

# **Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Model**

## **Practice Guidance for All Front Line Staff<sup>1</sup>**

**Risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm.**

**PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL**

If you do have comments or suggestions please send them to:

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<sup>1</sup> This guidance reflects work undertaken by Laura Richards, on behalf of NPCC, in partnership with Safe Lives

<sup>2</sup> Please note the terms “abuser”, “offender” and “perpetrator” have been used inter-changeably. \*by a question

## **INTRODUCTION**

The introduction of the new Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model means that all police services and a large number of partner agencies across the UK will be using a common checklist for identifying and assessing risk, which is significant.

The DASH (2009) Model has been developed by Laura Richards on behalf of the NPCC (previously known as ACPO) and in partnership with Safe Lives. NPCC accredited the DASH (2009) Model to be implemented across all police services in the UK in March 2009. It has been endorsed by many agencies including CAFCASS, RESPECT and the National Centre for Domestic Violence.

When someone is suffering from domestic abuse, stalking and/or HBV it is vital to make an accurate and fast assessment of the danger they are in so they can get help as soon as possible. The DASH Model is a tried and tested way to understand risk. It is based on research about the indicators of high-risk domestic abuse.

**In England and Wales, the police service use the 27 item DASH as well as some other agencies. Other agencies may use the 24 item Safe Lives DASH.**

## **AIM OF THE DASH RISK IDENTIFICATION CHECKLIST**

- To help front line practitioners identify high risk cases of domestic abuse, stalking and so-called honour-based violence to decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management
- To offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and “honour”-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and “near misses”, which underpins most recognised models of risk assessment.

## **HOW TO USE THE DASH RISK IDENTIFICATION AND ASSESSMENT CHECKLIST**

Risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. Rather risk identification and assessment is based on structured professional judgement. It structures and informs decisions that are already being made by you. It is only a guide/aide-memoir and does not provide an absolute or relative measure of risk using cut off scores. Assessment of risk is complex and not related to the number of risks appearing alone. Rather, the risk posed to the victim or others in a particular situation will be dependent upon what they are and how they apply in that context.

The risk process must remain dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review. This model is most effective when undertaken by staff who have been fully trained in its use.

High risk cases will require a multi-agency response. Please note that some agencies will automatically refer a case to the Multi-agency Risk Assessment Conference (MARAC) if it scores 14 ticks or more. 14 ticks or more (on their 24 item checklist) is believed to be a rational starting point for case referral to MARAC and so is used as a safety net only. If you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk.

### **What is professional judgement?**

You may have serious concerns about a victim's situation even if they are not "visibly high risk". Where the particular context of a case gives rise to serious concerns, even if the victim has been unable to disclose the information that might highlight their risk more clearly, will categorise the case as high risk and/or refer to a MARAC based on your professional judgement. Such situations may occur when (this list is not exhaustive):

- ✓ There are extreme levels of fear;
- ✓ Cultural barriers to disclosure such as in cases of honour based violence;
- ✓ Extreme levels of control and/or isolation;
- ✓ Obsessive stalking behaviour;
- ✓ Where the perpetrator is abusing more than one partner;
- ✓ You feel, using the sum of your experience and instinct, that something is very wrong and the risk is high (the "x-factor").

### **Before you use the DASH**

Before completing the form for the first time we recommend that you are trained in the use of the model and have read the full support documents including this practice guidance and Frequently Asked Questions (FAQs).

Training is university accredited and available for frontline staff, specialist from all agencies as well as trainers. Refresher training is also available and professionals should receive updates and be refreshed every six months. For more information visit [www.dashriskchecklist.co.uk](http://www.dashriskchecklist.co.uk)

Police professionals should use the NPCC Police DASH (27 questions) and other professionals the Safe Lives DASH (24 questions).

This guidance is aimed to provide assistance to professionals when completing the checklist with victims and to help identify HIGH risk cases, as well as compile safety plans.

### **Asking the Questions**

**It is very important to ask ALL of the questions on the checklist at EVERY incident.** Some questions may appear to overlap – but we want to encourage maximum opportunity for disclosure from victims. Please note that the "don't know" option is NOT included. If the answer is not known please write that on the checklist. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

### **You will need to consider:**

1. WHO is at risk;
2. The CONTEXT of the BEHAVIOUR;
3. HOW the risk factors interact with each other;
4. The victim's perception of risk.

The indicators can be organised into factors relating to the behaviour and circumstances of the perpetrator and to the circumstances of the victim<sup>2</sup>.

Most of the available research evidence, upon which the following factors are based, is focused on male abusers and female victims in a current or previous intimate relationship. However, **you must use the risk checklist for ALL domestic abuse, stalking and HBV cases.**

Generally these risk factors refer to the risk of further assault, although some are also linked to the risk of homicide and where this is the case, it is highlighted in the guidance below. We have also highlighted factors linked to honour based violence, which must **always** be taken extremely seriously. Other risk factors relating to different groups or partnerships and children are less developed.

The DASH should be introduced to the victim within the framework of your agency's:

- Confidentiality policy
- Information sharing policy and protocols
- MARAC referral policies and protocols

Please also refer to legislation, including stalking, forced marriage and coercive control laws, policy and practice. The notes below give suggestions about how each question on the checklist could be interpreted in practice. They are intended to be an aide to practitioners when considering how to ask the question or what additional questions may be useful to ask.

### **Asking about types of abuse and risk factors**

#### **Coercion, threats and intimidation**

Coercion, threats and intimidation are covered in questions 2, 3, 4, 6, 8, 12, 15, 16, 17, 19, 20, 21, 22, 23, 25, 26 and 27.

