**Sefton Domestic Abuse Risk Assessment Tool (2023)**

**Practice Guidance**

**Introduction**

The Sefton Domestic Abuse Risk Assessment Tool is based on the SafeLives DASH Risk Checklist.

It is designed to be used with adult victims of domestic abuse.

This guidance will help practitioners complete the Domestic Abuse Risk Assessment with their service users and help them identify cases to be referred to MARAC and local specialist domestic abuse support services.

The notes below will help practitioners ask the questions on the risk assessment and identify additional questions to gather contextual information to address the risks that their service users face.

**How to use the Domestic Abuse Risk Assessment**

It is very important to ask all of the questions in the checklist.

Be familiar with the risk assessment before you work with your first service user so that you feel confident about the relevance and implications of each question.

Be sure that you 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 your service user to, including specialist services.

Please note that the ‘don’t know’ option is included where the victim does not know the answer to a specific question. It should be used when ticking ‘no’ would give a misleadingly low risk level. This will also highlight to your agency and the MARAC/specialist support any areas which require more information to be gathered.

**When to use the Risk Assessment**

The risk assessment 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

You should use the tool with every service user disclosing current abuse to you to identify the levels of risk a service user may be exposed to and to offer appropriate services. Someone is a victim of ‘current’ abuse where there has been any form of domestic abuse (including psychological, financial, sexual and physical abuse) occurring within the last three months. However, this is not an absolute; risk can change and each service user’s situation will differ. Therefore, it is essential that professionals consider each case based on its own circumstances.

You should aim to complete the risk assessment on your first contact with the service user.

The checklist includes questions about static and dynamic risk factors. The static risk factors are those that will not change. For example, if the perpetrator has *ever* threatened to kill the victim or someone else or have they *ever* threatened or attempted suicide. Other questions explore dynamic risk factors, such as pregnancy, financial issues or sexual abuse. Where the questions refer to ‘current’ (e.g. “has the current incident resulted in injury” as outlined above) a timeframe of up to three months should be used to define ‘current’.

 For this reason, in practice the Risk Assessment will not easily apply to historical domestic abuse cases, i.e. if most of the abuse has ceased and the service user is in need of general support not crisis services.

(N.B. Current/recent abuse covers the spectrum of emotional/physical/financial/sexual and psychological abuse.)

**Who should the checklist be used with?**

Normally the Risk Assessment will be completed with the adult victim of domestic abuse, including stalking and ‘honour’-based violence. However, you may get specific information from other professionals such as the police. If you do, please note this on the form.

You should take great care in obtaining information from other family members without the express permission of your service user. In certain situations they can pose a threat themselves.

Victims come from all different walks of life. Remember domestic abuse can be present in family relationships and not just in intimate partner relationships. Also think about age, gender, sexuality, disability and ethnicity. There may be additional barriers for some people feeling able to disclose abuse.

Consider whether the victim has any other needs that need to be taken into consideration eg translation, disability requiring additional support. If the victim does not speak English and an interpreter is needed, **do not assume** it is safe for a family member or friend to carry this out. A professional translator should always be used where possible. Consider risks associated with ‘honour’ based violence.

**Introducing the Risk Assessment to your service user**

It is important to explain your confidentiality, information sharing, and MARAC/support services referral policies before beginning to ask these questions. This will create transparency and clarity for the service user about how and when the information they disclose might be used and shared.

You should ask your service user to sign a form confirming that they understand and consent to these policies, if possible. Alternatively explain that, if they agree, you will sign on their behalf confirming they have understood and consented to the policy over the telephone.

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

* How much time the service user has to talk to you.
* The safe contact details of the service user 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 your service user and explain why you are asking these questions.

You should also be aware 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 partner/ex-partner is essential.

**How to use the practice guidance**

The practice guidance below is set out to follow the order of the questions in the risk assessment. It explains the significance of each question, additional questions that might be posed and where relevant the research is linked to the specific risk factor.

