Neutral Citation Number: [2026] EWFC 230

Case No: FD25P00069

IN THE FAMILY COURT
SITTING AT THE ROYAL COURTS OF JUSTICE

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 13/08/2026

Before :

THE HONOURABLE MR JUSTICE GARRIDO

- -

Re. CX (No. 2) (Domestic abuse: No contact)

Between :

AZ — **Applicant**

- and –

(1) BY — **Respondents**

(2) CX by her children's guardian

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- -

Chris Barnes KC (*pro bono,* instructed by **Moss Fallon Solicitors Ltd**, *pro bono*) for **AZ**
Sam King KC (instructed by a firm, *pro bono*) for **BY**
Joy Brereton KC with Jacqui Gilliatt (instructed by a firm) for **CX**

Hearing dates: 3, 4, and 5 June 2026

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Approved Judgment

This judgment was handed down remotely at 10.00am on 13th August 2026 by circulation to the parties or their representatives by e-mail and by release to the National Archives.

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THE HONOURABLE MR JUSTICE GARRIDO

This judgment was delivered in private, and a transparency order and a reporting restrictions order are in force. The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the child and members of her family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.

Mr Justice Garrido :

1. This application for a variation of child arrangements concerns CX, a six year old girl, whose welfare is my paramount consideration.

2. Her mother (AZ) and her children's guardian ask me to take the exceptional course of ordering that she shall have no contact, direct or indirect, with her father (BY). He opposes the applications, asking that CX be able to maintain her relationship with him to the greatest extent possible.

3. Earlier this year, I made a reporting restrictions order and a transparency order in this case, my OPEN judgment being published as *Re CX (A Child)(Reporting restrictions order: National security)* [2026] EWHC 994 (Fam). In that judgment, I alluded to these forthcoming welfare proceedings in which the variation is being sought of an order made by a district judge in September 2023.

   <u>The original proceedings</u>

4. In those original proceedings, the district judge had made findings that the parents' relationship was characterised by 'extreme emotional and psychological abuse of the mother' perpetrated by the father over many years prior to their separation in 2020. Following those findings, to quote from my earlier judgment,

> 7. … the time spent by the child with her father continued to be professionally supervised, and the father engaged with a domestic abuse perpetrator programme that required attendance at 24 sessions and separate anger management intervention. The father having commenced his participation in that programme, the Child and Family Court Advisory and Support Service (CAFCASS) was ordered to make recommendations for the future child arrangements.
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> 8. There followed a final hearing in September 2023 at which the same judge heard evidence from the parents, the provider of the perpetrator programme and the CAFCASS officer. In a fully reasoned judgment delivered at the conclusion of that hearing, the district judge ordered a gradually changing pattern of arrangements for the child to spend time with her father for a further three months remaining supervised, then 'supported' for a further six months, and then unsupervised, slowly increasing from 2 hours to 6 hours over a period of a further eight months. The order did not make provision for overnight stays and prohibited the father from making another application to court without permission for two years.
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> 9. In coming to this decision, the district judge's reasoning is clear from her judgment as follows:

> [97] The child is ready to move out of the contact centre and in my view being stuck there any longer will be damaging to her developing relationship with the father. She needs progression and more options.
> [98] [The mother] is a very anxious and fragile person after years of abuse... [Her presentation] is genuine, she has been destroyed and is rebuilding her life and getting help for her trauma… If progression [of contact] is not staged over months, the mother's mental health and emotional well-being would very likely deteriorate and impact on the child.
> [99] I have tried to strike a balance between these two competing aspects of the case. I do not agree with [the CAFCASS reporter] that contact should remain supervised for 2-3 years… that would not strike the right balance and would be harmful to the child in not progressing contact. There has already been 200 hours of positive supervised contact.
> [101] By the time unsupervised contact starts, nine more months will have passed, on top of three years of litigation… this does and will give the mother significant time to continue her therapy and recovery while striking the right balance with a child who enjoys contact with her father.
> [102] While the [domestic abuse perpetrator programme] reports had shortcomings, in live evidence [the reporter] added a lot of detail and I was convinced there had been insight by the father… [He] is a 'work in progress' and the tools [provided to him] need to be practiced over many months and years to truly embed and change behaviour… There was evidence of the father taking advice from contact supervisors, changing his parenting style to be compatible with the mother and dealing with difficult questions from the child appropriately.
> [104] I have not followed the CAFCASS recommendation… [The reporter] did not adequately analyse the effect on the child of not progressing contact.

5. By the date of that judgment, CX had been spending time with her father for two and a half years, supervised in a contact centre for two hours on five Saturdays out of six. The contemporaneous evidence shows that she was enjoying her time with her father. It is important to note that although mother and the Cafcass officer were unhappy with the decision (indeed, mother applied for permission to appeal, albeit unsuccessfully), neither of them had asserted that there should be no contact between CX and her father.

6. Mother supported the Cafcass officer's recommendation for contact on alternate Saturdays for four hours duration with continuing supervision. They said that the maintenance of supervision was necessary to protect CX from a risk of direct harm from her father, rather than to enable mother to progress her recovery from the post-traumatic stress disorder that had resulted from the years of abuse. Recovery was to be enabled, they submitted, by preventing further applications for a period of two years, a submission that the district judge accepted and included in her order.

7. It is clear from the following extract of the judgment that the district judge was not assisted by the quality of the evidence of the Cafcass officer:

> 57. There was scant focus or analysis on the other side of the coin – namely the impact on the child of arrangements staying supervised for a significant or indefinite period of time when the contact notes of 200 hours of supervised contact over about 18 months were very good and the child clearly enjoys time with the father and is out growing the contact centre environment. There was nothing in the report or in live evidence regarding balancing the risks versus the impact on the child of no progression of contact.

8. BY was denied what he submitted was in CX's best interests, namely for the supervision to be removed within eight weeks to move to unsupervised contact, swiftly progressing to overnight stays at his home, and ultimately for an entire weekend on alternate weeks.

9. To the extent, therefore, that there has been an attempt on behalf of the mother to characterise the district judge's order, in the words of Mr Barnes KC, as appearing "*to typify the contact at all costs approach*", in my judgment it is entirely misplaced. I repeat that the principle of ongoing, regular and direct contact between CX and her father was not in dispute. The judge's task was to devise a way of facilitating it.

Legal principles

10. Unsurprisingly, there is no perceptible dispute between leading counsel as to the correct legal principles to be deployed in this case. The fundamental starting point is the application of section 1 of the Children Act 1989 including the consideration of the evidence within the framework of the section 1(3) welfare checklist so as to achieve an outcome that meets CX's best interests.

11. As in any case involving domestic abuse, the application of the checklist will take place with reference to that abuse, in compliance with Practice Direction 12J of the Family Procedure Rules 2010, in particular the following paragraphs,

> 35. When deciding the issue of child arrangements the court should ensure that any order for contact will not expose the child to an unmanageable risk of harm and will be in the best interests of the child.
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> 36.
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> (1) In the light of-
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> (a) any findings of fact,
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> (b) admissions; or
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> (c) domestic abuse having otherwise been established,
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> the court should apply the individual matters in the welfare checklist with reference to the domestic abuse which has occurred and any expert risk assessment obtained.

