



Professional Curiosity Enquiry Toolkit: Exploring concerns about domestic abuse

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Introduction

This toolkit has been developed as a guide for professionals seeking to explore intimate or family relationships with curiosity and confidence. It brings together language and insights shared by practitioners across children’s services, adult services, health, housing, police and community settings in a workshop held in March 2025.

The purpose of this toolkit is to strengthen and support your existing professional instincts. Professional curiosity isn’t about having the “right” question or the perfect wording. It’s about being present, noticing when something feels ‘off’ and creating enough safety for someone to share what they need to say.

It is not a formal process or a script. It is a way of:

- **Observing** what you see, hear, and sense
- **Noticing** when something doesn’t feel right
- **Naming** your concern sensitively and transparently
- **Inviting** the person to tell you more, in their own words

This toolkit focuses on *responsive enquiry* — asking questions that arise naturally from what you observe. Many domestic abuse-related death reviews and safeguarding adults reviews highlight missed opportunities where professionals had information or observed injuries, abusive behaviour, or subtle cues but did not explore them further. This resource is designed to support you in those moments.

In this first section, we will look at some important definitions and safety considerations that will form the basis of your enquiries.

What is Professional Curiosity?

Professional curiosity means holding space for the things we sense, not just the things we are told. It means being open to exploring things further, especially when something doesn't feel quite right.

We can think about professional curiosity as a **three-step process** (as described by Research in Practice¹):

1. Noticing dissonance

This is about tuning in to subtle signs: something said or unsaid, a contradiction between a person's words and their behaviour, or a feeling that something isn't quite right.

2. Managing uncertainty (including emotions)

It is normal to feel unsure, worried about overstepping, or afraid of asking the "wrong" thing. Curiosity involves managing these feelings rather than avoiding them.

3. Building the whole picture

This means asking questions that help you understand and support - not investigate. It involves sensitivity, reflective listening and trust-building.

¹[What is Professional Curiosity, Research in Practice, Podcast, Published December 2024](#)

Confidentiality, Safeguarding & Consent

If someone is experiencing domestic abuse, they may be frightened about what will happen with the information they share, particularly if there's any risk it could reach the person causing them harm. Being as honest and transparent as possible from the outset helps the person maintain autonomy and reduces fear.

It's important to balance two things:

- **Creating a safe, human conversation**, and
- **Being clear about safeguarding responsibilities**, so people understand how their information will be used.

Aim to be clear enough for the context you are in and give more detail as the conversation deepens or if a disclosure begins. See examples on the next page.

Why Consent Matters

Taking action without a person's consent can unintentionally compound the sense of powerlessness they may already be experiencing due to the abuse. Establishing informed consent wherever possible helps you:

- work in partnership
- avoid replicating dynamics of control
- support their choices and autonomy

This means being explicit about **how their information will be used**, **who it may be shared with**, and **why** — in a way that is proportionate to the situation and the level of risk.

Remember, victim-survivors have a right to choose when, how and what they share.

Before Asking about Abuse

Before asking about domestic abuse, wherever possible:

- **Ensure privacy** — never explore concerns in front of anyone else.
- **Briefly explain your safeguarding role**: what you can keep confidential and what you may need to act on.

- **Reassure them that your priority is their safety**, and that nothing will be shared with others (especially the person causing harm) without a clear safeguarding reason.

Survivors often weigh the consequences of speaking up. Your clarity reduces fear and demonstrates that you are a safe person to talk to.

You don't need to give a long safeguarding explanation before you ask about concerns. But offering a **brief reassurance about privacy and your role** can help someone feel safer and more in control. This might sound like:

“Before we talk, I want you to know that most of what you share stays between us. I only have to pass information on if I’m worried that you or someone else is at risk of harm, and I would always talk to you about that first.”

Or:

“Just so you know, most of what you share stays between us. If I ever felt you or someone else was at risk, I’d explain what might need to happen and we’d talk it through together. You’re in control of what you share.”