- Coercive control is now a crime (Section 76, Serious Crime Act 2015 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482528/Controlling\\_or\\_coercive\\_behaviour\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf) ).
- It's important to identify coercively controlling behaviour as it correlates with lethality.
- It is vital to understand the victim's perception of risk as to what the perpetrator(s) may do: who they are frightened of and who they are frightened for (themselves, children etc). Victims usually know the perpetrator better than anyone else and they hold the mirror up to who the abuser really is behind closed doors.
- In cases of so-called honour based abuse, there may be more than one abuser living in the home or belonging to the wider family or community. This may involve younger relatives and/or women.
- Abusers try to isolate their victim, which inadvertently increases and maintains their control.
- Separation is a time of heightened risk. Abusers may look to increase and reinforce their control with threats like *'if I can't have you, no one will'* or *'if*

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<sup>2</sup> Please note the terms "abuser", "offender" and "perpetrator" have been used inter-changeably. \*by a question indicates that it is a HIGH risk factor.

*you were to ever leave me, I'll kill you the children and/or myself'. With excessive levels of coercive control, these threats must be taken seriously.*

- When a victim attempts to leave, stalking may occur or escalate. Stalking is a crime (Home Office Circular, 018/2012 <http://paladinservice.co.uk/wp-content/uploads/2013/07/20121012stalkingcircular.pdf> ).
- Identify the stalking behaviours and take threats to kill or harm the victim and/or the child(ren) seriously as it correlates with lethality.
- Abusers may threaten to harm the victim, pets or damage other things/people that matter to the victim to maintain or heighten control of the victim.
- Advise the victim to keep a diary and time and date stamp each behaviour and who may have witnessed it.
- Some abuser will not follow court orders, contact arrangements or protective orders. Previous violations may be associated with an increase in future violence.
- Check the criminal history of the abuser and intelligence databases for a history of violence and abuse. Some perpetrators are serial abusers. If there is a history of violence, this will increase the risk. However, if there is no recorded criminal history, it does not make the perpetrator any less dangerous.

### **Physical abuse**

We ask about physical abuse in questions 1, 13, 14, 16, 18, 21 and 22.

- Physical abuse can take many forms from slapping, pushing, shoving to punching, using weapons and strangulation.
- Establish if the abuse is getting worse or happening more often or if the behaviour is more serious. Ask the victim to keep a diary (time, date stamp each behaviour).
- Establish an overview of all the physical abuse that has happened. This most recent behaviour may not be the worst. Find out if weapons have been used. The history is important. Past behaviour predicts future behaviour.
- The abuse may be happening to others in the home such as children, siblings or older relatives.
- Pets may also be threatened or abused to control the victim(s).
- Ensure injuries are treated and documented by a health professional such as a GP or A&E nurse.

### **Sexual abuse**

It's a difficult question but we need to ask about any form of sexual abuse in question 19.

- Sexual abuse can include threats, force, coercion, intimidation to obtain sex or inflict pain in sex, combining sex and violence, using weapons or strangulation during sex.
- Ensure the victim seeks medical attention and report to police. Consider specialist support from an Independent Sexual Violence Adviser or Sexual Assault Referral Centre.
- If sexual assault and rape is present, consider who else the abuser may be harming sexually and/or physically.

### **Emotional abuse and isolation**

Emotional abuse and isolation are asked about in questions 4, 5, 15, 24 and 25.

- This may be experienced with other forms of abuse and may have started before any physical or sexual abuse. Many victims may blame themselves as a result.
- The victim may be prevented from seeing family and friends, working or from establishing networks or outside of the relationship along with preventing access to money.
- Victims of so called HBV suffer extreme isolation and a sense of being 'policed' at home, by the extended family and/or community networks. Threats to harm or kill the victim(s) should be taken seriously.
- Victims may feel so isolated and alone that they may see the only 'choice' they have is to stay with the abuser. This can have a serious impact on their mental health and they may feel hopelessness, depression and feel suicidal.
- Victims may feel further trapped and a sense of hopelessness if their (ex)partner has mental health issues and/or abuse drugs/alcohol. They may feel agencies will judge them or they may feel revealing this information will get them and their (ex)partner into trouble. If they have children they may worry that they will be removed.

### **Children and pregnancy**

Questions 3, 7, 9, 10, 11 and 12 refer to children and whether there is conflict over child contact.

- The victim may fear their child(ren) being harmed or killed. If this is the case, take this fear and threat seriously.
- The presence of children and step-children can increase the risk or harm to the mother and child.
- Physical abuse can escalate in pregnancy. Many health professionals will be interacting with a pregnant victim including health visitors, midwives etc and they should be aware of the risks to the victim and children at this time, including to an unborn child and ask proactively ask questions about domestic abuse.
- The abuser may use the children to continue to access or stalk the victim. Abusive behaviour may occur during child contact visits or there may be fear or anxiety that the child(ren) may be harmed.
- Follow your local child protection procedures and guidelines for making referrals to Children's Services.

### **Economic abuse**

Economic abuse is covered in question 23.

- This question is about coercive control.
- Victims may often be trapped and controlled financially by their (ex)partners. Consider how this impacts on the safety plans.
- The victim may be reliant on the abuser for an income or for benefits. They may feel things have got worse if the abuser has lost their job.
- The Citizens Advice Bureau or local specialist DV service may be able to help and outline the victim's options.

### **EXPLAINING THE CHECKLIST TO THE VICTIM**

It is important to frame this risk indicator checklist in the context that it is about their safety and protection.

