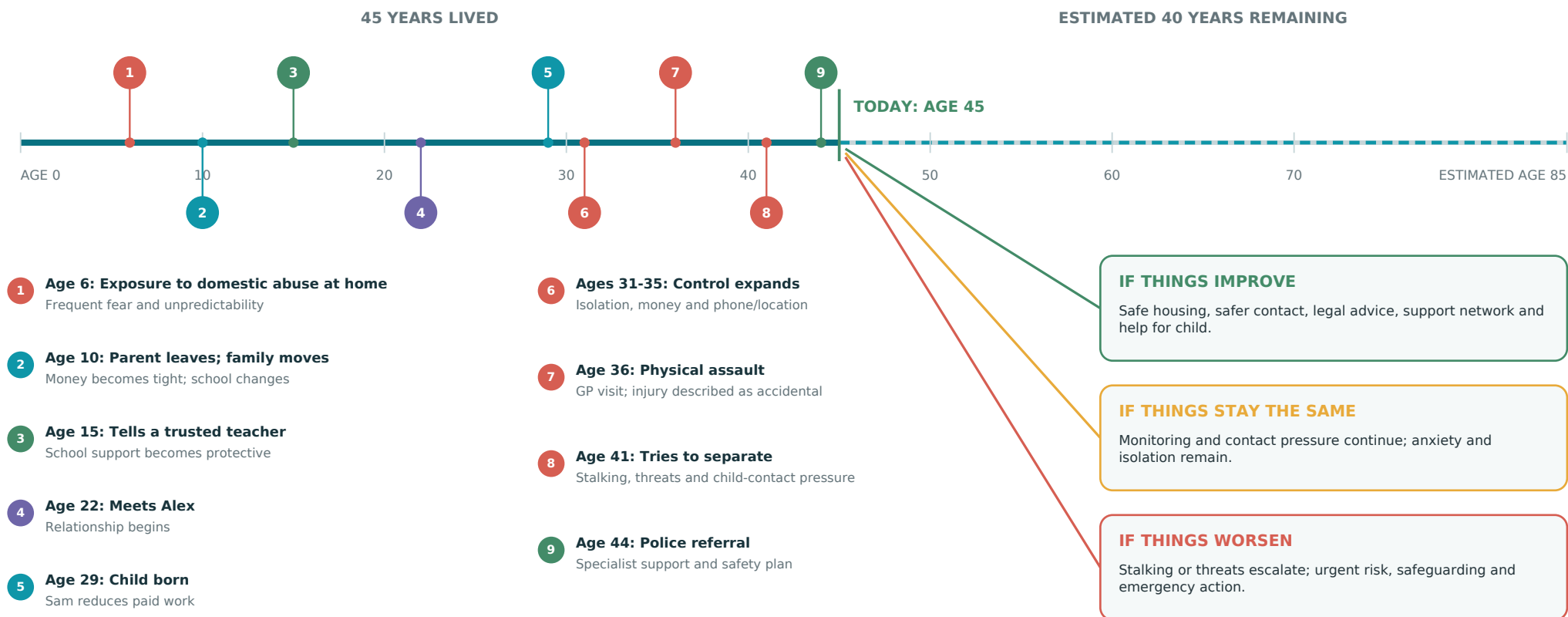
This list is not exhaustive and should not be used as a scoring tool. Absence of listed indicators does not mean that a person is safe.

Sam's completed timeline

This fictional example begins at age 0 and leaves future space in proportion to an agreed estimated lifespan.

FICTIONAL EXAMPLE Sam uses they/them pronouns, is aged 45 and has agreed age 85 as a planning estimate. The events are invented.

● Life context ● Abuse / control ● Help / safety



WHAT THIS EXAMPLE MAKES VISIBLE

Starting at age 0 captures Sam's childhood exposure to domestic abuse and a protective school response. These experiences provide context but do not explain or cause Alex's later abuse. The future gap is 40 of the estimated 85 years, so it remains proportionate.

Lifetime timeline

Begin at age 0. Calculate and mark 'today' so the space after it reflects the estimated years remaining.

