



# Domestic Abuse Policy

## Identifying abuse & responding effectively

### Document Version Control

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<b>Date Approved</b>				
<b>Date Published</b>				
<b>Maintained By</b>				
<b>Review Date</b>				
<b>Version Number</b>	<b>Modified By</b>	<b>Modifications Made</b>	<b>Date Modified</b>	<b>Status</b>

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## **1. Introduction**

**Bromsgrove District Council believes that everyone has the right to live without fear of violence or abuse. We acknowledge the devastating and lasting effects violence, abuse and coercion have on the lives of women, men and children and we recognise the importance of supporting all victims and survivors of Domestic Abuse.**

**The Council condemns all forms of domestic abuse and will work to minimise the risks faced by victims and promote their recovery and wellbeing. This policy demonstrates the Council's commitment to providing support to our customers and service users who may be experiencing abuse, outlining our response to dealing with disclosures appropriately and safely in our role as a provider of public services.**

## **2. Aims and Objectives**

- 2.1 This policy seeks to ensure that all council staff are aware of their responsibilities towards anyone affected by domestic abuse, including customers, service users and fellow employees.
- 2.2 This policy aims to promote a safe and effective approach to victims and survivors of domestic abuse and their families.
- 2.3 This policy also aims to provide guidance for staff on dealing with people who are suspected or known to be perpetrators of domestic abuse.
- 2.4 The Council is committed to promoting equality of opportunity in its services and has procedures in place to ensure that all residents are treated fairly and without unlawful discrimination. The Equality Act 2010 provides a framework to ensure council services are not provided in a discriminatory manner, having due regard to eliminating discrimination, harassment and victimisation, advancing equality of opportunity and fostering good relations between people from all communities.

## **3. Responsibilities**

### **3.1 Protecting customers, service users and employees from harm**

Domestic abuse is the abuse of power and control by one person over another and can take many different forms.

For the purposes of this policy, we define Domestic Abuse as:

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality.*

This can include but is not limited to the following tactics:

- Emotional or psychological abuse – intimidation, isolation, verbal abuse, humiliation, not allowing friends / relatives to visit, destruction of belongings, threats of legal action and denial of the abuse
- Harassment and Stalking
- Sanctions e.g. deportations, custody of children etc
- Financial abuse – denial of rights or restrictions of personal freedom e.g. withholding money, preventing access to account information, preventing use of debit/credit cards
- Physical abuse – slapping, pushing, kicking, punching, stabbing, abduction, murder or attempted murder
- Sexual abuse – rape and non-consensual sexual acts.

Many of the acts above can also present in the form of: -

- Controlling behaviour - a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.
- Coercive behaviour - an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
- 'Honour' Based Violence (HBV) – a form of domestic abuse which is perpetrated in the name of so called 'honour'. It occurs when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code. The honour code referred to is set at the discretion of male relatives and those who do not abide by the 'rules' are punished for bringing 'shame' on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place. It refers to a collection of practices used to control behaviour within families including forced marriage and female genital mutilation. Perceived violations of this 'honour' code are punishable by murder.
- Forced marriage – where a marriage conducted without the valid consent of one or both parties and where duress is a factor.
- Female Genital Mutilation (FGM) - a procedure where the female genitals are deliberately cut, injured or changed where there is no medical reason for this to be done.

### **3.2 Safeguarding, reducing risk and improving health and mental well-being**

Domestic abuse affects a substantial proportion of the population over the course of their lives. Domestic abuse has a significant effect on victims' health including serious injury or loss of life through murder or suicide, exacerbation of other medical conditions, mental ill health and severe stress.

Domestic abuse has negative impacts on all aspects of victims' lives including housing/homelessness; education, training and employment; family and friendships; involvement in the arts, leisure and culture. These effects may persist in differing degrees long after the abuse has stopped. Victims may use drugs, alcohol and other substances in an attempt to cope with their situation. Victims may deny or minimise the harm caused by the perpetrator.

Perpetrators of domestic abuse come from all different areas of society. They target victims regardless of their age, sex, disability, ethnicity, sexual orientation, nationality, religion, educational level, income or employment status. Domestic abuse is more commonly inflicted by men on women. This is particularly true for severe and repeated violence and sexual assault. The risk that perpetrators pose also increases markedly for people who are disabled or pregnant.

Perpetrators frequently cause harm to children, both directly and by having them witness abuse to a parent, carer or another family member. Domestic abuse undermines the family as a base of care & support and increases the risk of other forms of abuse and neglect.