(2) In particular, the court should in every case consider any harm-

(a) which the child as a victim of domestic abuse, and the parent with whom the child is living, has suffered as a consequence of that domestic abuse; and

(b) which the child and the parent with whom the child is living is at risk of suffering, if a child arrangements order is made.

(3) The court should make an order for contact only if it is satisfied-

(a) that the physical and emotional safety of the child and the parent with whom the child is living can, as far as possible, be secured before, during and after contact; and

(b) that the parent with whom the child is living will not be subjected to further domestic abuse by the other parent.

37. In every case where a finding or admission of domestic abuse is made, or where domestic abuse is otherwise established, the court should consider the conduct of both parents towards each other and towards the child and the impact of the same. In particular, the court should consider –

(a) the effect of the domestic abuse on the child and on the arrangements for where the child is living;

(b) the effect of the domestic abuse on the child and its effect on the child's relationship with the parents;

(c) whether the parent is motivated by a desire to promote the best interests of the child or is using the process to continue a form of domestic abuse against the other parent;

(d) the likely behaviour during contact of the parent against whom findings are made and its effect on the child; and

(e) the capacity of the parents to appreciate the effect of past domestic abuse and the potential for future domestic abuse.

12. When considering an order that there shall be no contact between parent and child, the Court of Appeal in *Re H (A Child: Contact: Domestic Abuse)* [2024] EWCA Civ 326 endorsed the following approach that I adopt:

44. The general approach to contact in cases where domestic abuse is a feature is summarised by MacDonald J in *D v E (Termination of Parental Responsibility)* [2021] EWFC 37:

"Child Arrangements Order – Termination of Contact

24. Applications for a child arrangements order under s.8 of the Children Act 1989 require the court to apply the principles set out in s.1 of the 1989 Act. In this case, the order sought is that there be no contact between G and her father. Within this context, I in particular note and bear in mind that s.1(2A) of the Children Act 1989 provides as follows:

"(2A) A court, in circumstances mentioned in subsection (4)(a) or (7), is as respects each parent within subsection (6)(a) to presume, unless the contrary is shown, that involvement of that parent in the life of the child concerned will further the child's welfare."

25. With respect to assessing whether the contrary is shown for the purposes of s.1(2A) of the Children Act 1989, I further bear in mind that the courts have,

historically, held that it is almost always in the interest of a child whose parents are separated that he or she should have contact with the parent with whom he or she is not living. This principle, and the following further applicable principles can be drawn from the decisions of the Court of Appeal in *Re C (Direct Contact: Suspension)* [2011] 2 FLR 912 at [47], *Re W (Direct Contact*) [2013] 1 FLR 494 and *Re J-M (A Child)* [2014] EWCA Civ 434 at [25]:

i) The welfare of the child is paramount and the child's best interests must take precedence over any other consideration.

ii) There is a positive obligation on the State and therefore on the judge to take measures to promote contact, grappling with all available alternatives and taking all necessary steps that can reasonably be demanded, before abandoning hope of achieving contact.

iii) However, the positive obligation on the State, and therefore on the court, is not absolute. Whilst authorities must do their utmost to facilitate the co-operation and understanding of all concerned, any obligation to apply coercion in this area must be limited since the interests, as well as the rights and freedoms of all concerned must be taken into account and, more particularly, so must the best interests of the child.

iv) Excessive weight should not be accorded to short term problems and the court should take a medium and long term view.

v) Contact should be terminated only in exceptional circumstances where there are cogent reasons for doing so, as a last resort, when there is no alternative, and only if contact will be detrimental to the child's welfare.

vi) The key question, and the question requiring stricter scrutiny, is whether the court has taken all necessary steps to facilitate contact as can reasonably be demanded in the circumstances of the particular case.

26. These principles must be read in light of FPR 2010 PD12J, entitled Child Arrangements and Contact Orders: Domestic Abuse and Harm, which provides as follows at paragraph [7]:

"In proceedings relating to a child arrangements order, the court presumes that the involvement of a parent in a child's life will further the child's welfare, unless there is evidence to the contrary. The Court must in every case consider carefully whether the statutory presumption applies, having particular regard to any allegation or admission of harm by domestic abuse to the child or parent or any evidence indicating such harm or risk of harm."

27. The foregoing principles set out in PD12J are expressed by reference to domestic abuse. However, it is plain that this approach will apply, in proceedings relating to a child arrangements order, to all allegations or admissions of harm to the child or parent relevant to the question of contact or evidence indicating such harm or risk of harm. Within this context, I note that paragraphs 35 to 37 of PD12J enjoin the court, inter alia, to take the following factors into account when considering child arrangements in cases where the court is satisfied that such harm has occurred:

i) The court should ensure that any order for contact will not expose the child to an unmanageable risk of harm and will be in the best interests of the child.

ii) The court should apply the individual matters in the welfare checklist set out in s.1(3) of the Children Act 1989 with reference to the harm that has occurred and any expert risk assessment obtained.

> iii) In particular, the court should consider any harm which the child, and the parent with whom the child is living, is at risk of suffering if a child arrangements order is made.
> iv) The court should make an order for contact only if it is satisfied that the physical and emotional safety of the child and the parent with whom the child is living can, as far as possible, be secured before, during and after contact.
> v) The court should consider, inter alia, whether the parent is motivated by a desire to promote the best interests of the child or is using the process to continue a form of abuse against the other parent and the capacity of the parents to appreciate the effect of past abuse and the potential for future abuse."

45. This approach is consistent with the rights analysis under Article 8 ECHR, neatly summarised by the recorder in the present case:

> "Right to family life
> 98. I must have regard to the respective rights to respect for their family life of the child and their parents under Art.8 ECHR; while having in mind that where any balancing of rights between parent and child is necessary the interests of the child must prevail (*Yousuf v Netherlands* [2003] 1 FLR 210). Such intervention or intrusion as the Court decides upon into that family life must be necessary and proportionate to the harm that would otherwise be likely to be experienced by the child.
> 99.The approach to be drawn from domestic authorities is clearly accepted within European jurisprudence: where the maintenance of family ties would harm the child's health and development, a parent is not entitled under Article 8 to insist that such ties be maintained (see *Neulinger and Shuruk v. Switzerland* [GC], no.41615/07, 6 July 2010; S 136; *R. and H. v. the United Kingdom*, no. 35348/06, 31 May 2011 S 73)."

46. As these overviews clearly show, the court must approach the fundamental welfare assessment that underlies every decision with full alertness both to the inherent value of the parent-child relationship and to the significance of any harm that a contact order may entail for the child or for the parent with care. Where these considerations conflict, the court must identify the best solution for the child or, where there is no good solution, the least worst one.

13. It is obviously deeply uncomfortable for a judge tasked with promoting a child's welfare to be presented with just two bad alternatives for a child, but it is a situation that the Court of Appeal acknowledged must be faced on occasion by choosing the least worst of them.

14. When considering making findings of facts, I have found the 12-point distillation of principle by Cobb J (as he then was) in *Re B-B (Domestic Abuse Fact Finding)* [2022] EWHC 108 (Fam) @ [26] of particular assistance.