Or for single-contact settings:

“We don’t have long together, so I want to be clear with you: what you tell me stays private unless I’m worried about serious risk. If that happened, I’d talk you through what we’d need to do.”

In each case, the victim-survivor has an opportunity to ask questions if they would like more information.

The overall aim is simple:

Be transparent, be human, and help the person feel as safe and empowered as possible while meeting your safeguarding duties.

Safety

It is never safe to ask about domestic abuse in front of a partner or anyone who may be involved in the abuse. Conversations must take place in private, safe, and emotionally appropriate spaces.

Respectful Record Keeping

Good records help build a clearer picture of risk and support multi-agency work. When things go wrong, poor record keeping and information sharing is often highlighted.

When we are documenting our professional judgements and observations, it is vital that we are clear about what our opinion is and what is fact.

It's also important to record minor concerns as it helps to build a picture in the long-term – you may return to these in future conversations.

Record:

- **Facts**, and clearly distinguish these from **professional judgement**
- **Observations**, including tone, demeanour, relational dynamics
- **Direct quotes**, which preserve the person's voice
- **Your concerns**, even if subtle — these often matter later

It can be useful to remember that everyone has the right to access their notes and may read them one day.

Responsive Enquiry

Responsive enquiry is enquiry that arises naturally from what you **observe, hear, or sense**. It is not routine enquiry,² and it is not a checklist.

It helps you respond to:

- subtle signs
- injuries or inconsistencies
- unexplained fear or hesitation
- relational dynamics
- your own “gut feeling”

Responsive enquiry supports conversation without assuming abuse, and without requiring confirmation before you ask.

² Routine enquiry is effective in certain settings and is used by many agencies; your organisation may have a policy on this.

Conversation Skills to Support Responsive Enquiry

Active listening is at the heart of professional curiosity. It involves fully engaging with what the person is saying, showing empathy, and responding in a way that invites further sharing.

These conversation skills help create the conditions for safe, meaningful dialogue. Closed questions are sometimes useful, however, it's best to use them sparingly as they can shut down exchanges and convey assumptions.

1. Open Questions

Invite the person to speak in their own words. Often use 'who,' 'what,' 'when,' 'where,' 'why,' and 'how' questions.

- "What happened? Take your time, tell me in your own words."
- "How are things at home at the moment?"

2. Clarifying

Ensures understanding.

- "You said you were scared — what does that look like for you?"
- "What did you mean when you said...?"

3. Reflection

Repeating key words to show you've heard. Leaving silence and space after a reflection encourages more. The repeated word is italicised in the examples below.

- "He *restrained* you?"
- "That sounds really *scary*."

4. Summarising

Helps consolidate and check meaning. Demonstrates that you have been listening.

- "It sounds like you've been feeling unsafe and doing your best to manage alone."

- “You’re describing a pattern of control—limiting your access to money, keeping track of where you are, and making you feel responsible for his behaviour.”

5. Encouragement and Belief

Encouraging words and gestures help the person feel supported, safe to continue sharing and build trust.

- “I believe you.”
- “Thank you for telling me.”
- “It’s not your fault.”

6. Use of Silence

Allow the person space to speak at their own pace. It can be tempting to fill in silence or add a follow-up question when you don’t receive an immediate response. Sometimes, people need a moment to gather their thoughts and/or courage.

7. Refocusing (RC)

Brings the conversation back to safety and can be useful when things veer off track.

- “Earlier you said you felt unsafe — can we talk about that?”
- “I can hear that this feels overwhelming, shall we talk about how we can help you?”

These active listening skills help survivors feel understood and supported. Use them to guide your conversations.

Working with Subtle Cues

Professionals often notice *very subtle* indicators long before they can articulate a concrete concern: sometimes you **feel** something before you have the language for *what* you're noticing.

This is a normal and valid part of safeguarding practice.