As a community leader, the Council condemns all forms of domestic abuse and is committed to ensuring that service users and staff are provided with the right information and support to minimise risks and promote recovery.

This policy applies to all Bromsgrove District Council employees and Elected Members

### **3.3 Providing appropriate support, information and advice to victims**

The Council recognises that its staff will provide a variety of services to people affected by domestic abuse. A council officer or Councillor may be the first, or indeed only, person in authority who has recognised the abuse or received a disclosure. As such, all staff and Members are required to have due regard to the provisions of this policy in their dealings with customers, service users and colleagues who may be affected by domestic abuse

Certain members of staff in key designated roles are more likely to interact directly and regularly with service users and hold a job role with a specific remit to provide customer support and advice. It is these officers that will be the most likely to identify a potential risk of abuse or receive a disclosure. As such, all staff in designated roles are required to:

- Be aware of their own attitudes and beliefs relating to domestic abuse
- Have knowledge of how domestic abuse occurs and the risks to victims & children

- Understand how these dynamics affect victims' behaviour
- Empower and support victims to be safe
- Demonstrate the skills required to initiate a conversation about domestic abuse and – if a disclosure is made – receive this sensitively
- Assess the level of risk to victims and children utilising, where appropriate, apply the national recognised DASH checklist tool (Appendix 1) with the service user
- Refer to other services within the Council and partner agencies
- Understand the circumstances in which information must be shared with other agencies and the processes for doing so
- Hold perpetrators accountable for abuse
- Make appropriate referrals to North Worcestershire MARAC or Worcestershire DAPP (Domestic Abuse Perpetrator Programme) meeting
- Challenge acts or statements that blame victims for their abuse
- Collect & record information that may be used as evidence in criminal or civil proceedings
- Complete all allocated training and development activities relating to domestic abuse
- Be aware of how their own wellbeing may be impacted by working with people affected by domestic abuse and know how to seek appropriate support for this.

All staff and Members will receive awareness training to enable them to understand the importance of recognising domestic abuse and its links to statutory Safeguarding and Health & Safety procedures.

Staff employed in “designated roles” will receive enhanced training to support understanding of the signs and effects of domestic abuse and how to manage and respond to disclosures appropriately. Some staff will also receive training in identifying and working safely with perpetrators as necessary to the requirements of their job roles.

Heads of Service will determine which job roles within their service are “designated roles” for the purposes of this policy and identify the training and development needs of the staff in these roles.

### **3.4 Protecting the most vulnerable**

Domestic violence and abuse are significant safeguarding and child protection issues and the safety and well-being of children living with domestic violence and abuse is recognised as a matter of concern in its own right by both Central Government and key children's services and agencies. Where it is suspected that a child is suffering significant harm or living in circumstances where maltreatment is resulting in a lack of safe and effective care; or causing impairment to health or development, then an immediate referral to Worcestershire Children First Social Care Service is required. Details of the referral procedure and guidance can be found in the council's Safeguarding Children, Young People and Adults with Care and Support Needs Policy.

Adults with additional care and support needs can be subjected to domestic abuse and we must take reasonable steps to offer protection. An adult with care

and support needs can include people with learning disabilities, older people, people with physical or sensory disabilities, people with mental ill health, people with certain physical illnesses or people with drug or alcohol problems. People with disabilities or additional care needs may not report or disclose domestic abuse due to their own understanding of what is happening, the fear of losing the independence of living in their own home or if the alleged abuser is their main or only carer. Again, details of the referral process can be found in the council's safeguarding policy.

The Council acknowledges the importance of diversity and equality in operating this policy, recognising the cultural pressures that may exist for Black, Asian and other Minority Ethnic communities and Refugees and the need to be sensitive when dealing with matters related to domestic abuse. Those from Black, Asian, other Minority Ethnic communities and Refugees may be reluctant to approach statutory or voluntary organisations due to additional and legitimate fears of racist reactions, language and cultural barriers or concerns about immigration status. It is imperative that council officers ensure that equal levels of support and protection are offered in each case, treating all customers fairly and supportively, according to their individual circumstances.

Similar concerns exist for LGBTQ+ service users and customers, who may also be reluctant to disclose abuse due to fears of discrimination, prejudice or unauthorised disclosures and breaches of confidentiality. Again, the Council will not tolerate discriminatory practice and will treat all customers and service users who seek our support and assistance with respect and sensitivity.