**Note on use of language**

Specialist domestic abuse practitioners will normally refer to the person who is referred to their service as ‘service users’. The terms ‘victim’ and ‘survivor’ are often used by other agencies and in research. In this document we use the terms ‘service user’ and ‘victim’ interchangeably depending on the context.

**Step by step guide – asking the questions**

**1. Has the current incident resulted in injury?**

**Practice point:** Understand the level of injury to identify if any current action needs to be taken:

• When did the incident occur?

• What injuries have been sustained?

• How does this compare to previous injuries? Establish what the worst injury and incident were.

• Does the victim need immediate medical attention?

• Has this incident been reported to the police?

**2. Is the victim very frightened?**

**3. What is the victim afraid of? Is it further injury or violence?**

**Practice point:** we are trying to understand the fears of the victim in relation to what the perpetrator(s) may do to them.

It is important to understand:

* What is the victim frightened of?
* Who is the victim frightened of? It is important you identify who the perpetrator is. Note that in extended family violence there may be more than one perpetrator living within the home and who belongs to their wider family and community. It will also be useful to know where they live to build this into any risk management/safety plan.
* Who they are fearful for? (e.g. themselves/children/siblings/partners/parents.)
* What do they think the perpetrator may do? What do they think the perpetrator is capable of? This could be physical or sexual abuse or murder of them/children/siblings/partners/parents. 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 as this can be associated with homicide. For examples of severe stalking behaviours refer to the completed abuse grid at the end of this document. Document these fears carefully.
* LGBT service users may fear that the perpetrator will disclose their gender identity or sexual orientation to their friends, family and colleagues.

It is important to listen carefully to the victim’s perception of their safety and what it is the perpetrator may actually do. Victims are significantly more likely to experience additional violence, threats and emotional abuse when they report that they are very frightened, afraid of further injury, violence or of being killed, and when they are afraid of their children being harmed (Robinson, 2006a).

The victim will have intimate knowledge of the perpetrator’s capacity to harm her/him and significant others. In cases of ‘honour’-based violence, they will understand the family dynamic and view of ‘honour’-based systems. 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 cause for concern. It is important to use your professional judgement, register your concerns with the victim and note this on the Risk Assessment and through the information-sharing process at MARAC. Conversely, if the victim does express significant concern about their safety this should be taken seriously.

**4. Does the victim feel isolated from family/friends?**

**Practice point:** Perpetrators will often seek to isolate the victim from their normal support network of family and friends etc. In terms of safety planning, you will need to understand the extent of thisisolation and whether there are any ‘safe’ ways to contact the victim.

* Dependence on the perpetrator through lack of financial resources; social or geographical separation from friends.
* No support networks.
* Kept away from support of agencies through threats by the perpetrator, for instance, that the services will take their children away or no one will believe them because they are crazy.
* For victims who are particularly vulnerable or socially isolated you may also consider whether the abuse has a specific cultural or community context
* 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 sexual orientation/gender identity to your friends/family/work?

It is important to note that 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).

**5. Is the victim feeling depressed or having suicidal thoughts?**

**Practice point:** When working with suicidal service users we need to be able to assess the seriousness of their intent, as for some victims the only way they may see the abuse ending is by ending their life.

Medical staff will talk about the difference between ‘suicidal ideas’ and ‘suicidal intention’. Having suicidal thoughts is not uncommon when we are stressed, depressed or experiencing major traumas. They become significant when they change from ideas to plans (intent) to carry out the act.

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 disruption?

• How definite does the victim’s 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?

Also consider if the victim has any children that have been removed for their care. The impact of this trauma can increase risks of suicide.

Any service user expressing suicidal ideas has to be taken very seriously. As the practitioner involved in the disclosures it will ultimately be your responsibility to share this information within your agency, at your MARAC and/or to a member of the primary health care team. You should encourage the victim to take the initiative and seek help themselves and to explain the importance of their engagement with the information sharing process.

It is important to ensure that you are clear about your own agency’s crisis/safety plan which incorporates advice for working with suicidal service users. Do not wait until an emergency arises, familiarise yourself with the procedure beforehand and the resources or referral routes available to your service user.