15. On the relevance of proven lies told by the father in the original proceedings, Mr Barnes draws my attention to *Re H (Children: Uncertain Perpetrator: Lies)* [2024] EWCA Civ 1261 where Peter Jackson LJ said:

> 23. … in the normal run of cases … it will be sufficient for the judge to recall that the true significance of a lie must be carefully assessed, for all the well known reasons … A general exclusionary rule, exclusively directed at lies, would be inconsistent with the

duty on the court to consider all the evidence. Once it has done that, its conclusion in an individual case may be that the lie was told to conceal guilt, but that is a conclusion, not a test. Wherever a lie is found to be relevant to the fact-finding exercise for some other good reason, that element of the evidence should be factored in.

16. Mr Barnes further draws my attention to *Re A (A Child: Findings of Fact)* [2022] EWCA Civ 1652 where again Peter Jackson LJ said:

    42. … Perpetration of domestic abuse is an expression of an aspect of a person's character within a relationship and the fact that a person is capable of being seriously abusive in one way inevitably increases the likelihood of them having been abusive in other ways.

    Evidence

17. For this hearing, I have read the bundle of evidence provided by the parties, including the two judgments from the original proceedings, together with all documents submitted subsequent to the bundle's preparation, and the 27 page contact notes bundle. Having conducted proceedings of one kind or another concerning CX for 18 months, I remain entirely familiar with the background to this case and the relevant recent events. It is neither practical nor necessary to recite the whole body of evidence and submissions that I have considered and that has brought me to this judgment. I have well in mind that my "*function is to reach conclusions and give reasons to support his view, not to spell out every matter as if summing up to a jury*." (Per Lewison LJ in *FAGE UK Ltd and another v Chobani UK Ltd and another* [2014] EWCA Civ 5 @ [115]). I shall therefore only identify those parts of the evidence and submissions that particularly illuminate my decision.

18. The genesis of the applications to vary the child arrangements came in criticisms of the father's behaviour, broadly speaking around the implementation of the child arrangements. The mother's evidence was arranged in a schedule under the following six headings:

    (1) The father fails to adhere to boundaries designed to minimise the risk of harm to M before, during and after contact, which arises as a result of his abusive conduct.
    (2) The father has behaved inappropriately during contact in a manner that puts pressure on CX and/or causes M fear and anxiety.
    (3) The father has caused CX to become distressed or scared during and after contact.
    (4) The father continues to criticise the mother's parenting in a manner that undermines the mother and causes her significant distress.
    (5) The father is intentionally obstructive with M when it comes to organising contact arrangements for CX.
    (6) The father, and his family acting on his behalf, continue to intimidate the mother.

19. I concluded that if findings were to be sought under these headings about 28 examples of father's behaviour, it would be necessary to undertake a fact-finding hearing so that expert assessments could be undertaken on a firm evidential basis. Subsequently, the father's responses to the mother's evidence demonstrated that the facts alleged were

largely admitted; what was in dispute was the father's motivation or intention behind his behaviour. Importantly there was little if any dispute about the adverse impact that the father's actions had on the mother, regardless of his intentions. In these circumstances, I went on to accede to the submissions of all parties that a fact-finding hearing was no longer required.

20. More recent behaviour by the father of a similar type has also attracted criticism by the mother. Shortly before this hearing, for example, father was said to have taken CX swimming in the knowledge that mother objected, and this upset her. Father said that they did not go swimming, but rather were paddling on the beach, an activity that he thought was permitted and would not upset mother. The core elements of the incident (a trip to the beach where CX went in the water with her father and was returned home wet) and its impact on mother were not disputed; again, it is father's motivation or intention that is being called into question.

21. At the conclusion of this hearing, Mr Barnes was entirely realistic when submitting that the court would have obvious difficulty in coming to a reliable conclusion that father's behaviour was intentional in that it had been motivated by a wish to perpetuate his previous psychological abuse of the mother. I agree with his submission that, nevertheless, many if not all instances of father's behaviour obviously lack insight as to the possible or probable effect on mother, who he knew had been significantly adversely affected by his abuse. This chimes with the assessment of Dr Jones who told me that the behaviours are aligned with some elements of his previous behaviour therefore acting as triggers for mother.

22. Dr Hannah Jones is a consultant forensic psychologist registered with the HCPC who has produced two reports dated 19 December 2025 and 17 April 2026. Although skilfully cross-examined by Ms King KC, Dr Jones' oral evidence did not depart from her written opinion. I found Dr Jones to be thoughtful and reflective when clarification was sought of her evidence and she was scrupulously careful not to stray from her expertise into offering an opinion on the ultimate question that I alone must decide. There is no doubt in my mind that I can rely on her well-reasoned assessment of both parents. Unusually, I intend to quote extensively from her reports because it is necessary to have a full understanding of the exceptional circumstances that underscore the need that is said to exist for the draconian order that I am being asked to make.

23. In her first report, what I consider to be key extracts of Dr Jones' assessment read as follows:

> 10. [AZ] presents with symptoms consistent with diagnoses of PTSD (DSM-5) / Complex PTSD (ICD-11) arising directly from abuses perpetrated by [BY] as clarified in the findings of fact [of the district judge]. She displays prominent symptoms of hypervigilance, re-experiencing, avoidance and persistent negative self-concept in addition to significant somatic symptoms. Her trauma responses are directly linked to triggers involving [BY] and lead to significant psychological distress when exposed to

him, whether directly or indirectly. She has significant features of internalised fear, self-doubt, and conditioned compliance consistent with coercive control and post-separation abuse.

(v) AZ's presentation is consistent with a diagnosis of Complex Post Traumatic Stress Disorder (Complex-PTSD). This formulation is supported by the prolonged and interpersonal nature of the abuse, the presence of coercive control, and her current symptom profile. She describes persistent hypervigilance and a sense of ongoing threat, stating that she does not enjoy going places because she feels hypervigilant – "constantly looking around", that she checks doors, positions herself so she can see exits, and experiences acute anxiety responses to phone notifications. These experiences are consistent with chronic threat monitoring and trauma related hyperarousal. She also describes intrusion and reactivity to reminders of [BY], including a severe physiological response when encountering someone associated with him, stating that she felt like she was having a stroke, froze, and could feel her heart beating in her neck. She reported nightmare related to [BY], and intrusive distressing thoughts when lying still at night. She described re-experiencing intense and physiological reactions when recalled Court hearings and cross-examination. [AZ] reported engaging in significant avoidance behaviours, including undertaking an MSc alongside her job and parenting responsibilities in order to "give my brain something to do at night". She described being unable to "sit still" for fear of distressing memories, thoughts, or feelings.

(vi) In addition to core post traumatic symptoms, AZ described the disturbances in self organisation that characterise Complex-PTSD. She reported significant affective dysregulation, particularly under stress related to court proceedings and contact, describing intense panic, feeling out of control, and marked physiological responses including shaking and racing heart. She described significant stress related weight loss which is indicative of sustained autonomic dysregulation. She also discussed a persistently negative self-concept, stating that she does not like anything about herself and that "I feel like I stopped living", and that she no longer recognises herself as she was before the relationship. AZ stated "I don't feel like I live my life anymore. I feel like I exist". Her relational world is also altered, with reduced trust, a sense that the world is no longer safe, and discomfort with closeness and touch.

(vii)AZ's account further indicates that her trauma symptoms fluctuate in relation to proximity to BY. She reports that both during and following the relationship, at times when BY was deployed, her nightmares reduced and she slept better because she "did not feel that I had to be constantly ready to react". This pattern of partial symptom remission in the absence of BY is consistent with trauma arising from the abuse she experienced, rather than a static anxiety or mood disorder. It supports the conclusion that her Complex PTSD symptoms are maintained by ongoing exposure through legal processes and contact arrangements, rather than representing a resolved historical trauma.