Before you begin the checklist it may be useful to also gather:

- ✓ How much time the victim has to talk to you;
- ✓ Other contact details of the victim in case the call is terminated or they have to leave in an emergency;
- ✓ Whether the perpetrator is around, due back or expected back at a certain time;
- ✓ If this is a telephone call, whether it is safe for them to talk right now;
- ✓ Introduce the concept of risk to the victim and explain why you are asking these questions.

Please note that a Lesbian, Gay, Bisexual or Transgender (LGBT) person accessing services will have to disclose both domestic abuse and their sexual orientation or gender identity. Creating a safe and accessible environment where victims feel they can do this and using gender neutral terms such as (ex)partner is essential.

### **DISCUSSING THE RISKS WITH THE VICTIM**

If victims ask about what you are doing and what their risk level is, it is important that this is handled in a sensitive manner. Letting the victim know they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you use your agency's protocols when referring to MARAC and Children's Services.

Equally, telling the victim they are not currently high risk and that you may need to refer them to a different agency or provide a different service as a result maybe disappointing for the victim. This has to be managed carefully to ensure that the victim doesn't feel like their situation is being minimised or so they don't feel embarrassed for reaching out for help. Please consider a victim's needs and what can be done to help and signpost them to agencies that can assist.

Be sure that you are aware of the safety planning measures you can offer, both within your agency and others, including specialist services such as:

- National DV Helpline: 0808 2000 247 for advice and refuge accommodation
- Paladin National Stalking Advocacy Service: 0203 866 4107  
[www.paladinservice.co.uk](http://www.paladinservice.co.uk)
- 'Honour' Helpline: 0800 5999247
- Sexual Assault Referral Centres: [www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

### **MORE DETAILED NOTES ABOUT ASKING THE QUESTIONS**

- ✓ Be familiar with the checklist before you work with victims so that you feel confident about the relevance and implications of each question;
- ✓ Have an awareness of the safety planning measures you can offer and put into place and are familiar with local and national resources to refer the victim onto.

#### **Q1. Has the current incident resulted in injury?**

**PRACTICE POINT:** It is important to understand the level of injury to identify what action needs to be taken. Consider asking:

- ✓ When the incident occurred;
- ✓ What injuries have been sustained;
- ✓ How this compares to previous injuries.

- ✓ Establish what the worst injury and incident were;
- ✓ Whether the victim needs immediate medical attention.

**Q2. Are you very frightened? And Q3. What are you afraid of? Is it further injury or violence?\***

**PRACTICE POINT:** Listen carefully to the victims' perception of their safety and what it is the perpetrator may actually do. If the victim does express significant concern about their safety this should be taken seriously. When victims are very frightened, when they report being afraid of further injury or violence, when they are afraid of being killed, and when they are afraid of their children being harmed, they are significantly more likely to experience additional violence, threats and emotional abuse (Robinson, 2006a).

The victim will have intimate knowledge of the offender's capacity to harm them and significant others. However, minimising the abuse and blaming the abuse on themselves is common among victims of domestic abuse and practitioners should be aware that sometimes victims may not acknowledge current threats or actions as giving them cause for concern. It is important to use your professional judgment, register your concerns with the victim and note this on the risk indicator checklist.

Ask:

- ✓ What the victim is frightened of;
- ✓ Who the victim is frightened of. It is important to identify who the offender is. Note that in extended family violence honour based violence there may be more than one offender living within or outside of the home and who belong to their wider family and community. Their community could have a large geographical spread and if you identify who they are frightened of it will also be useful to know where they live to build this into any risk management/safety plan;
- ✓ Who they are fearful for i.e. themselves/ children/ siblings/ partners/ parents;
- ✓ What they think the offender may do and what they think the offender is capable of. This could be physical, sexual and/or could involve lethal assault to the victim, child(ren), siblings, partners or parents, for example. It might include fear of being forced into an engagement or marriage or being abducted to another country. It is important to note if they are fearful as a result of persistent stalking and harassment from the perpetrator/their associates. Document these fears carefully.
- ✓ LGBT victims may fear that the perpetrator will disclose their gender identity or sexual orientation to their friends, family, colleagues.

**Q4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others?**

**PRACTICE POINT:** Perpetrators will often seek to isolate the victim from their normal support network of friends, family etc. They may be coercively controlling the victim. The victim may feel they have no choice but to continue to live with the abuser. This can have a significant impact on the victim's mental health and they may feel depressed or suicidal.

In terms of safety planning, you will need to understand the extent of this isolation and whether there are "safe" ways to contact the victim. Some examples of isolating behaviour include:

- ✓ Lack of financial resources to leave and therefore dependent on the perpetrator;
- ✓ Socially isolated from friends;

- ✓ No support networks;
- ✓ Victim lives in a very rural area and therefore geographically is displaced from friends and family;
- ✓ Fear of reporting due to involvement of police and/or agencies;
- ✓ If the perpetrator uses any mental health condition to undermine their confidence in reporting and being believed, for example, if they threaten that “no one will believe you because you are crazy?”

For victims who are particularly vulnerable or socially isolated you may also consider whether the abuse is coercively controlling and/or has a specific cultural or community context, for example:

- ✓ You may want to ask how this is affecting their attendance at college/work/other events. Does the person who they are frightened of stop them from attending outside activities?
- ✓ Are they prevented from leaving the home unaccompanied or being “policed at home”?
- ✓ Are they concerned about upholding family “honour”? Does the perpetrator say they have a cultural/religious responsibility to protect his privacy?
- ✓ Do they feel the extended family and community reinforce the abuse?
- ✓ Are they threatening to disclose your sexuality/gender identity to the victim’s friends/family/work?