**6. Has the victim separated or tried to separate from their partner 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). It is therefore important that work is carried out to ensure that the victim can leave as safely as possible.

You should explore with your service user the different options for leaving, whether this is in an emergency or as part of a longer term plan. Research suggests that women are particularly at risk within the first two months of leaving an abusive relationship (Wilson and Daly, 1993; ACPO Findings from the Multi-agency Domestic Violence Homicide Review Analysis, 2003). This reinforces the importance of offering your service user support beyond the point of separation as this is when victims are particularly at risk of further violence/homicide and of thinking through the detail of any plan to separate safely. In cases of ‘honour’-based violence, separation may be identified by the victim as an attempt to run away.

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

• If the service user has separated from the abuser, when was this?

• Is the service user currently leaving or planning to leave?

• Does the abuser threaten what they may do if the service user leaves? For example, does (…..) say things like ‘if you were to ever leave me’?

• Is the service user frightened by this? Is the service user prevented from leaving due to family pressure or the threat of dishonour?

• Is the service user prevented from leaving due to threats of being ‘outed’ to family/employer etc?

• Does the service user’s dependence on the perpetrator for physical care prevent escape?

In some cases, you may be approached by different individuals (family/friends etc) to try and find out information that would identify the whereabouts of the victim. It is important to maintain service user confidentiality at all times and establish with the victim whom it is safe to talk to in order to avoid putting them at greater risk.

**7. Is there conflict over child contact?**

**Practice point:** One study found that more than three-quarters 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 & Thiara, 2003). This has also been reiterated through research with IDVA projects confirming that harassment and stalking often continue post separation.

Child contact is used by perpetrators to legitimise contact with ex-partners therefore, 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. You may want to find out:

• How many children they have and whether they are from this or previous relationships?

• If the perpetrator has parental responsibility?

• If there is any formal (via solicitors/Children’s Services) or informal regulation of child contact?

• Where the children go to school/after school activities. Does the perpetrator know this?

• Where they receive medical treatment? Does the perpetrator know this?

• If the perpetrator threatens to kidnap or harm the children?

• If they threaten to report the service user to Children’s Services or the family courts as being a ‘bad mother’ or threaten that the children will be removed from the service user’s care?

• If they threaten to send the children overseas or gain custody through other cultural/religious means?

• If they threaten to use the service user’s sexual orientation within the courts/Children’s Services arena as a way to ‘take the children’?

These are important pieces of information for your agency (and the MARAC) to include in safety/risk management plans so that they can be built into any criminal or civil sanctions such as bail conditions, restraining orders, non molestation/occupation orders and orders under the Children Act.

**8. Does perpetrator constantly text, call, contact, follow, stalk or harass the victim?**

**Practice point:** Please ensure you ask the victim about the abuser’s behaviour (remembering that there may be more than one perpetrator); if the victim feels they are being stalked ask them to clearly describe what happens.

You may find it useful to ask whether there are certain patterns to the abuse, and to keep a log of incidents. This may become a useful form of evidence in criminal and civil proceedings. Stalking frequently occurs at the point of separation, but can also occur within an abusive relationship where the couple are still together. The following are additional high risk factors which may indicate future violence in cases of harassment and stalking:

• Pursuit of the victim during/after separation.

• Vandalising or destroying property.

• Turning up unannounced and/or loitering around the workplace/home/school.

• Following the victim or loitering near the victim.

• Threatening the victim and/or others with suicide, homicide or sexual violence e.g. ‘if I can’t have you nobody will’.

• Calling/texting/emailing continuously and obsessively.

• Sending letters/notes/items/’gifts’.

• Engaging others to help.

• Acting violently to anyone else during the stalking incident.

• Making contact around certain anniversaries’, birthdays or dates.

Children of the relationship may also be used to permit harassment and stalking of your service user. The perpetrator may obtain information or items from children that could place your service user at risk, for example:

• Keys to the property.