(viii) Alongside Complex-PTSD, AZ described clinically significant secondary anxiety and depressive symptoms. She reported pervasive anticipatory anxiety, stating that she feels anxious "thinking about everything" and "what is around the corner", and that she feels scared and worried much of the time. She also discussed anhedonia and loss of future orientation, stating that she does not look forward to anything. She described emotional numbing and exhaustion, with persistent sleep disturbance driven by intrusive thoughts when she is still at night. She also described passive death wish ideation in the context of exhaustion and overwhelm, stating that if she went to sleep

and did not wake up "it would be alright". Importantly, she simultaneously expressed strong protective factors, stating unequivocally that [CX] "is everything" to her and that she "would never leave her", and she denies any plans or intent. In my opinion AZ is not experiencing true suicidal ideation or intent, rather an expression of trauma-related avoidance and emotional overwhelm whereby she cannot imagine a context within which she can gain sufficient cognitive rest or peace due to the ongoing influence of BY. In my opinion these symptoms are best understood within the context of AZ's Complex-PTSD and chronic entrapment stress, rather than as primary depressive or anxiety disorders.

(ix) AZ also reported a significant somatic burden associated with her trauma, including gastrointestinal symptoms such as IBS and a hiatus hernia, chronic muscle tension, jaw clenching resulting in dental damage, and persistent physical pain. She described episodes of uncontrollable shaking during periods of acute stress. Whilst it is outside of my professional remit to comment in depth on these physiological symptoms I would suggest that they are consistent with prolonged hyperarousal and further compound her functional impairment, fatigue and emotional regulation capacity.

(x) … AZ's Complex PTSD symptoms are likely to have an impact on her parenting in specific and situational ways. Her persistent hypervigilance and threat monitoring may reduce her capacity to be fully emotionally present, and she described feeling that she is "never fully present" and is "constantly scanning for danger". It is apparent that legal and contact related stress impacts on AZ's caregiving routines, leading to moments where she describes having to distract her child with a film or snack so she can manage urgent communications, and becoming impatient during these high stress periods. She also describes becoming overprotective and describes herself as a "helicopter parent", driven by fear of BY's ongoing criticism and surveillance, which makes it difficult for her to relax into ordinary parenting experiences. Chronic sleep deprivation and exhaustion further reduce her emotional bandwidth and tolerance under pressure. AZ also described contact transitions as particularly dysregulating for both herself and [CX]. She reports shaking and panic around handovers and described [CX]becoming distressed and resistant to contact with this in turn acting as distressing for AZ. She experiences herself as caught between complying with orders and trying to protect her child emotionally, which places her in a double bind and further exacerbates her trauma symptoms. These difficulties do not reflect a lack of care or commitment, but rather the impact of ongoing coercive control dynamics on her psychological functioning. I would also note that it is apparent that the current contact regimen allows very little space or time for psychological recovery given that AZ is exposed to BY (albeit indirectly) on what is essentially a weekly basis. She discussed a need to remain "on standby" during contact in case [CX] wishes to leave and that this means that she and [CX]in effect have a single day each week in which to spend "quality time" together, but that this is frequently not possible.

24. This diagnosis is not in dispute and I accept it. Of course, Dr Jones' diagnosis depends to a large part on AZ's self-report of her current symptoms and the impact that facilitating the child arrangements has on her. Mother's evidence has not been tested in the traditional sense in that father agreed that she need not be cross-examined and so Ms King supplied a list of questions in writing that were answered by mother at home the week before the final hearing. Nevertheless, it is not suggested on father's behalf that she is exaggerating her presentation and as with the District Judge before me, I

have no reason to conclude that AZ has been anything other than truthful in her reporting.

25. That which she told Dr Jones is consistent with the written evidence that mother has filed, including, for example, this vivid extract from her third statement.

> [17] Whilst to date I have worked extremely hard to shield [CX] from the emotional impact [BY]'s abuse has had on me, it is harder to conceal the physical effects. Over the last 5 years, I have attended countless hospital appointments, undergone extensive testing and medical procedures (some surgical) and required extensive rehabilitation treatment for the chronic pain I suffer. On one occasion, I had to be taken to hospital by ambulance as my physical symptoms were so extensive and [CX]was aware of this. It was a terrible situation, I was unable to walk, and I had to crawl down the stairs with her on my chest to try and unlock the door. My mum told me that she cried when they took me away. I am thankful that due to [CX]'s young age she hopefully won't remember this, but as she grows more astute, I fear it will impact her greatly to see my health deteriorate further, if contact does not stop. It is important that [CX] is able to grow up in a secure environment and that I am given the protection to shield her from any such adverse effects to the best of my ability.

26. In between Dr Jones preparing her two reports, I acceded to an application to vary the original child arrangements order to reduce the pressure on mother so that supervised contact between CX and her father would take place on alternate Saturdays, rather than almost every week.

27. Turning then to prognosis in her second report, Dr Jones opined that:

> 14. … AZ's prognosis is substantially contingent upon the degree to which the threat environment can be reduced or resolved and meaningful trauma processing is unlikely to commence safely whilst she remains effectively exposed to her perpetrator. A phased, integrative treatment model is recommended, progressing from stabilisation through trauma-focused processing (EMDR and TF-CBT) to longer-term relational consolidation, with an optimal timeline in the region of at least six months for the middle phase alone, dependent upon environmental safety being secured. The current contact arrangements, whilst representing an improvement upon previous arrangements, continue to impose a recurring cycle of anticipatory anxiety and physiological arousal that structurally prevents the sustained psychological safety required for Phase 1 stabilisation therapy to progress.
>
> (ii) Clinically, AZ's trauma responses continue to present as being implicitly connected to ongoing triggers related to BY and to contact between BY and CX and the ongoing legal proceedings. She described at our second meeting that the reduction in contact to alternate weeks had made "a huge difference" to both her and CX's wellbeing, and that for the first time she had experienced "a little bit of breathing space". She reflected that the previous pattern meant that "before I knew it, the anxiety of contact, the stress of writing it up, and then the worry of the following contact, it was just relentless". This observation is consistent with the well-established literature indicating that the degree of recovery possible for survivors of coercive control is substantially contingent upon the reduction or removal of ongoing exposure to the perpetrator and the threat

environment they represent. However, it was apparent that although this has provided AZ with some "breathing space" it has not mitigated symptoms which are ongoing.

(iii) … AZ's prognosis is likely to be substantially contingent on the extent to which the threat environment can be reduced or resolved. The prolonged, pervasive and insidious nature of the coercive control AZ experienced means that her trauma is not anchored to discrete events but to a sustained experience of threat, subjugation and loss of self. This renders recovery inherently more complex and more gradual than would be expected following a single-incident trauma. AZ is a significantly psychologically minded individual with genuine insight into the nature of what has happened to her, good existing social support, and a strong relational foundation with her daughter. These are established protective factors that are positive linked to recovery. However, meaningful trauma processing and subsequent recovery are unlikely to be able to effectively and safely commence whilst she remains in an active threat environment.