It is important to note within some communities and cultures isolation can be particularly acute and can be reinforced by the risk of forced marriage. The normal support network of siblings and parents may not be available and sexual assault, „inappropriate relationships” and failed marriages are seen to dishonour not just the woman or girl but the family as well (Hayward, 2000).

#### **Q5. Are you feeling depressed or having suicidal thoughts?**

**PRACTICE POINT:** When victims say they feel suicidal, assess the seriousness of their intent. For some victims the only way they may see the abuse ending is by ending their own life. Having suicidal thoughts is not uncommon when we are stressed, depressed or experiencing life event traumas. This becomes significant is when it moves from ideas to plans (intent) to carry out the act. It is important to be direct with victims and important to note that asking an individual if they are making plans will not precipitate the event.

Below are examples of important information you should consider gathering if the victim is feeling depressed and or suicidal:

- ✓ Has there been a previous suicide attempt?
- ✓ Is there sleep/eating disruption?
- ✓ How definite does the plan of suicide appear?
- ✓ Does the victim have a support network?
- ✓ Is there a history of severe alcohol or drug abuse?
- ✓ Is there a history of previous psychiatric treatment or hospitalisation?
- ✓ Is there an unwillingness to use resources and support systems?

HBV and the emotional and physical abuse associated with it can play an important role in the circumstances of self harm and suicide. This is why it is important to look at the factors and antecedents leading up to an individual’s attempt suicide as they may have been explicitly pressurised into committing the act. UK law states that an

individual who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide can be charged with the offence of complicity in suicide, carrying a penalty of 14 years in prison.

Young women born in the Indian sub-continent also show higher rates of attempted suicide where culture conflict, family and marital problems are commonly cited problems (Merrill and Owens, 1986).

- ✓ Is there any evidence of cultural issues or honour based violence (HBV)?

Any victim expressing suicidal ideas has to be taken very seriously.

**Q6. Have you separated or tried to separate from (.....) within the past year?\***

**PRACTICE POINT:** Attempts to end a relationship are strongly linked to intimate partner homicide (Websdale 1999; Regan, Kelly, Morris and Dibb, 2007). Research suggests that women are particularly at risk within the first two months of leaving an abusive relationship (Wilson and Daly, 1993; Richards, 2003) and it takes victims on average seven times to leave.

It is therefore important that work is carried out to ensure that the victim can leave as safely as is possible. You should explore with victim the different options of leaving whether this is in an emergency or as part of a longer term plan.

You may also want to probe for additional information which is linked to other questions on the checklist, for example:

- ✓ Whether they are currently separating or planning to separate?
- ✓ If they are planning to separate, has the victim told the abuser?
- ✓ If they are separated, when was this?
- ✓ Whether the abuser threatens what they may do if the victim leaves? For example, "if you were to ever leave me, I'll kill you and/or the children" "If I can't have you, no-one can".
- ✓ Whether this frightens the victim?
- ✓ Whether they feel prevented from leaving due to family pressure or dishonour?
- ✓ Whether they feel prevented from leaving due to threats of being "outed" to family/employer etc.?
- ✓ Whether they feel prevented or unable to leave due to dependence on the perpetrator for victim's physical care or financial reasons (i.e.no recourse to public funds)?

If the victim has left, you or other professionals may be approached by different individuals (family/friends etc.) to try and find out information which would lead to the whereabouts of the victim. This can be when stalking begins, however, there may well have been coercive control present too. It is important to maintain victim confidentiality at all times and establish with the victim who it is safe to talk to in order to avoid putting them at greater risk.

**Q7. Is there conflict over child contact?\***

**PRACTICE POINTS:** One study found that more than three-fourths of a sample of separated women suffered further abuse and harassment from their former partners and that child contact was a point of particular vulnerability for both the women and

their children (Humphreys and Thiara, 2003). Harassment and stalking often continue post separation. Child contact is used by abusers to legitimise contact with ex-partners. The perpetrator may use the very powerful threat that the victim will have the children taken away from her as she is a “bad mother”.

When considering the safety of the victim and children it is important to discuss informal contact and family routines in order to identify when victims and their children may be at risk. It is also important to establish whether there are other children visiting the home from other previous relationships.

You may want to find out:

- ✓ How many children they have and whether they are from this or previous relationships;
- ✓ Whether the abuser has parental responsibility;
- ✓ Whether they have any formal (via solicitors/Children’s Services) or informal regulation of child contact;
- ✓ Where the children go to school/after school activities and whether the abuser knows this;
- ✓ Whether they receive medical treatment and whether the abuser knows this;
- ✓ Whether the perpetrator has threatened to kidnap or harm the children; or that the victim will never see them again or threaten to send the children overseas or gain custody through other cultural/religious means;
- ✓ Whether the perpetrator threatens the victim that the children will be taken away from her as she is a “bad mother”;
- ✓ Whether they threaten to use issues against the victim such as mental health, alcohol and/or drug misuse, immigration matters or sexual orientation within the courts/children’s services arena as a way to “take the children”.

**Q8. Does (.....) constantly text, call, contact, follow, stalk or harass you?\***

(Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)

**PRACTICE POINTS:** Remember that domestic stalkers are the most dangerous group of stalkers. One in two if they make a threat will act on it. A prior intimate relationship is the most powerful predictor of violence in stalking cases (Mohandie, Meloy, McGowan and Williams, 2006). Sheridan and Davies (2001) found that ex-intimate stalkers were the most aggressive of all stalkers. Ex-partners were overall the most intrusive in their behaviour and were also the most likely to threaten and assault third parties, as well as their principal victim. Sheridan and Davies (2001) research suggests that being stalked carries a high violence risk.