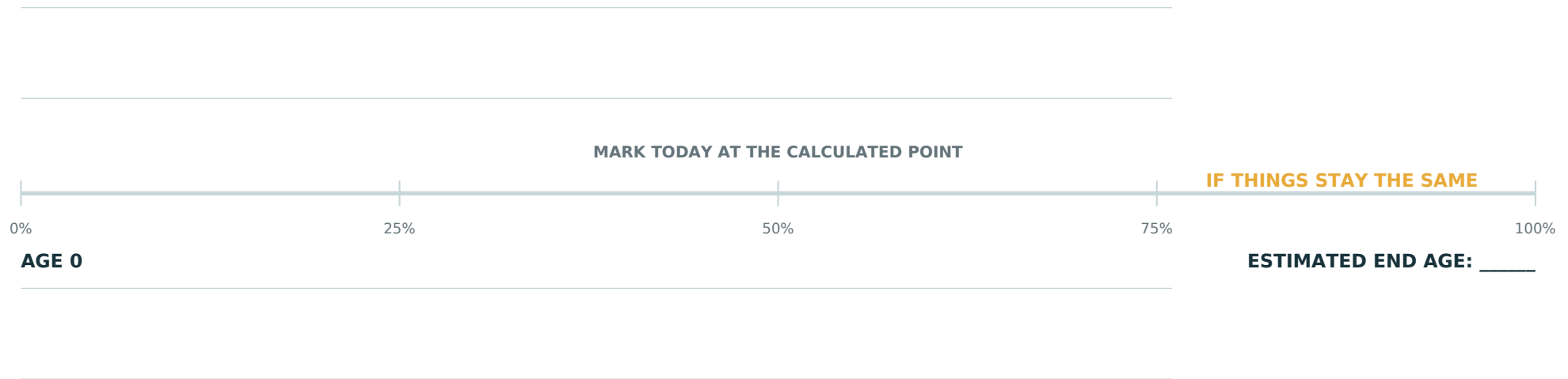
PROPORTION CALCULATION

Current age: _____ Estimated end age: _____ Estimated years remaining: _____ $\text{Current age} \div \text{estimated end age} = \text{_____ \%}$

Place TODAY at the calculated percentage across the full line, then draw three future pathways from that point.

Childhood and adult events, relationships, strengths, support and changes

IF THINGS IMPROVE



Impact, losses, barriers, abuse and periods of reduced safety

KEY / SYMBOLS

Relationships: _____ Home: _____ Children/dependants: _____ Services: _____ Other: _____

SUPPORT NEEDED NOW

Relationship and abuse pattern timeline

Record periods or stages. Separate behaviour, impact and the victim-survivor's response.

Period / date	Behaviour or significant event	Impact on safety, freedom or wellbeing	Response, resistance or safety strategy	Who knew / support / records

Review: What pattern is visible? What has changed? What is unsafe now? What strengths and supports can be built on?

Incident timeline

Explore one incident across four phases. Exact dates and complete recall are not required.

1 BUILD-UP

- What was happening beforehand?
- What warning signs did you notice?
- Where was everyone?
- What was said or done?
- How were you feeling?
- What did you do to prevent escalation?

2 INCIDENT

- What do you remember happening?
- What was said or done?
- Were there threats or injuries?
- Were children or others present?
- What changed the situation?
- What did you do to survive or protect others?

3 IMMEDIATE AFTERMATH

- How and by whom did it end?
- Was medical help needed?
- What did the other person do next?
- Did you have to appease, apologise, conceal or clean up?
- Who did you contact?

4 FOLLOWING DAYS / WEEKS

- How long did the effects last?
- Was there blame, denial, affection or monitoring?
- What changed at home, work or for children?
- What support was offered?
- What remains unsafe now?

Practitioner checklist

Use this prompt sheet alongside organisational policy, approved risk assessment and safeguarding procedures.

BEFORE

- ☐ Purpose and likely use are clear.
- ☐ Consent is informed and ongoing.
- ☐ Privacy and device safety are checked.
- ☐ Confidentiality limits are explained.
- ☐ Pacing, breaks and stop signal are agreed.
- ☐ Accessibility and interpreter needs are met.

DURING

- ☐ The person chooses where to begin.
- ☐ Approximate dates and gaps are accepted.
- ☐ Behaviour, impact and context are separated.
- ☐ Resistance and safety strategies are named.
- ☐ Children and dependants are considered.
- ☐ Distress and current risk are monitored.

AFTER

- ☐ The victim-survivor reviews and corrects the timeline.
- ☐ Immediate safety and safeguarding needs are addressed.
- ☐ Actions, responsibilities and timescales are recorded.
- ☐ Storage, sharing and safe-copy arrangements are confirmed.
- ☐ The session is closed with grounding and follow-up.

KEY ACTIONS AGREED

SESSION RECORD

Victim-survivor's preferred name: _____ Date: _____

Practitioner: _____ Next review / contact: _____

Evidence and professional use

This resource is informed by current England and Wales domestic abuse guidance and by principles of safe, private and trauma-informed practice.

KEY SOURCES

- **Home Office. Domestic Abuse: Statutory Guidance (2023).**
<https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version>
- **Home Office. Controlling or Coercive Behaviour: Statutory Guidance Framework (2023).**
<https://www.gov.uk/government/publications/controlling-or-coercive-behaviour-statutory-guidance-framework>
- **NICE. Domestic violence and abuse: multi-agency working (PH50).**
<https://www.nice.org.uk/guidance/ph50>
- **NICE. Domestic violence and abuse: Quality Standard QS116.**
<https://www.nice.org.uk/guidance/qs116>

IMPORTANT

This pack is a practice aid for appropriately trained staff. It is not legal advice, clinical guidance or a standalone risk assessment. Practitioners remain responsible for following current law, local safeguarding arrangements, professional standards and organisational policy.

REVIEW AND ADAPTATION

Services may adapt the prompts to their role, setting and local referral pathways. Any adaptation should preserve informed choice, privacy, safe recording, accessible communication and a focus on patterns of behaviour and impact. Review the resource when legislation, statutory guidance or organisational procedures change.

ABOUT THIS RESOURCE

Developed by Martin Training & Consultancy as a practical tool for professionals supporting victim-survivors of domestic abuse. The worksheets are designed for collaborative use and may be completed over more than one session.



MARTIN TRAINING & CONSULTANCY

Professional learning for safer, more inclusive practice