(vii) In my opinion AZ requires a phased and integrative trauma treatment approach, beginning with stabilisation and progressing to trauma processing and reintegration once psychological and environmental safety are secured. The immediate priority is the consolidation of AZ' psychological stability and reduction of ongoing re traumatisation. This phase (Phase 1) should continue until contact and litigation-related triggers are no longer active or overwhelming. The focus of this phase would surround emotional regulation, grounding exercises, and psychoeducation around trauma. In such circumstances whereby legal proceedings have concluded and were AZ to no longer experience regular destabilisation from contact or communication from BY, she would be suitable for integrative trauma-focused therapy (Phase 2). In my opinion this should combine Eye Movement Desensitisation and Reprocessing (EMDR) for reprocessing traumatic memories and reducing physiological reactivity; and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) to address trauma-related cognitions, self-blame, and guilt. This phase should proceed at a pace dictated by AZ's emotional tolerance, with flexibility to return to stabilisation strategies as needed. Recovery from complex trauma is non-linear and individual variation is substantial (and are at least somewhat dependent on external circumstances as discussed) and therefore timeframes are unpredictable. I would suggest that in optimal circumstances this would take at least 6 months.

(viii) In the longer term, following successful trauma reprocessing, AZ would benefit from longer-term relational or integrative therapy to consolidate self-concept, restore trust, and strengthen her sense of identity outside of the abuse. Approaches including Schema Therapy, Cognitive Analytic Therapy (CAT), and Internal Family Systems Therapy (IFS) are each well-suited to this work. This phase (Phase 3) has the potential to address the internalised self-doubt, conditioned compliance, and disrupted sense of self that are prominent features of AZ's presentation.

(ii) … From a psychological perspective, if AZ were to complete a course of treatment of the kind described above and to achieve meaningful resolution of her trauma symptoms, by which I mean a demonstrable reduction in her hypervigilance and avoidance, an improved capacity for emotional regulation, and a rebuilt sense of self and agency, she would be in a considerably stronger psychological position to manage contact arrangements that involve a greater degree of exposure to BY's presence in CX's life.

(iii) If AZ's complex-PTSD remains at its present level of severity, then any expansion of contact arrangements would carry a substantial risk of further deterioration in her mental health. Continuation of the current contact arrangements risks perpetuating her current symptoms of complex-PTSD. This matters not only for AZ's own welfare but for CX's, given that the wellbeing of a child's primary carer is a critical determinant of that child's developmental outcomes. A primary carer whose capacity is significantly compromised by ongoing trauma exposure is less available, less regulated, and less able to provide the sensitive attunement that CX requires, and this risk would be exacerbated rather than mitigated by increasing the frequency or intensity of contact related triggers.

28. When answering Ms King's questions, Dr Jones made clear that the already stringent mitigations in the contact arrangements have been unable, in fact, to mitigate the impact on AZ. The reduction in contact that I ordered has been a form of relief, but any contact is challenging and will have an adverse impact on the effectiveness of treatment. The independent facilitation of contact by a third-party will make little difference because the impact will come from preparing CX for contact, the fear of impact on CX when not in her care and listening to CX's reaction afterwards. Even indirect contact by video, or to a lesser extent letters/cards, will present a problem. At this stage, it is key that AZ should be permitted to recover autonomy rather than continue the requirement to follow a court order. Any proposal that builds that autonomy will be of benefit.

29. Furthermore, Dr Jones is of the view that the litigation itself contributes to the trauma for mother, not least the resumption of litigation at the outset of last year when Ms Tickle was tipped-off to apply to the court for permission to publish the circumstances of this case. Equally, she thought, the actions of the Cafcass officer in the original proceedings in seeking to undermine the decision of the district judge by repeatedly involving the local authority children's services would have been confusing and unsettling for mother.

30. In my judgment, the prognosis could not be clearer. AZ will not recover from her Complex-PTSD unless she can undergo the three phases of treatment: Stabilisation; Integrative trauma-focused therapy, i.e. Eye Movement Desensitisation and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT); and longer-term relational or integrative therapy, e.g. Schema Therapy, Cognitive Analytic Therapy (CAT), and Internal Family Systems Therapy (IFS). She is unlikely to be able to undertake phase 1 stabilisation to a sufficient degree, successfully participate in phase 2 treatment and progress to phase 3 at the same time as facilitating child arrangements of any type between CX and BY.

31. Furthermore, it is clear that untreated, mother's Complex-PTSD is likely to continue to have a seriously adverse effect on her (physically and psychologically) and therefore an increasingly adverse effect on her ability to parent CX. Given that I am told that

phase 2 treatment is unlikely to be available to AZ for at least 12 months and the best case scenario for phase 2 is six months, before then moving to phase 3, in my judgment a timescale for AZ '*to achieve meaningful resolution of her trauma symptoms*' (in Dr Jones' words) is unlikely to be less than three years. Dr Jones gave evidence that this is realistic. I also accept her evidence that mother unsurprisingly '*very much wants to recover*' and is therefore motivated to complete this three-phase programme.

32. Any decision to terminate contact for the purpose of AZ's treatment is unlikely therefore to be able to be reasonably reconsidered any earlier.

33. In her second report, Dr Jones also gave her assessment of BY in these terms:

> 15. BY does not meet diagnostic criteria for any psychological disorder, though he presents with a number of clinically significant psychological vulnerabilities. BY demonstrates a pervasive pattern of deficits in mentalisation with his capacity to inhabit the internal experience of himself and others being substantially limited. This limitation is in my opinion an outcome of an early environment characterised by prolonged separation from primary caregivers, physical discipline, institutional living across multiple continents, and nearly two decades of military service, all of which rewarded the suppression of vulnerability, dominance, and self-sufficiency over emotional attunement and relational reciprocity. In my opinion BY would benefit from undertaking Mentalisation-Based Treatment (MBT) delivered by a clinician with specific experience of working with perpetrators of coercive control to be delivered concurrently with or followed by structured psychoeducation specifically focused on coercive controlling behaviour and its impact on the victim.
>
> 16. In terms of future perpetration of domestic abuse, in my opinion BY's perpetration of abuse is best understood as rooted in deeply embedded psychological architecture that has not, in my clinical opinion, been adequately addressed by intervention completed to date. His current insight operates at the level of discrete behaviours rather than at the level of coercive control as a system. The risk he presents to AZ primarily risk of ongoing psychological harm through the mechanisms of contact and litigation.

34. The district judge described BY as a '*work in progress*' back in 2023 and Dr Jones is clearly of the opinion that, although some further progress has been made since then, specific treatment and psychoeducation addressing coercive-control needs to be undertaken. In her opinion, from which I do not depart, the perpetrator programme that he undertook during the course of the original proceedings was simply not designed to address his various 'psychological vulnerabilities' despite his compliance with the chosen intervention. In my judgment, this is plainly work that BY needs to undertake alongside AZ's treatment so that future child arrangements have the best chance of meeting CX's needs.

35. Whilst in no way questioning mother's veracity, her third statement and the answers to Ms King's written questions have given me pause for thought about whether she has fully appreciated the likely adverse impact on CX of being denied any contact with her father. If CX is no longer to have contact with her father whilst he completes the

necessary work and her mother emerges from her Complex-PTSD, to an overwhelming extent the court will be relying on AZ not only to mitigate the emotional harm that all parties accept will be caused to CX as a result, but also to be able to identify when the daughter/father relationship is able to be rekindled. I appreciate that she is largely dependent on advice as to what is relevant to be included in her statement, and it may be unsurprising that she underestimated the impact of the guardian's recommendation on CX's emotional welfare given that initially the guardian also fell into this error.