Behaviours include coercive control and jealous surveillance, not just physical violence (Regan et. al., 2007). If the victim feels they are being stalked ask them to clearly describe what is happening. You may find it useful to ask whether there are certain patterns to the abuse and ask the victim to keep a log of incidents. This may become a useful form of evidence in criminal and civil proceedings.

Please ensure you ask the victim about the abuser’s behaviour when stalking is a factor and consider the context of their behaviour. Ask them to keep a diary of the behaviour, when, where and if anyone else witnesses or heard (time, date stamp)

Ask these additional questions (S-DASH) if stalking is present:

- ✓ Is the victim is very frightened?
- ✓ Is there a previous domestic abuse and harassment history?
- ✓ Has (insert name of the abuser....) vandalised or destroyed property?
- ✓ Has (insert name of the abuser....) turned up unannounced more than three times a week?
- ✓ Is (insert name of the abuser....) following the victim or loitering near the victim?
- ✓ **Has (insert name of the abuser....) threatened physical or sexual violence?**
- ✓ Has (insert name of the abuser....) been harassing any third party since the harassment began (i.e. family, children, friends, neighbours, colleagues)?
- ✓ Has (insert name of the abuser....) acted violently to anyone else during the stalking incident? Has (insert name of the abuser....) engaged others to help (wittingly or unwittingly)?
- ✓ Is (insert name of the abuser....) been abusing alcohol/drugs?
- ✓ Has (insert name of the abuser....) been violent in past? (Physical and psychological. Intelligence or reported).

Consider other relevant information such as:

- ✓ Details of the threats and the violence;
- ✓ The attitude and demeanour of the offender;
- ✓ The duration of the harassment;
- ✓ The harassing behaviours engaged in by the offender;
- ✓ The victim's belief concerning motive of the offender;
- ✓ The nature of unwanted "gifts" left by the offender, and;
- ✓ Whether the victim has responded in any way to the offender.

Children of the relationship may also be used to permit harassment and stalking. The offender may extract information from children which could place the victim at risk for example:

- ✓ Taking keys to the property;
- ✓ Extracting information about new addresses of work, school, and home.

**Q9. Are you pregnant or have you recently had a baby in the past 18 months?\***

**PRACTICE POINT:** Pregnancy can be a time when abuse begins or intensifies (Mezey, 1997). Note whether the victim is pregnant or has just given birth. Research suggests that children under 18 months are the most vulnerable in these situations, so please note if the victim has a very young child. Young children including newborn babies are extremely vulnerable in situations of domestic abuse and consideration must be given to both the risks they face and the risks to the mother. Unborn babies can still become the subject of child protection procedures. Details of all children, including unborn, must be recorded for later information sharing with Children Services.

The answers to the following questions will provide useful context:

- ✓ Does the perpetrator know the victim is pregnant? Is it his child?
  
- ✓ Does the perpetrator target any attacks or abuse towards the victim's stomach area?

**Q10. Are there any children, step-children that aren't (.. ....) in the household? Or are there other dependants in the household (i.e. older relative)?**

**PRACTICE POINT:** It is important to know who else might be living in the household and whether they have been a victim of abuse. There is a significant association between risk and the number of children in a household, the greater the number the higher the risk (Barnish 2004, Sidebotham and Heron 2006, Hindley, Ramchandani and Jones 2006). The presence of stepchildren in particular increases the risk to both the child and the woman (Garcia and Soria 2007; Brewer and Paulsen 1999; Cavanagh et al 2007). If stepchildren (not the biological children of the abuser) are present it is worth exploring the following questions and considering a referral to children's services.

- ✓ What is the quality of the relationship between the abuser and step child?
- ✓ Has there been abusive behaviour from the abuser towards the step child?

Abuse of other vulnerable victims in the household should be assessed. Generally a combination of psychological, social and economic factors along with the mental and physical conditions of the victim and the offender, contribute to the occurrence of an older, vulnerable person being abused. Types of abusers tend to be paid carers (31%) usually associated with physical abuse and neglect and family members or relatives (47%) usually associated with psychological and financial abuse (House of Commons, 2004). The risk factors associated with older vulnerable person abuse are (WHO, 2002):

- ✓ Cognitive or physical impairment;
- ✓ Shared living arrangements;
- ✓ Social isolation;
- ✓ Abuser dependency;
- ✓ Refusal of outside services, and;
- ✓ History of family violence.

**Q11. Has (.....) ever hurt the child(ren)? and Q12. Has (.....) ever threatened to hurt or kill the child(ren)?\***

**PRACTICE POINT:** It is also important to note whether the child(ren) have witnessed or heard the abuse. There is compelling evidence that both domestic violence and child abuse can occur in the same family. Child abuse can therefore act as an indicator of domestic violence in the family and vice versa.

Websdale (1999) outlines three antecedents to child homicide: prior history of child abuse; prior agency contact; and a history of adult domestic violence in the family. In a recent analysis of serious review cases of child deaths, one of the commonly reoccurring features was the existence of domestic violence (Department of Health, 2002).

**Q13. Is the abuse happening more often? and Q14. Is the abuse getting worse?\***

**PRACTICE POINT:** Previous domestic violence is the most effective indicator that further domestic violence will occur. 35% of households have a second incident within five weeks of the first (Walby and Myhill, 2000). Research indicates that general violence tends to escalate as it is repeated. Analysis indicates that the time

between incidents seems to decrease as the number of contacts escalates. To help the victim answer these questions you could follow up by asking:

- ✓ When was the last incident?
- ✓ How many have there been in the last twelve months?
- ✓ Are they happening more often?
- ✓ Is this incident worse than the last incident? If so, how?