You might notice:

- a “tightening” or uneasy feeling
- noticing tension or hesitancy that doesn't match the situation
- sensing someone is holding back, monitoring themselves, or fearful
- a shift in atmosphere when another person enters the room
- difficulty maintaining eye contact
- contradicting cues (e.g., smiling with visible distress in the body)

These cues are not “evidence.” But they are **information**, and part of your professional skillset is recognising them.

How to work with subtle cues safely

1. Slow down internally

You don't need to act immediately or dramatically. Take a breath or pause. This helps you to respond in a calmer, more considered way.

2. Ask yourself: what *exactly* am I noticing?

Even if it's vague, try to name it for yourself:

- “She looked down as soon as I asked about home.”
- “He became tense when someone else entered.”
- “Her explanation seemed rushed or rehearsed.”

This helps you decide whether enquiry is appropriate.

3. You can enquire *without overcommitting to a hypothesis*

Responsive enquiry lets you acknowledge your concern without assuming abuse is happening. For example:

- *“I might be wrong, but I noticed you seemed uncomfortable just then. How are things for you today?”*
- *“Something felt a bit different when we spoke about home earlier. What’s been going on for you lately?”*
- *“You don’t seem yourself. Are you ok?”*
- *“You seem a little worried. What’s happening for you right now?”*

These are grounded in **curiosity**, not in certainty.

4. Subtle cues become more meaningful over time

Sometimes your intervention today is simply making the person feel seen and safe.

It may not lead to disclosure in the moment — but it builds the foundations for trust later.

Responding to Disclosures and Clearer Signs

◆ This collection of questions and prompts was co-created by professionals during a workshop hosted by the Royal Borough of Kingston. ◆

Sometimes indicators of abuse are clearer. You may have witnessed an abusive act such as name calling and put-downs, or someone may tell you that their partner threw an object across the room in an intimidating manner.

A victim-survivor may not always recognise these as abuse, and they may describe them as “just arguments” or “nothing serious.” But these moments can be windows into what’s happening at home and exploring them gently can help you understand whether the person feels safe.

Including what you **observe**, **hear**, or **sense** will help to ground your enquiry in something real and observable, making it easier for the person to respond and for you to explain your professional concern.

These are not scripts—they’re suggestions and demonstrate the conversation skills outlined above. Use what feels natural in your own voice, and always ensure that conversations happen in **private**, **safe**, and **emotionally appropriate** spaces.

Tone matters. A calm, open, and non-judgemental tone builds trust. **Timing matters.** There’s no need to ask everything at once. Questions and reflections will be most effective when followed with silence and space to allow time to find the right words.

Understanding & Opening Up

- *“How are things at home?”*
- *“You seem a little stressed, what’s going on for you today?”*
- *“How are things between you and your partner these days?”*
- *“Sometimes tensions in families can feel really difficult — how have things been in your family recently?”*

Exploring Specific Concerns

- *“I noticed some bruises—can I ask what happened?”*
- *“You mentioned he ‘restrained’ you—can you say more about that?”*

- *“What would be the consequences if you didn’t go home today?”*
- *“Would you like to talk about why the police were called?”*

Showing Care & Belief

- *“That sounds like it was frightening.”*
- *“I believe you.”*
- *“I’m worried about you because... [repeat some of the things that have been shared].”*
- *“You’ve been through a lot—it’s okay to feel overwhelmed.”*
- *“Thank you for telling me.”*

Exploring Control, Fear and Rules (if relevant)

Sometimes, what someone shares may suggest control, monitoring, or fear of consequences. These questions can help you explore those experiences safely and without assumptions.