36. Nevertheless, as Mr Barnes reminds me, the mother said this in her final statement:

> [27] ... I would like to assure [BY] that the seriousness of these proceedings and what I am asking the court to undertake is not lost on me. It pains me greatly to be at this point 5 years down the road. I have and will always act in [CX]'s best interest; her wellbeing is the most important thing in the world to me. I have always placed [CX]'s interest before my own, prioritising contact over my own health and recovery. However, this has proven to be ineffective, and I now sincerely hope that I am afforded the time and space I so desperately need to recover, and that [BY] will meaningfully engage in the significant work required of him, allowing us both to be the best possible parents to our incredible little girl.'

37. Her entirely justified antipathy towards the father and her perception that CX does not enjoy contact as much as the independent evidence would suggest, together with the lack of a challenging professional narrative, may have led her to view any possible future adverse reaction by CX through rose-tinted spectacles. However, at the conclusion of this hearing, and after reading this judgment, it is likely in my judgment that she will have a more realistic view of the emotional instability ahead for CX. If Dr Jones is right, and I have no reason to think that she is not, AZ will have the time, space, motivation and ability to meet these challenges. She has consistently placed CX's best interests, as determined by the court, ahead of her own, complying with an order with which she disagreed and protecting her daughter from the impact of the father's abuse on her own health and wellbeing. I am confident that this approach will be continued and, once her symptoms are alleviated, enhanced.

38. In the witness box, BY spoke of "*an amazing relationship and bond given the circumstances of the last six years – she loves seeing me – we start with hugs and kisses"*. He told me that he does not recognise the description of contact that mother relates. He told me that he encourages child-led play but there are boundaries and "*times when I have to be Dad*". In this context, he was not surprised if CX said he was '*a bit bossy'*. He said that CX had found the reduction in child arrangements to fortnightly visits to be "*distressing*" and that she regularly tells him that she wants to live with him or spend more time with him.

39. Referring to Dr Jones' assessment, he said he was quite nervous to begin with but tried to be as open as possible. He told me that he will "*take any self-improvement – I have asked within my church for a faith-based psychologist*". He concluded his

evidence in chief by telling me that he accepts that AZ "*needs to recover from the harm that I caused*" and needs to do work to achieve that recovery.

40. Answering Mr Barnes' questions, he said that AZ is a very good mother who has done a good job of raising CX. He agreed that she is CX's primary carer and figure of attachment. He accepted that AZ has given a consistently truthful account of what she has experienced and what has been reported to her by others, including by CX. Referring to her complex PTSD, he said that "*it is awful that she is suffering*" and that untreated, he thought that it would be "*difficult*" for mother and daughter.

41. Ultimately, he simply "*hoped*" that treatment could be effective and AZ could be fully recovered without preventing CX from maintaining her relationship with him: "*I do not have all the answers*" but "*I believe CX will yearn and pine for me – I really believe, deep down in my heart, that it will be devastating for [CX] no longer to see me.*" Nevertheless, he accepted that it is unlikely that the current limited child arrangements could progress unless AZ recovered and there would be longer term benefits for more meaningful child arrangements in the event of successful treatment. He agreed that the only realistic path to achieving his ultimate goal of CX spending weekends with him unsupervised is AZ emerging from her Complex-PTSD. Nevertheless, he repeated that the need for AZ to recover has to be "*weighed in the balance*" with the impact on CX of no longer seeing him.

42. Hope is a sentiment upon which the children's guardian repeatedly relied when considering whether CX's likely adverse reaction to the termination of her relationship with BY could be ameliorated. Of course, to recall the well-known 18th Century proverb, one hopes for the best but prepares for the worst. In this case, arguably the children's guardian failed in her written evidence to address the need for the latter. An initial insistence on describing her recommendation as a 'pause' underestimates the significance of it: it is not a brief or short break in the arrangements. What is proposed is an order for no contact without end that may or may not be reinstated at an indeterminate future time, probably at least three years away. There is no benefit in euphemistically describing the reality of what is proposed.

43. Like me, the children's guardian is impressed with Dr Jones' evidence that she described as '*really compelling*' and agrees that the work suggested for both parents is necessary and appropriate. Although she currently has '*no concerns*' about AZ's parenting of CX, it is clear to her that the impact of Complex PTSD on AZ is '*huge*' and the risk of that spilling over to adversely impact on CX is very real and likely to be unmanageable resulting in significant harm.

44. She acknowledged that her recommendation would be '*terribly sad*' for CX, leaving her with a range of emotions: '*upset, angry, disappointed and confused*.' Nevertheless, she has considerable confidence in AZ's ability to support CX in coming to terms with these feelings of loss, describing AZ as being thoughtful in her interaction with CX and

as having done everything that has been asked of her so far to maintain CX's relationship with BY. She was in no doubt that AZ can deliver an agreed narrative sensitively and appropriately.

45. When cross-examined on behalf of the father, she was invited to reflect on her assessment of the quality of contact between father and daughter. Her evidence is of a '*positive and engaged father and child*' with '*pleasing interaction*' resulting in contact that is '*clearly enjoyable*'. It is a loving relationship with a connection between father and daughter that goes beyond mere enjoyment. She agreed that CX is neither dysregulated, anxious nor '*overly agreeable*' in contact. She rejected the suggestion that she had undervalued the father/daughter relationship even if she had not been as clear in writing about its quality and the loss to be felt by CX as she now was from the witness box.

46. She agreed that it is important for the mother to have a realistic and authentic opinion of the quality of contact, not least because she may be the sole arbiter of when contact will resume, in the absence of further proceedings. In this context, she conceded that some of mother's negative impressions of contact '*do not chime with my observations or what I have read*'. Nevertheless this apparent incongruity between mother's perceptions and the reality did not undermine her confidence in mother's ability to manage the fall-out from the termination of contact or to promote the father/daughter relationship again in the future.

47. She acknowledged that it would be '*hugely complex*' for mother to engage in providing an explanation to CX, and it would need to be done more than once, consistently, and in answer to an inquisitive and confident child. She accepted the superficiality of the proposed narrative summarised at paragraph 10 of her addendum report. It was a '*baseline*' that she would need to develop in conjunction with the parents, and she was confident that she possessed the necessary skills to undertake this task successfully.

The parties' positions in closing

48. In urging me to make an order that there be no contact between CX and her father, Mr Barnes did not invite me to 'undervalue' the relationship between daughter and father. In fact, it is the quality of that contact that he submits supports the mother's contention that contact is likely to resume following its cessation. Rather, he emphasised that contact does not have a minimal or manageable impact on mother's ability to care for CX. He reminded me of Dr Jones' evidence that, whether intentional by father or not, as a result of her Complex-PTSD mother is particularly sensitive to what he may do or say in contact, and he has insufficient insight about that. The undisputed traumatic impact of historic abuse on mother, he submitted, will eventually break her if not treated, with an obviously catastrophic result for CX.

49. Mr Barnes submitted that an acceptance that there needed to be a period of no contact to enable mother to emerge from her Complex-PTSD leads inevitably to an order under section 91(14) Children Act 1989 preventing further applications by the father without permission for the likely period of treatment of three years. Any application for permission should be made to me, he suggests, without notice to mother in the first instance.