**Q15. Does(.....) try to control everything you do and/or are they excessively jealous?\*** (In terms of relationships, who you see, being “policed at home”, telling you what to wear and micro managing your behaviour Consider honour based violence and stalking and specify the behaviour)

**PRACTICE POINT:** Research (Regan, Kelly, Morris and Dibb 2007) has highlighted the importance of coercive control and jealous surveillance as important indicators of risk. Some of this information may overlap with other questions including 2, 3, 4, 6, 8, 12, 15, 16, 17, 19, 20, 21, 23, 25 and 27.

The following prompts may be useful:

- ✓ If yes, what do they do? Examples of this behaviour may include:
  - ✓ Being made to account for time and whereabouts;
  - ✓ Isolation from friends and family;
  - ✓ Interception of mail/telephone calls;
  - ✓ Accusations of infidelity;
  - ✓ Financial control;
  - ✓ Preventing victim from taking medication;
  - ✓ Extreme dominance;
  - ✓ Being prevented from leaving the house;
  - ✓ Making threats that children will be removed if victim reports;
  - ✓ Extreme jealousy i.e. “if I can’t have you, no one else can”;
  - ✓ Use of the victim’s religion to control.
- ✓ Do they ask others to exert control over the victim? For example, other family members or associates.
- ✓ Consider honour based violence –a victim may not have „usual“ freedom of choice, may be heavily “policed” at home or unable to leave the home address except under escort or children may be used to control the victim’s behaviour. Has the perpetrator(s) been abusive to others, i.e. girl/boyfriends, other family members, work colleagues?
- ✓ Consider how the perpetrator may use someone’s sexual orientation or gender identity to control and abuse them (e.g. saying they deserve the abuse because they are LGBT or that no-one will help them or believe them or that they will disclose them to their friends, family, colleague). They may also question the victim’s sexuality and make them feel guilty or ashamed.

Be aware that the domestic violence is about power and control. Perpetrators who abuse their partners will seek to control any contact a professional makes with them, as well any professionals they interact with.

**Q16. Has (.....) ever used weapons or objects to hurt you?\***

**PRACTICE POINT:** The use of weapons is important to note for the purposes of risk assessment. Domestic violence perpetrators who have used a weapon on intimate partners or others, or have threatened to use a weapon, are more likely to be violent again (Sonkin, Martin and Walker, 1985). Supplementary questions may cover:

- ✓ Has this incident involved the use of any weapons?
- ✓ Does the perpetrator have access to weapons through friends/acquaintances/employment?
- ✓ Does this significantly concern the victim?

It may be useful to include examples of household and other objects, which may be used as weapons, as well as knives and/or guns, so that victims can relate the question to their situation, for example:

- ✓ Towel rails;
- ✓ Lamp;
- ✓ Glass;
- ✓ Ashtrays;
- ✓ Children's toys;
- ✓ Family pets;
- ✓ Golf club or sports equipment.

This information is useful to identify both risks to the victim and officer safety issues when attending the address.

**Q17. Has (..... ) ever threatened to kill you or someone else and do you believe them?\***

**PRACTICE POINT:** A credible threat of violent death can very effectively control people. This can be coercively controlling behavior. Evidence suggests that such threats to estranged partners by abusers should be taken seriously. Threats do precede physical attacks and have been included in risk assessment tools as good predictors of future violence (Hemphill et al., 1998). It may be useful to ask additional questions:

- ✓ Who is threatening to kill the victim? The threat may be from many members of the family, extended family or community if honour based violence features.
- ✓ What threats does the abuser make? How do they threaten to kill/hurt the victim and/or others?
- ✓ If they have threatened to kill others, who (i.e. children, partners, pets etc.)?

It is important not to undermine the threat that a victim discloses to you. Some victims may minimise the threats to kill but in those circumstances it is important to assess whether the victim is genuinely frightened by the threats as in Q2.

**Q.18. Has (.....) ever attempted to strangle/choke/suffocate/drown you?\***

**PRACTICE POINT:** Strangulation or "choking" is a common method of killing in domestic homicides by male perpetrators on female victims (Dobash et al. 2004). It is important that escalating violence, including the use of weapons and attempts at strangulation/choking/suffocation/drowning are recorded for the purposes of identifying and assessing risk (Richards 2003). Any attempt at closing down the victim's airway should be considered high risk.

It may be useful to ask additional questions:

- ✓ When did the attempt to strangle/choke/suffocate/drown the victim happen?
- ✓ What did they do? (use implements i.e. shoe laces or use their hands)
- ✓ How often do they do this?

- ✓ Did the victim lose consciousness?

**Q19. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?\*** (If someone else, please specify who)

**PRACTICE POINTS:** The analysis of domestic sexual assaults reported to the Police demonstrates that those who are sexually assaulted are subjected to more serious injury (Richards, 2004). Further, those who report a domestic sexual assault tend to have a history of domestic abuse whether or not it has been reported previously. 1 in 12 of all reported domestic sexual offenders were considered to be very high risk and potentially dangerous offenders (Richards, 2003). Links have been proved between those who rape in the home (domestic) and outside the home (stranger) (Richards, 2004). Many rapists “practice” at home.

This may appear a difficult question to ask a victim especially if this is the first conversation you have had. You may find it helpful to frame the question for example:

“Some victims I have talked to in the past have talked to me about their partner/ex partner doing or saying things of a sexual nature that made them feel bad or that physically hurt them. Has this ever happened to you?”