- *“Has anyone ever made you feel scared about what might happen if you didn’t follow certain rules?”*
- *“What happens if you don’t do something the way they expect?”*
- *“Does anyone in your life get angry at things you do?”*
- *“Have you ever been made to do something you didn’t feel comfortable with?”*
- *“Has anyone ever stopped you from seeing other people?”*

Checking In

- *“What kind of support would help right now?”*
- *“How do you feel about your alcohol use?”*
- *“Do you feel safe?”*
- *“Are you getting any support from anyone else?”*
- *“What are you afraid of?”*

You can return to this section as a reference point. Use it to build confidence, refresh your curiosity, or prepare for challenging conversations.

Practical Challenges

Enquiry doesn't always happen in perfect conditions. You may be short on time, unable to speak to someone alone, or unsure how to proceed. These pages outline practical ways to stay curious and act safely when the situation is challenging.

If You Can't Speak to Them Alone

Whilst this toolkit focusses on opening up a discussion about domestic abuse, that is not always possible to do safely.

Whenever possible, aim to meet with the person alone. However, if a partner, relative, or friend refuses to leave the room, don't treat this as a failure or a reason to cut the contact short. This behaviour can be revealing in itself, especially if it is consistent, and you may gain useful insight.

Be curious:

- Who is doing the talking?
- Are they speaking on someone else's behalf?
- Do you notice patterns of control, dismissal, or nervousness?

Much communication is non-verbal. Observe posture, tone, eye contact, hesitation and relational dynamics.

Record your observations clearly and promptly; they are valid and valuable. Share them with partner agencies where appropriate. Observing and noticing are often the first steps in building a picture of risk or concern.

Phrases for Creating a Private Moment

Here are a few simple, neutral lines you can use to try to speak to someone alone:

- *“For this part I need to confirm personal details, so I'll speak to you alone for a moment.”*
- *“I need to check something privately with each patient/service user - can I see you on your own for just two minutes?”*

- *“I need to take a few details privately — it’s something we do for everyone being assessed.”*

These phrases are deliberately **procedural** - they reduce risk by making the request sound routine, not targeted. Consider what would work best for your role and setting.

If you have concerns and are unable to speak to the person alone, this may be a good time to consider partnership working and the MARAC (multi-agency risk assessment conference), which is discussed later in this toolkit.

Use of Interpreters

You may identify that a language barrier is inhibiting disclosure, and/or a partner or family member is present in all meetings because they are providing an interpreting role. In these situations, it is crucial that the victim-survivor is seen alone and with an interpreter.

Think about wording that would feel natural and comfortable for you and would make sense for your setting. Here are some examples of how you may introduce an interpreter:

- *“Thank you, but we’re not allowed to use family members or partners as interpreters.”*
- *“For medical accuracy we need to use our own interpreter service. It’s hospital policy so nothing gets missed.”*

Multi-Agency Working and MARAC

There may be circumstances where you are very concerned and it is appropriate to refer to the MARAC (multi-agency risk assessment conference). Speak to your MARAC lead or contact the MARAC coordinator to discuss making a referral on grounds of professional judgement. An agency at the MARAC may be able to make contact with the person alone, even if you can't.

Remember:

- **A disclosure is not required** for a MARAC referral.
- Interference with lone contact, refusal to allow interpreters, or controlling dynamics can all be **indicators of high risk**.

MARAC referrals, confidentiality and consent

Wherever it is safe to do so, it's best practice to talk to the victim-survivor about confidentiality and obtain consent for the MARAC referral. Under data protection and privacy laws, people normally have the right to be told when their information is being shared. In most situations, this means you should explain the purpose of the MARAC referral and seek their consent wherever it is safe to do so.

MARAC is one of the rare circumstances where information can still be shared lawfully without informing the person first — but only when doing so would increase the risk of harm or make it unsafe for them or others. In these cases, the person making the referral must record why informing them was unsafe or not possible, and share only the minimum necessary information to protect their vital interests.

Furthermore, victim-survivors will normally be contacted about the MARAC by an IDVA (aside from rare circumstances where this would increase the risk). Being open about the referral helps build trust and avoids the sense of decisions being made about them without their knowledge.