50. As for further measures proposed by the children's guardian, father's indication during his oral evidence that he was aware of the part of the [area] in which mother and child live had understandably heightened mother's anxieties. It was therefore submitted that unless there is a demonstrable need for father to be [in the area in which the mother lives], he should be prohibited from travelling there to avoid needless worry on her part.

51. Ms King identified the very real tension between risk management during the therapeutic process for mother and CX's need for a continuing relationship with her father. She realistically observed that while father struggles with some of her conclusions about him, he has to accept and does recognise the cogency of Dr Jones' evidence about the pathway to mother's recovery and the development of his further insight.

52. Ms King emphasised that his 'aspiration' is that the desired outcome for mother can be achieved by maintaining some contact. Again, it was candidly acknowledged that although it would be 'much, much more difficult' to achieve recovery for mother with contact, there is nevertheless a space between that and 'impossible' that could and should be occupied by continuing contact of some kind.

53. Whilst acknowledging the risks to CX of mother not being able to recover from the Complex-PTSD, Ms King rightly highlighted that CX is not presently suffering harm. In contrast, the likelihood of harm to CX by there being no contact is very real, as the guardian finally acknowledged. CX will likely experience confusion, abandonment, anger and distress. The impact will be acute, but also possibly chronic. Whatever scaffolding is put in place to support her, when the adults are ready for contact to be resumed, CX may be unwilling and/or unable to resurrect her relationship with her father.

54. In highlighting the cogent evidence of the strength of the relationship between father and child, Ms King noted that it had been for father to undertake the 'heavy lifting' of bringing this to the court's attention. In criticising the adequacy of the Cafcass assessment, as did the district judge in the original proceedings, Ms King submitted that CX had been let down by an approach that overvalued the impact of harm if mother does not recover and undervalued the quality of the father/child relationship and the resulting harm of bringing that to an end. The guardian had 'seen the splash but been blind to the ripples'.

55. Understandably, Ms Brereton KC sought to defend the totality of the guardian's assessment, arguing that any deficiencies in her final report had been remedied in her addendum report and oral evidence. She had come to this case afresh and without having consulted the previous Cafcass officer. Her recommendation had not sprung from ignorance of the positive relationship with father and daughter but rather from the indisputable evidence of Dr Jones and the clear danger presented to CX of her mother not being able to recover. Had there been a way of enabling mother's recovery and maintaining a father/daughter relationship, it was submitted that the guardian would have alighted upon it. All realistic alternative options had already been tried including supervision, strict handover arrangements and recently, reduced frequency. It has eventually come down to a binary choice.

56. Focusing on the requirements of paragraphs 35-37 of PD12J, Ms Brereton emphasised that mother's emotional safety can simply not be protected in the context of ongoing contact absent the recommended treatment for Complex-PTSD and the further work for father. Dr Jones' evidence that effective treatment is not likely in the context of ongoing contact is unimpeachable. Acknowledging harm in the adoption of either option available to the court, she highlighted that the consequences of mother collapsing in the absence of effective treatment would be wholly unmanageable for CX. The reality is that thus far, mother has been barely managing to protect CX from the impact of her Complex-PTSD.

57. However, Ms Brereton submitted that the harm to be caused by an order for no contact can be managed. Even if there is still work to be done, a suitable narrative will be devised to explain the situation to CX. Mother has the capacity to address the likely adverse reactions in CX. Further, the risk of mother not working to rekindle the father/daughter relationship once she has largely recovered is small, given the way she has fostered that relationship to date despite her misgivings.

Further analysis/welfare checklist

58. Wishes and feelings I am sure that CX loves her parents and wishes to maintain her relationship with them both. She is enthusiastic about contact with her father and really enjoys spending time with him. Equally, there is no question in my mind that she feels happy and secure living with mother, and would not want that situation to change. I am sure that she is able to recognise in an age appropriate way that her mother is fundamental to her wellbeing. Were she able to understand the adult issues in the case, I have little doubt that she would wish her mother to be healthy so that she can give the best of herself in caring for her during her minority, with the linked prospect that such recovery could also lead to an enhanced and less restrictive relationship with her father.

59. Needs I cannot and do not underestimate CX's need for maintaining a strong relationship with each of her parents. In my judgment, those needs are only just being met at present. There is no escaping the fact that although the quality of contact has been and is currently high, it remains highly restrictive and lacks essential flexibility in meeting CX's developing needs as she matures. As predicted by the district judge in the original proceedings, CX will outgrow the current arrangements. The status quo cannot be maintained indefinitely and I am certain that the current arrangements cannot develop without mother recovering from her Complex-PTSD. Father does not realistically say otherwise. Equally, if mother cannot have the time and space to recover, there will come a time, possibly quite soon, when she can no longer meet CX's emotional needs. I accept the evidence that she is presently managing, but not without having to constantly face down considerable difficulty on her part.

60. Effect of change Again the impact of the proposed order for no contact can not be, and is not to be, underestimated. I am satisfied that at least by the conclusion of this hearing, the guardian and AZ through her counsel both demonstrated a sufficient understanding and acceptance of the likely consequences for CX of their proposal. Those consequences are likely to be acute, including feelings of confusion, distress and anger, as well as potentially chronic in the form of feelings of rejection, abandonment and an unwillingness to resume a relationship with her father. I am confident that mother has the desire and the ability to ameliorate the acute impact on CX, together with the necessary support so to do from those around her. I am also confident that father will be able to set aside any reservations he may have about my decision and support the agreed narrative for CX to have a better understanding of the decision.

61. The proposed order may also, however, effect positive change in the medium to long term. A successful recovery by mother in the next two to three years, and a positive response by father to the work recommended for him, may well lead to the normalisation of child arrangements, in which father and CX may rekindle their relationship without the need for restrictions or supervision. As I have already mentioned, this is a considerable benefit which is most likely not available for CX unless there is radical change now.

62. Age, sex, other characteristics CX is a six-year-old girl who has maintained a relationship with both parents throughout her life. She is seemingly unaware of the domestic abuse of her mother that has led to the restrictions on her relationship with her father. This clearly cannot and will not continue indefinitely. Whatever order I make, she will have to be assisted at some stage to come to terms with this dark reality. In the circumstances, it is remarkable that she is so well adjusted.

63. Religion has been another issue between the parents. CX attends a Roman Catholic school so experiences Christianity in her educational setting. BY is a committed Christian and his desire to share his and the paternal family's lived experience of faith

with CX against AZ's wishes has been and remains a bone of contention. I expect that the way in which both parents approach this issue with CX will change as an incidental consequence of the successful completion of the treatment and work proposed by Dr Jones. If not, this issue will have to be revisited in future.

64. Harm/risk In my judgment, by the end of this hearing there is a full appreciation by all parties of the risk of harm in this case. There is no serious case to suggest that CX will not suffer harm as a result of contact with her father ceasing. There is an expectation on the part of AZ and the guardian, that I share, that it can and will be ameliorated (but not extinguished) by a continuation of the sensitive and attuned care provided by her mother. Father is less sanguine about the ability to manage the emotional fall out from their proposal. On balance, I am satisfied both that father is right about the likely reality of CX's adverse response to no longer spending time with him and that nevertheless mother and the guardian are right about mother's ability to support CX to an extent that the harm can be minimised.