If they say yes, you may then wish to use the following prompts for more detail:

- What took place, when it took place and whether they told anyone else i.e. first complaint? It is important note that victims may not identify the sexual abuse/intimidation experienced as rape. Consider the range of sexual abuse they may be experiencing, for example:
  - ✓ Use of sexual insults;
  - ✓ Intimidation and pressure to have sexual intercourse, including use of weapons;
  - ✓ Refusal to use contraception or have safe sex;
  - ✓ Unwanted touching, including use of objects;
  - ✓ Inflicts pain during sex;
  - ✓ Exploiting the victim through the taking of photographs and videos, threatening to expose them to friends/family/colleagues with this material;
  - ✓ Forcing the victim to have sexual intercourse with other people or into prostitution
  - ✓ Sexual abuse of children;
  - ✓ Exposing children and victim to pornographic material.

**Q20. Is there any other person that has threatened you or who you are afraid of?\*** (If yes, please specify who and why. Consider extended family if HBV and/or coercive control and stalking)

**PRACTICE POINT:** The victim may also have been threatened by someone else and/or live in fear. Consider that this may be a pattern of coercive control, stalking and or/relate to HBV. Threats to control is a substantive feature of extended family violence, such as in the traveller community or “honour” based violence.

They may cite instances of behaviour that would be quite acceptable in one culture, but not in theirs. Examples of this in relation to “honour” based violence might include:

- ✓ Smoking in public;
- ✓ Inappropriate make up or dress;
- ✓ Objection to being removed from education;
- ✓ Truancing;
- ✓ A relationship not being approved of by family and/or community;
- ✓ Interfaith relationships;
- ✓ Rejection of religion or religious instruction;
- ✓ Rejection of an arranged marriage;
- ✓ Pre-marital conflict or Pre-marital or extra martial affair;
- ✓ Reporting domestic abuse;
- ✓ Escalation –threats, violence, restrictions;
- ✓ Running away;
- ✓ Sexual conduct – talking, kissing, intimacy in a public place;
- ✓ Pregnancy outside of marriage;
- ✓ Rape;
- ✓ Being a reluctant immigration sponsor;
- ✓ Attempts to separate/divorce,
- ✓ Sexual orientation (including being gay, lesbian, bisexual or transgender)

If you do think that this is a risk then you will need to establish whether relatives, including female relatives, might conspire, aid, abet or participate in the abuse or killing. For example, younger relatives may be selected to undertake the killing, to avoid senior family members being arrested and due to the perception that younger offenders may receive a more lenient penalty. Sometimes contract killers (bounty hunters) are employed.

You may think you have the perpetrator in custody but consider who else may be involved in the abuse in terms of who the victim may be at risk from. Evidence shows that these types of murders are often planned and are sometimes made to look like a suicide, or an accident. A decision to kill may be preceded by a family council. There often tends to be a degree of premeditation, family conspiracy and a belief that the victim deserves to die.

Consider whether the victim's partner, children, associates or their siblings are also at risk.

**If the victim is subject to HBV and answers 'yes' to this question, please consider the following questions:**

- ✓ Truancing – is the victim truancing?
- ✓ Self-harm – is there evidence of self-harm?
- ✓ House arrest and being „policed at home“ –is the victim being kept at home or their behaviour activity being policed?
- ✓ Fear of being forced into an engagement/marriage –is the victim worried that they will be forced to marry against their will?
- ✓ Pressure to go abroad –is the victim fearful of being taken abroad?
- ✓ Isolation –is the victim very isolated?
- ✓ A pre-marital relationship or extra marital affairs –is the victim believed to be in a relationship that is not approved of?
- ✓ Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship?
- ✓ Threats that they will never see the children again –are there threats that the child(ren) will be taken away?
- ✓ Threats to hurt/kill – are there threats to hurt or kill the victim?

**Q21. Do you know if (.....) has hurt anyone else?** (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)

**PRACTICE POINT:** Perpetrators do not tend to discriminate in terms of who they are abusive towards. Research shows that it tends to be part of a perpetrator's pattern of repeated aggression toward other persons persisting over the life course, with a series of victims including siblings, schoolmates, dating partners, strangers, partner and/or work colleagues (Richards, 2004; Fagan, Stewart and Hansen, 1983; de Becker, 1999). Links have been proved between those who rape in the home (domestic) and outside the home (stranger) (Richards, 2004).

The information revealed will inform about other public protection issues and perpetrators dangerousness. It is important to identify:

- ✓ Who these other victims are and extent of abuse;
- ✓ If they are the children, if they have been harmed, how and when?
- ✓ Current whereabouts of these other victims.

**Q22. Has (.....) ever mistreated an animal or the family pet?\***

**PRACTICE POINT:** Experts increasingly recognise a correlation between cruelty to animals and domestic violence (Cohen and Kweller, 2000). For families suffering domestic violence or abuse, the use or threat of abuse against companion animals is often used for leverage by the abusive member of the family to keep others in line or silent. This may be as a pattern of coercively controlling behavior. The violence may be in the form of intimate partner violence, child abuse (both physical and sexual) and abuse of an older relative/family member.

This may be an important factor in whether the victim is willing to enter into refuge/emergency accommodation as these shelters may not take animals and alternatives may need to be found to accommodate the whole family. There are some organisations operating animal fostering services which may be of use to the victim until they are in accommodation which will accept pets.