### **3.5 Employees as Victims as Domestic Abuse**

The Council acknowledges that domestic abuse can critically affect many people's lives, including its own employees. Abuse can affect an individual's physical and mental health and significantly impact on work performance and as an employer the Council has a responsibility for its employees' health, safety and welfare at work.

The Council is committed to addressing domestic abuse whenever its effects become apparent in the workplace. Domestic abuse can negatively influence the health, well-being and self-confidence of staff who may in turn feel unable to confide in others or seek help. Many of those that experience domestic abuse have difficulty attending work regularly and demonstrate longer term symptoms such as depression, anxiety, or stress that consequently affect work performance. It is important for all staff to be aware of domestic abuse as a possible cause when colleagues are depressed, distracted, lacking in self-confidence or appear visibly injured. As a council, we strive to create a working environment that promotes the view that everyone has the right to a life free from abuse in any form and that violence and abuse against any person is unacceptable. Separate guidance is available to employees regarding domestic abuse, for more information, contact Human Resources & Organisational Development

### **3.7 Employees as Perpetrators of Domestic Abuse**

Employees are expected at all times to conduct themselves in a way that will not adversely reflect on the Council and its reputation. Domestic abuse perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. Perpetrating domestic abuse whilst in the workplace may be a breach of Code of Conduct. If a colleague is found to be assisting an abuser in perpetrating the abuse by giving them access to facilities such as telephone numbers, contact details or email, then this could be considered a disciplinary offence.

The Council will treat any allegation, disclosure or conviction of a domestic abuse related offence on a case-by-case basis. Our aim is to reduce risk and support change; recognising our role in encouraging and supporting employees to address violent and abusive behaviour of all kinds. If an employee approaches a colleague with concerns about their own abusive behaviour, information about services and support available will be provided. Confidentiality will be maintained, and information restricted only to those who have a need-to-know.

However, there are some circumstances in which confidentiality cannot be assured and this is when there are concerns about children or vulnerable adults or where an employer needs to act to protect the safety of other employees. As above, for more employee information, contact Human Resources & Organisational Development.

### **3.8 Working in Partnership**

This policy forms part of the wider Community Safety and Safeguarding agenda aimed at supporting employees to identify risks, receive disclosures and support victims appropriately and sensitively.

Domestic violence and many acts of abuse are crimes, and the Council is committed to preventing and reducing crime and disorder in line with our role as a statutory member of the Community Safety Partnership. Under the Crime and Disorder Act 1998, the Council must work with the Police, Probation Services, Public Health Bodies, Clinical Commissioning Groups and other statutory agencies to reduce crime and disorder in Bromsgrove.

The Council works in partnership with other agencies to meet these objectives and fulfil all of its legal obligations in relation to domestic abuse.

The Council supports the [Worcestershire Forum against Domestic Abuse and Sexual Violence](#), the commissioned Domestic Abuse Service for the county [West Mercia Women's Aid](#) and all staff must have due regard to the information and guidance provided by these key services when supporting customers, service users and colleagues.

North Worcestershire MARAC (Multi Agency Risk Assessment Conference) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases of domestic abuse are discussed. The role



of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

In line with national best practice, the Council has a designated single point of contact for the purposes of MARAC. The designated officer attends the MARAC and is able to provide information and updates, addressing any concerns raised about cases. Outside agencies and internal departments are often unsure who to contact in relation to high risk referrals and the designated officer can act as a liaison, responding promptly with requests/queries for information from all parties. It is the role of the designated officer to ensure that any MARAC cases are flagged appropriately on authority systems.

Any officer subsequently engaging with someone identified as being subject to MARAC must liaise with the designated officer as soon as practically possible, so that relevant information is appropriately shared with MARAC in a timely manner. For more information about the North Worcestershire MARAC meeting and to discuss how to make a referral, contact the Council's designated officer in the Community Safety team.

[Worcestershire Drive](#) is a voluntary Domestic Abuse Perpetrator programme (DAPP) which aims to reduce the number of child and adult victims of domestic abuse by deterring perpetrator behaviour. Drive provides a case manager who acts as a single point of contact for perpetrators on a 1-2-1 basis. The case manager then works closely with all statutory agencies including the Police, Probation and Children's Services to maximise the impact of the criminal justice system, developing and agreeing strategies to limit the opportunities for the perpetrator to continue abusing. The service has been developed to knit together existing services, complementing and enhancing existing interventions. Worcestershire Drive was established in 2018 as a pilot project funded by the West Mercia PCC and Worcestershire County Councils' Public Health team. For more information about Drive and to discuss how to make a referral, contact the Council's Community Safety team.