65. There is, however, an inevitability that a continuation of the current or any child arrangements will prevent mother from recovering from the Complex-PTSD. In those circumstances, there is 'an accident waiting to happen'. I have no doubt that the time will come when she finds herself in crisis, unable to maintain the current high standard of care, and there will be no way of effectively managing the resulting harm to CX. Even if the risk of this happening is less concrete than the virtual inevitably of the impact of ceasing contact, the consequences of it happening are so very worse and more serious for CX. The inability of mother in those circumstances to continue to provide the day-to-day care for CX that she has done throughout her life would leave CX bereft of her primary attachment figure. In my judgment, it would be little short of catastrophic.

66. Capability of parents I have already described mother's care of CX as sensitive and attuned. Father has no criticism of mother's care, it being described on his behalf as very attentive. There is little doubt, however, that her ability to maintain this level of exemplary care is likely to become increasingly undermined by her Complex-PTSD. To support this analysis, I need not repeat here the evidence of Dr Jones summarised above. Nor is this analysis seriously contested by father. He accepts the need for treatment of mother and wants her to make a recovery.

67. I can only judge father's capability in the context of the restrictive circumstances in which he has been able to parent. In that context, he has proved himself to be well able to meet CX needs and positively contribute to her development as a well adjusted and happy child. However, a greater insight into the impact of his behaviours, together with mother's recovery, would enable him to demonstrate his ability to meet CX's needs without continuing supervision.

68. Range of orders The space that Ms King encouraged me to find, where both mother can be treated and recover, and CX can continue to have some form of contact with her father, has sadly proved illusory. All possibilities short of no contact have been robustly tested, not least with Dr Jones, but ultimately they were found wanting. I have come to the conclusion that contact of any form is simply incompatible with mother's recovery from her Complex-PTSD. So what of the remaining binary choice?

69. A continuation of the status quo or some other form of contact runs an appreciable risk of mother no longer being able to meet CX's needs resulting in her suffering significant and unmanageable harm. A cessation of contact results in acute emotional harm for CX, albeit likely to be well managed by mother, with the risk of chronic harm and a permanent end to the father/daughter relationship. This latter option, however, by providing mother with a route to recover, offers the likelihood of enhancing her ability to consistently meet CX's needs and also opens up the possibility of a more natural and less restrictive father/daughter relationship with the flexibility to grow through CX's minority.

Conclusion

70. In the final analysis, my decision is not finely balanced. In my judgment, the immediate cessation of contact, whilst painful in the short term, is the only way to secure CX's medium and long term welfare, promoting the likelihood of two healthy parents able to meet her needs through her childhood, adolescence and beyond.

71. I envisage the parties, with the assistance of the guardian, will have already given further consideration to the arrangements for CX to now spend time with father on one further occasion at which he will say goodbye to her for the time being, relying on an agreed narrative that I expect will have been further developed over the last few weeks. Whether I need to be any more prescriptive will no doubt become apparent when I am presented with a draft order for approval.

72. In these circumstances, there is little point putting mother's recovery in danger by limiting the s91(14) order to two years rather than three. I have set out the realistic timeframe for Dr Jones' recommended three stage process above. If it bears fruit sooner than expected, I am confident that mother will be in a position to advance CX's best interests by promoting the rekindling of her relationship with father without court intervention. If I am wrong, father will be able to make his without notice application in the knowledge that it will come before me for decision, with the advantage of my accumulated knowledge about this case.

73. Father confirmed that he has no need to travel to the [area in which the mother lives] other than in the course of his employment. If he is willing to give an undertaking in

those terms for the same duration of three years, I will accept it. Otherwise I will make an equivalent order because it is a necessary and proportionate response to help to alleviate mother's anxiety, aid her recovery and ultimately promote CX's welfare.

74. As for the other formal restrictions on father's parental responsibility originally proposed by the guardian, they did not form any significant part of mother's case and were not pressed heavily upon me in closing on behalf of the guardian. I have not been convinced that they are necessary.

75. I have considered a family assistance order to ensure the continued involvement of Cafcass in supporting the parents to manage the difficult transition that my order envisages. I was, however, assured that this is not necessary, and the guardian will maintain her involvement in the short term for this purpose.

76. Following circulation of this judgment in draft, the parties made a number of submissions in writing on issues that arose in the drafting of my order.

77. Father now asks to receive directly from CX's school updates about her educational progress twice each term, and in default for him to be able to contact the school. In response, mother says that she will include information about CX's progress at school in her quarterly updates to him, and seeks an undertaking from him that he will not contact the school. The prospect of him contacting the school, which is also her place of work, worries her.

78. I had understood father to have accepted that he would not be in direct communication with the school. The position statement filed on his behalf states as follows:

> [100] … He has accepted that he must accept a peripheral role. He notes that a single attempt to exercise his PR in recent years, when he contacted CX's school, has been the subject of criticism. He is alive to the risks which would come with seeking to be more actively involved in CX's life than he is.

79. In the context of this case, that was an entirely understandable and realistic observation on his part. On the basis that mother's updates to him, via her solicitor, will provide information about CX's education, I will not permit direct communication between the father and school for the same duration as the section 91(14) order. If he is willing to give the proposed undertakings in these terms, I will accept them; otherwise I shall make an order to the same effect.

80. I have made reference to the provision of quarterly reports to father about CX that mother has offered to provide with the assistance of her solicitor. Father now asks that these reports be provided every six weeks instead. I am satisfied that the proposed quarterly reports strike the right balance between maintaining the breathing space for

mother that I have found is necessary and in CX's best interests, and ensuring that father remains aware of developments in CX's life.

81. Father now asks for a prohibition on mother travelling to the area in which he lives and works, essentially to mirror the undertaking that he is giving not to visit the area in which she lives and works. This was not raised at the hearing and therefore not addressed by the parties. It is said to provide a safeguard to the parties meeting inadvertently. Unlike father's undertaking, there is no evidential basis or other justification for a like restriction on mother. In my judgment, it is not necessary and would be a disproportionate response to a remote possibility.

82. In accordance with my judgment, there is soon to be an occasion of contact between father and daughter at which he will say goodbye in accordance with the narrative that has now been agreed by the parents and guardian. The mother considers that the guardian's involvement in that contact will be of importance to ensure that the agreed narrative can be delivered appropriately, and to ensure CX's welfare. Father resists the guardian's presence during contact, but is willing to meet her before and after contact, no doubt to receive guidance and reassurance.

83. The guardian is satisfied that her presence at contact is not necessary. She will be available before and after contact, and will remain in the vicinity in the event that she is needed, as requested by father. She will ensure that the contact supervisor and her agency are properly briefed in advance. The guardian will also be available around this time to support mother. I am satisfied that these arrangements set out by the guardian are those that will best advance CX's welfare in the context of this last contact and will not, therefore, make the order sought by mother. I am grateful to the guardian, as I am sure are the parents, for her assistance in implementing my judgment.

84. Father has put together a photograph album to give to CX. In the absence of being shown the album, mother has expressed her concern at the possible contents, particularly that it should not accentuate the feelings of profound loss that I have found CX is likely to experience. The guardian has seen the album and takes no issue with its contents. In those circumstances, I am satisfied that father be permitted to give it to CX when they next meet.

ENDS