When it isn't safe to inform them, record why and share only what is necessary.

Here are some suggested wordings for explaining MARAC (if it is safe to do so) and discussing confidentiality. A full explanation might sound like this:

“I’m really concerned about your safety, so I’d like to share some information with a small group of professionals who work together to keep people safe. It’s called MARAC. We only share what’s necessary — things like your name, address, what’s been happening, and what you’d like to happen next. They include services like health, police, housing and specialist support. The purpose is to make a safety plan around you and anyone else at risk. You can ask to see your information at any time, and you have rights around how it’s used.”

A briefer explanation may sound like:

“To help keep you safe, I need to share a small amount of information with a group of services who work together to reduce risk — it’s called MARAC. We only share what’s necessary and only with people directly involved in supporting your safety. You have rights over your information and I can give you information about this.”

And when it is *not* safe to inform them:

- Record the rationale (e.g. increased risk, coercive control, monitoring).
- Follow local MARAC information-sharing guidance under **vital interests**.

Always speak to your agency’s MARAC representative if you are unsure and seek advice from a senior member of staff or safeguarding lead.

Time Constraints

If you only see someone once — such as in A&E, a duty visit, or a one-off contact — that may be the only opportunity to explore what you’ve noticed.

In these situations, **it’s vital to say something if it is safe to do so**, particularly when there is evidence of abuse. This may sound obvious, but it is frequently highlighted as a missed opportunity in domestic abuse-related death reviews. Do not assume that another professional will have the chance to speak with the person alone later.

Rehearsing a few phrases you can use “in the moment” can make these conversations feel more manageable and help you feel confident when time is limited.

If the person is *not* alone, avoid asking direct questions. Instead, look for ways to create a safe moment or arrange a follow-up. If privacy isn’t possible, focus on observing carefully, recording what you see, and escalating or seeking advice where appropriate.

Navigating Victim-Blaming Language

Victim blaming is when language or attitudes suggest a victim-survivor is responsible for the abuse they suffered, rather than the perpetrator.

This language is often subtle and widespread in our society, which means we may use it without noticing.

This supports the perpetrator and isolates the person seeking help. When we blame, we deny the impact of abuse and shift focus away from the real issue - the perpetrator's behaviour.

Examples of victim language can be found in this [video](#) and the Safer Kingston Partnership has developed a [language guide](#).

Avoid these phrases:

“You’re putting yourself/the children at risk.”

“Why don’t you leave?”

“It sounds like a toxic relationship.”

“You’re just as bad as each other.”

“The victim doesn’t wish to engage.”

Instead, try these:

“I can see how difficult this must be for you.”

“I’m here to listen whenever you’re ready.”

“Thank you for trusting me with this.”

“Their partner is abusive.”

“We will suggest meeting again with an interpreter to see if the victim-survivor feels more comfortable speaking in their first language.”

Next steps

You may worry about saying the wrong thing, but your response does not need to be perfect to be supportive. What matters most is letting the victim-survivor know that you believe them, that the abuse is not their fault, and that you are here to support them - or to help them connect with someone who can offer longer-term support.

If safeguarding action is needed after a disclosure, talk them through what you will do before you do it. Victim-survivors need to know what will happen with any information they share so they can keep themselves safe. This is also essential for building trust.

Follow your safeguarding procedures and offer a referral or signpost to a specialist domestic abuse service. No single practitioner or organisation should hold the risk alone; victim-survivors deserve a coordinated community response.

Remember: you do not need to “prove” abuse to seek advice or make a referral for safeguarding or to the MARAC. Your concern is enough.

Speak to your safeguarding lead or MARAC representative if you are unsure.

Signposting and referrals:

- Safeguarding adults: [Kingston Safeguarding Adults](#)
- Safeguarding children: [Concerned about a child?](#)
- [Specialist domestic abuse services](#)
- MARAC referrals via organisational MARAC leads - more information available [here](#).