North Worcestershire Integrated Offender Management (IOM) Scheme is the term used to describe the multi-agency approach to tackling persistent offenders who commit a lot of crime, causing damage and nuisance to communities. The approach recognises that repeat offenders have multiple problems which contribute to their offending which cannot be addressed by a single agency. Agencies involved in IOM include probation, police, local authorities, drugs and alcohol services and health providers.

The IOM scheme also seeks to work with offenders who have been released from prison. These offenders often pose a high risk of offending because they will usually require support to get their lives back on track and address issues which have contributed to their criminal lifestyle such as drug and alcohol addiction, homelessness, unemployment, health problems and access to benefits. A high proportion of the cohort of offenders managed under the North

Worcestershire IOM scheme are identified as perpetrators of Domestic Abuse. For more information about the local IOM scheme and to discuss how to make a referral, contact the Council's Community Safety team.

#### **4. Legislation and Guidance**

- 4.1 Alongside the forthcoming Domestic Abuse Bill, this policy is also underpinned by the Council's legal obligations under the Human Rights Act (1998) and the European Convention on Human Rights to protect life and to protect individuals from inhuman and degrading treatment.
- 4.2 Alongside the Domestic Abuse Bill and the Human Rights Act 1998, the following legislation will also be taken into consideration when implementing this policy:
- Housing Act 1996
  - Homeless Reduction Act 2017
  - Care Act 2014
  - Equality Act 2010
  - Children's Act 2004
  - Harassment Act 1997
  - Data Protection Act 1998, 2003 and 2018 (GDPR)
  - Local Government Act 2000
  - Health & Safety at Work Act 1974
  - Crime and Disorder Act 1998
  - ASB, Crime & Policing Act 2014

#### **4.3 Confidentiality and information sharing**

Where appropriate, the Council will share information with the Police and other key agencies under joint information sharing protocols, so that all agencies can carry out their function and duties in accordance with the Crime and Disorder Act 1998.

The Council works within the provisions of the General Data Protection Regulations (GDPR) / Data Protection Act 2018 which provide the framework for the sharing of information and the need for confidentiality and privacy. There is more information on how we use your information in our Privacy Policy, which is available on our website.

#### **5. Related Policies and Procedures**

##### **5.1 Links to other corporate documents**

This policy links to and should be read in conjunction with the following Bromsgrove District Council corporate policies and strategies:

- Safeguarding Children, Young People and Adults with Care and Support Needs Policy
- Bromsgrove Housing Strategy
- Community Safety Partnership Plan
- Lone Working Policy

- Disciplinary Policy

5.2 There are many partner agencies that we work with to develop a better understanding of domestic abuse and improve protection for victims, their families and the wider community, such as:

- North Worcestershire Community Safety Partnership members - [NWCSP](#)
- West Mercia Women's Aid
- Worcestershire Rape and Sexual Assault Centre
- West Mercia Police and Crime Commissioner
- Other Housing Associations
- Neighbouring Local Authorities
- Schools and Colleges
- Victim Support
- Other voluntary and community organisations

## 6. Appendices

6.1 DASH (Domestic abuse, stalking & honour based violence) Checklist – produced by [SafeLives](#) - the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.



## Ending domestic abuse

### SafeLives Dash risk checklist Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms, but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

### The Dash risk checklist 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

### Before you begin to ask the questions in the Dash risk checklist:

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

### While you are asking the questions in the Dash risk checklist:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

### Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a

Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

## Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

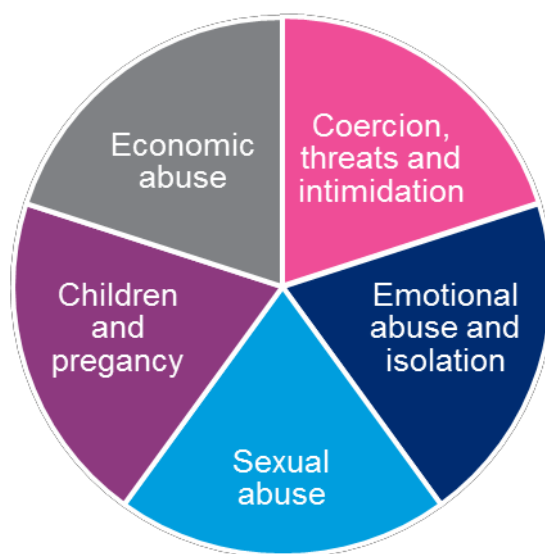
- **National Domestic Violence Helpline** (Tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (Tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** ([visit the Rape Crisis website](#)) for details on SARCs and to locate your nearest centre.
- **Galop** (National LGBT+ Domestic Abuse Helpline: 0800 999 5428 / [visit the Galop website](#) for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

## Asking about types of abuse and risk factors

### Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred, the victim should call 999 for assistance from the police. If the victim has injuries, they should try and get them seen and documented by a health professional such as a GP or A&E nurse.



### Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

### Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do, who they are frightened of and who they are frightened for (e.g.

children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.

- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as "If I can't have you no one else can..."
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim's home or workplace, loitering and destroying/vandalising property.
- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember 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, except for 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

## Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of 'honour' based violence talk about extreme levels of isolation and being 'policed' in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim's mental health, and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won't understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

## Children and pregnancy

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

## Economic abuse

Economic abuse is covered in question 20.

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex- partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex- partner lost their job.
- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at <http://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas>

## Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative's Toolkit** here:

[http://www.safelives.org.uk/sites/default/files/resources/Representatives%20toolkit\\_0\\_1.pdf](http://www.safelives.org.uk/sites/default/files/resources/Representatives%20toolkit_0_1.pdf). This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from <http://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E	LGBT Services
Ambulance Service	Marac Chair
BAMER Services	Marac Coordinator
Children and Young People's Services	Mental Health Services for Adults
Drug and Alcohol	Police Officer
Education	Probation
Fire and Rescue Services	Social Care Services for Adults
Family Intervention Projects	Sexual Violence Services
Health Visitors, School Nurses & Community	Specialist Domestic Violence Services
Midwives	Victim Support
Housing	Women's Safety Officer
Independent Domestic Violence Advisors	

For additional information and materials on Multi-agency risk assessment conferences (Maracs), please visit the [Resources for Marac meetings](#) section on SafeLives website. In particular, [10 Principle of an effective Marac](#) provides guidance on the Marac process and forms the basis of the Marac quality assurance process and national standards for Marac.



### SafeLives Dash risk checklist

#### Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and '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<sup>1</sup> 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 form

Before completing the form for the first time we recommend that you read the [full practice guidance](#) and [FAQs](#). These can be downloaded from the '[Resources for identifying the risk victims face](#)' section on the SafeLives website. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

#### Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions 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. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12-month period, but **this will need to be reviewed depending on your local volume and your level of police reporting.**

Please pay attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

#### What this form is not

This form will provide valuable information about the risks that children are living with, but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and stepchildren are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the children's situation.

<sup>1</sup> For further information about Marac please refer to the 10 principles of an effective Marac: <http://www.safelives.org.uk/node/361>



SafeLives Dash risk checklist for use by Idvas and other non-police agencies<sup>2</sup> for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right-hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (e.g. police officer)
<p><b>1. Has the current incident resulted in injury?</b> Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>2. Are you very frightened?</b> Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>3. What are you afraid of? Is it further injury or violence?</b> Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>4. Do you feel isolated from family/friends?</b> I.e., does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>5. Are you feeling depressed or having suicidal thoughts?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>7. Is there conflict over child contact?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>10. Is the abuse happening more often?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>11. Is the abuse getting worse?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</b> For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</b> If yes, tick who:</p> <p>You <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<sup>2</sup> Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info
<b>15.Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>16.Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</b> If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17.Is there any other person who has threatened you or who you are afraid of?</b> If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>18.Do you know if [name of abuser(s)] has hurt anyone else?</b> Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>19.Has [name of abuser(s)] ever mistreated an animal or the family pet?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>20.Are there any financial issues?</b> For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</b> If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input type="checkbox"/>				
<b>22. Has [name of abuser(s)] ever threatened or attempted suicide?</b>				
<b>23.Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?</b> You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. Bail conditions <input type="checkbox"/> Non-Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
<b>24.Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</b> If yes, please specify: Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total 'yes' responses</b>				

Name of victim:

Date:

Restricted when complete

## For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'-based systems, geographic isolation and minimisation.</p> <p>Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	

Do you believe that there are reasonable grounds for referring this case to Marac?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, have you made a referral?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Signed		Date	
Do you believe that there are risks facing the children in the family?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> s <input type="checkbox"/> No	Date referral made	
Signed		Date	
Name			

Name of victim:

Date:

Restricted when complete

Practitioner’s notes

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women’s Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.