• New addresses of work, school and home.

**9. Is the victim pregnant or do they have a baby under the age of 18 months?**

**Practice point:** If yes, note whether she is pregnant or has just given birth. The answers to the following questions will provide useful context:

• What is the estimated due date of the pregnancy?

• Does the perpetrator know of the pregnancy? Is it his child?

• Does the perpetrator target any attacks or abuse towards the service user’s stomach area?

• Do a midwife and other professionals involved know about the pregnancy and the domestic abuse?

• How does the service user feel about being pregnant? Was this a planned pregnancy?

In many cases you may find that victims are unsure about continuing with a pregnancy. You should be prepared to discuss this with your service user and be able to refer the victim to pregnancy advisory services so that all of their options can be explored. Some service users may describe that being pregnant keeps them safe from physical harm, as this is the only period when their partner does not physically abuse them. Using the supplementary information gathered about the pregnancy you should consider establishing a safety plan for the birth and for after the baby is born.

The presence of children increases the risk of domestic abuse for women (Walby and Allen 2004). 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). You may wish to consider how the presence of children impacts on the women’s ability to use safety strategies and increases her dependence on the abuser.

The presence of step children in particular increases the risk to both the child and the woman. (Garcia and Soria 2007, Brewer and Paulsen 1999 and Cavanagh et al 2007). If step children (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 stepchild?

Clearly, young children are extremely vulnerable in situations of domestic abuse and consideration must be given both to the risks that they face and the risks to the mother.

Violence and abuse towards a pregnant woman can also represent abuse to an unborn child. Unborn children can become the subject of child protection procedures. Your service will need to consider when it is appropriate to refer such situations to Children’s Services

**10. Is the abuse happening more often?**

**11. Is the abuse getting worse?**

**Practice point:** Previous domestic abuse is the most effective indicator that further domestic abuse will occur.

35% of households have a second incident within five weeks of the first (Walby and Myhill, 2000). In cases of ‘honour’-based violence, previous family history including towards siblings can be very relevant. To help your service user answer this question you may need to follow this 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?

These questions may deliver a more specific, tangible answer for you to develop a risk management plan. You might suggest that your service user keeps a diary or log of incidents to help document the escalation in frequency and severity.

**12. Does the perpetrator try to control everything the victim does and/or are they excessively jealous?**

**Practice point:** Recent 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 from this question may overlap with the earlier question about isolation. The following prompts may be useful:

If the perpetrator(s) is controlling, what do they do? Examples of controlling behaviour may include:

* Being made to account for time and whereabouts.
* Isolation from friends and family.
* Interception of mail/telephone calls.
* Accusations of infidelity.
* Being prevented from taking medication.
* Extreme dominance.
* Being prevented from leaving the house.
* Making threats that children will be removed if victim reports.
* Extreme jealousy, e.g. “if I can’t have you no one else can”.
* Use of the victim’s religion to control.

Do they ask anyone else to carry this out for them? For example other family members or friends.

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. There may be certain behaviours that would be deemed unacceptable in a particular community and that could trigger serious harm or homicide.

Have they been abusive to others, for e.g. new partner/ex-partner, other family members and 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 LGB or T or that no-one will help them or believe them or that they will disclose their sexual orientation or gender identity to their friends, family, colleagues); They may also question the victim’s gender identity or sexual orientation and make them feel guilty or ashamed.

If you are a professional who comes into contact with the perpetrator, consider how they might try to control you too.

Once you have identified the extent of control the perpetrator has over the victim you should then move to identify windows of opportunity to talk or meet with the victim in the future.

**13. Has the perpetrator ever used weapons or objects to hurt the victim?**

**Practice point:** Supplementary questions may cover:

* Has this last incident involved the use of any weapons?
* Does the perpetrator have access to weapons through friends/acquaintances/employment?
* Does the perpetrator have military or martial arts training?
* Does this significantly concern either the service user or the practitioner?