**Q23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?**

**PRACTICE POINT:** Exploring this question will give you an idea about the level of isolation and control the perpetrator has over the victim. This again could be part of a pattern of coercive control. Consider these additional questions to give clarity over the financial control and issues:

- ✓ Establish whether there are any issues regarding the victims' access to public funds. Victims who have no recourse to public funds may be entirely reliant on their spouse for financial support.
- ✓ Victims who are on a low income or on no income at all may not be allowed by the perpetrator to claim benefits in their own right. Check whether they jointly claim benefits.
- ✓ Does the perpetrator restrict/withhold/deny access to joint/family finances?
- ✓ Has the victim been forced into taking on loans/re mortgages and be responsible for the repayments and any defaults? Check whose names these debts are in.

Finances will need to be considered by all practitioners when compiling safety plans.

**Q24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?\***

(If yes, please specify which and give relevant details, if known)

**PRACTICE POINT:** This includes serious problems in the past year with illicit drugs, alcohol or prescription drugs that leads to impairment in social functioning (health, relationships etc.). It also includes perpetrator depression (Regan, Kelly, Morris and Dibb 2007). Research shows that when perpetrators have aggravating problems (alcohol, drug, and/or mental health issues), they are also more likely to injure the victim, to use weapons, and to escalate the frequency or severity of the domestic violence (Robinson, 2003, 2006b). Coker et al. (2000) found the male partner's drug or alcohol use to be the strongest correlate of intimate partner violence and Robinson (2003) found that those who used drugs were more likely to inflict injuries and emotionally abuse their partners.

A victim may be acutely aware of how alcohol or drugs affect the perpetrator and may also blame the abuse on the addiction of the perpetrator. The victim may be reluctant for the police or any agency knowing about the abuse for fear they would find out about the perpetrators involvement with or use of drugs. They may fear incrimination themselves and they may fear the repercussions from the perpetrator. This question needs to be managed carefully and attention paid as to what the victim's concerns are around this issue. The victim and perpetrator may also be using the same or similar substances and therefore be accessing the same services and places. You may also find it useful to establish:

- ✓ How often do they drink/use drugs?
- ✓ Do they have an addiction?
- ✓ Are the drugs prescription or illegal drugs?

In relation to any mental health conditions:

- ✓ Have they been diagnosed with mental health conditions?
- ✓ Are they receiving support or intervention for this (this could be in the form of counselling, prescription drugs etc.?)
- ✓ Has there been a recent change in the perpetrator's mental health?
- ✓ Are there other triggers to violent behaviour?

**Q25. Has (.....) ever threatened or attempted suicide?\***

**PRACTICE POINT:** It may also be useful to ask if the perpetrator self harms as suicidal behaviour is evidenced by a history of suicide attempts, self-harm or suicidal ideation. Homicidal behaviour is evidenced by the same. If a perpetrator threatens suicide, be alert to the heightened risk of homicide on others (Menzies, Webster and Sepejak, 1985; Regan, Kelly, Morris and Dibb, 2007). Threats may be made to coercively control the victims. Consider that this may be a pattern of behaviour and look to identify other risk factors and/or evidence to support and inform the risk assessment and risk management plan

Depression and suicidal symptoms may often be a pre-cursor to this and the most common factors in such cases is that the perpetrator needs to control the relationship. Declarations such as "If I can't have her, then no-one can" are recurring features of domestic homicides and the killer frequently intends to kill themselves too (Wilson and Daly, 1993; Richards, 2003). This is a manipulative move and one that needs to be taken seriously. The perpetrator should be assessed not just for suicide but possibly homicide-suicide.

Check the answers to Qs 2, 3, 6, 8, 15, 17 and 20 when asking this question as you may begin to see patterns of fear that the perpetrator may kill themselves, children and victim.

**Q26. Has (.....) ever breached bail/an injunction and/or agreement for when they can see you and/or the children?** (If yes, please specify i.e. breach of civil or criminal court order or bail conditions by the suspect)

**PRACTICE POINT:** Previous violations of criminal or civil orders may be associated with an increased risk of future violence. Similarly, previous violations of contact or non-contact orders may be associated with an increased risk of future violence. Consider breaches of court mandated contact arrangements, agreements with Children's Services about contact with children, breaches of civil or criminal court orders.

Victims who have experienced breaches of bail/court orders in the past may not have had a positive experience in how they were enforced or what sentences the perpetrator may have been given. If this is a reality for the victim they may be very reluctant to pursue any of these options now.

**Q27. Do you know if (.....) has ever been in trouble with the police or has a criminal history?** (If yes, please specify)

**PRACTICE POINT:** It is important to note that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members (Stuart and Campbell, 1989; Regan, Kelly, Morris and Dibb, 2007).

Research shows that abuse tends to be part of a perpetrator's pattern of repeated aggression towards other persons persisting over the life course, with a series of victims including siblings, schoolmates, dating partners, strangers, partners and work colleagues (Richards, 2004; Fagan, Stewart and Hansen, 1983; De Becker 1999). When histories of violent people are examined, a consistency begins to emerge in their approaches to interpersonal relationships (Richards, 2004). The exception to this relates to honour based violence, where the perpetrator(s) may not have other recorded criminal history. Further Hare's (1993) research has shown that 25% of domestic violence offenders are psychopaths.

As with Q21, the victim may not know or not want to disclose the criminal activity of the perpetrator for fear of further reprisal from the perpetrator or for fear of incriminating themselves. This should be carefully explored. Additional questions that could follow:

- ✓ Is the record for domestic abuse? With this partner? Another partner?
- ✓ Other violence?
- ✓ Other criminal record or intelligence?

The victim may be unaware of other criminal behaviour so ensure the police have conducted searches on all police national and local crimes systems and databases as well as intelligence databases.

You need to make the links across other offending behaviour. Information about other criminal activity adds to our understanding of the risks a perpetrator might pose and also potentially give other options to manage their behaviour.