It may be useful to include examples of ‘objects’ that can be used as weapons so that service users can relate the question to their situation. Thus, the question aims to cover not just weapons such as knives or guns but also household objects which may be used as weapons, for example:

* Towel rails.
* Ashtrays.
* Children’s toys.
* Family pets.

This information is useful to identify both risks to the victim and risks to other professionals attending the home or working with the perpetrator. You will need to consider notifying the police and any relevant

professionals who may attend the home. If this case is referred to MARAC it is something you should prompt professionals to log within their own agencies for any staff attending the home.

**14. Has the perpetrator ever threatened to kill the victim or someone else and has the victim believed them?**

**Practice point:** It may be useful to ask additional questions:

• Who is threatening to kill the service user? The threat may be from many members of the family,

 extended family or community in ‘honour’ cultures.

• What threats does the perpetrator make? How do they threaten to kill the service user or others?

• Who else have they threatened to kill, (i.e. children, partners, pets etc.)?

• Who else have they told that they intend to kill the service user or others? Sometimes such threats

 are made to third parties including police and probation officers.

It is important not to minimise 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 question two.

If the victim is considering reporting these threats to the police it is important to manage their expectations about what action the police may be able to take. As a service you may need to discuss with your local Community Safety Unit/Domestic Violence Unit/Public Protection Unit what evidence they may require to substantiate a charge of threats to kill.

**15. Has [name of abuser(s)] ever attempted to strangle/choke/suffocate/drown you?**

**Practice point:** It may be useful to ask additional questions to assess the seriousness of this risk:

• When did they attempt to strangle/choke/suffocate/drown you?

• What did they do? (Did they use implements i.e. shoe laces or use their hands?)

• How often do they do this?

• Did you/do you lose consciousness?

Any such attempts should be taken very seriously.

**16. Does the perpetrator do or say things of a sexual nature that make the victim feel bad or that physically hurt the victim or someone else?**

**Practice point:** 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:

• Many service users 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? It is important to be aware that rape, sexual abuse and intimidation are not always identified as such by the victim. Thus, it is important as a practitioner that you are able to talk to your service user about the range of sexual abuse they may be experiencing for example:

Intimidation and pressure to have sexual intercourse including use of weapons.

* Use of sexual insults.
* Unwanted sexual touching including use of objects.
* Inflicting pain during sex.
* Sexual abuse of children.
* Exposing children and/or service user to pornographic material.
* Refusal to use contraception or have safe 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.

Once you have identified what type of sexual abuse is being perpetrated, it is useful to know:

* When did this happen? How often does this happen?
* What did they do?
* Did you talk to anyone or report this to the police or seek medical attention?
* Have they done this to anyone else for e.g. children or a previous partner?
* Is the service user concerned about any sexually transmitted diseases or pregnancy as a result of the attacks?

If there has been a recent incident then you can offer the services of the local SARC (Sexual Assault Referral Centre) /A&E/Police for further medical or legal investigation.

A referral to RASA (Rape and Sexual Assault) Merseyside, a specialist support service for victims of sexual assault and abuse may also need to be considered.

**17. Is there any other person who has threatened the victim or they are afraid of?**

The service user may also have been threatened by someone else and/or appear much more frightened than you might expect. 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.

• Truanting.

• A relationship not being approved of by family and/or community.

• Rejection of religion or religious instruction.

• Rejection of an arranged marriage.

• Pre-marital conflict or pre-marital or extra marital affair.

• Reporting domestic abuse.

• Running away.

• Sexual conduct – talking, kissing, intimacy in a public place.

• Pregnancy outside of marriage.

• Being a reluctant immigration sponsor.

• Attempts to separate/divorce.

• Sexual orientation (including being gay, lesbian, bisexual or transgender).

If you do think this is a risk, 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 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 should consider whether the victim’s partner, children, associates or their siblings are also at risk.

Professionals should assess the following factors in relation to the nature of the risk, and actions they may take as part of a safety plan:

• The ongoing relationship or connection between the perpetrator(s) and victim may enhance vulnerability to future abuse and act as a barrier to help-seeking option.

• Other siblings being subject of similar issues.

• Strong extended family network.

• Family may seek to locate and pressurise victim.

• Family may seek to remove/abduct victim, including taking the victim abroad.

• Threat to new partner/ex-partner.

• The perpetrator(s) history of abusing others in a domestic context or of other violent behaviour.

**18. Do you know if the perpetrator has hurt anyone else?**

**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).

Also consider extended family and ‘honour’ based violence.

The information revealed will point you to what other support agencies need to be involved with the family and/or whether a safeguarding referral (for a child and/or adult) also needs to be considered.

It is important to identify the following:

• Who these other victims are?

• If they are children, how and when were they harmed?

• Current whereabouts of these other victims.

• Dates of birth of these children (for identification purposes).

**19. Has the perpetrator 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 experiencing domestic abuse, the use or threat of abuse against companion animals is often used for leverage by the controlling/violent member of the family to keep others in line or silent. The violence may be in the form of intimate partner violence, child abuse (both physical and sexual), or elder abuse.

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 therefore alternatives may need to be found to accommodate the whole family. There are some organisations that operate animal fostering services that may be of use to the victim until they are in accommodation that will accept pets.

**20. Are there any financial issues?**

**Practice point:** Exploring this question will also allude to the level of isolation and control the perpetrator has over the victim.

Consider these points and additional questions to gain clarity over the financial control and issues:

• Are there any issues regarding the victim’s access to public funds? Victims who have no recourse to

 public funds may be entirely reliant on their spouse for financial support.

• Check whether they jointly claim benefits. 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.

• Does the perpetrator restrict/withhold/deny access to joint/family finances?

• Has the service user been forced into taking on loans/re mortgages and is the service user responsible

 for the repayments and any defaults?

Finances will need to be considered by all practitioners when considering safety options. Welfare grants or subsistence allowances may need to be negotiated between agencies to allow the victim access to some funds for accommodation or travel to accommodation. In some situations your service user may need advice on benefits and/or debt management.

**21. Has the perpetrator had problems in the past 12 months with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?**

**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).

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 perpetrator’s 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, suppliers and places. You may also find it useful to establish:

• How often does the perpetrator drink/use drugs?

• Do they have an addiction?

• Are the drugs prescription or illegal?

In relation to any mental health conditions:

• Has the perpetrator 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?

**22. Has the perpetrator 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. Thus if a perpetrator threatens suicide, one should be alert to the heightened risk of homicide to others (Menzies, Webster and Sepejak, 1985; Regan, Kelly, Morris and Dibb, 2007).

Homicide-suicide occurs when the perpetrator murders the family and then commits suicide. 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, Findings from the Multi-agency Domestic Violence Homicide Review Analysis, 2003).

The victim may indicate that they are frightened that the perpetrator may kill themselves, children and victim. If so, this is something that you should highlight at the MARAC and to any domestic abuse support services you refer to. If there are any immediate concerns, you should consider sharing this information with the police and Children’s Services (where there are children).

**23. Has the perpetrator ever broken bail/an injunction and/or formal agreement for when they can have contact with the victim and/or children?**

**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. As a practitioner, you should consider breaches of court mandated contact arrangements, agreements with Children’s Services about contact with children and breaches of civil or criminal court orders.

The victim may be aware that the perpetrator has breached bail or injunctions in relation to a previous partner. Equally, as a professional, you may be aware of this when the victim is unaware. Such information will need to be handled delicately and advice sought whether it is proportionate for you to disclose this for the victim’s safety.

Victims who have experienced breaches of bail/court orders in the past may not have had a positive experience of how the police or the courts responded to these. If this is a reality for the victim they may be very reluctant to pursue any of these options now. An IDVA can help support a victim with considering future reporting and orders.

**24. Has the perpetrator ever been in trouble with the police or do they have criminal record?**

**Practice point:** As with question 23, the victim may not know or not want to disclose the criminal activity of the perpetrator for fear of further reprisals from the perpetrator (or other family members) or for fear of incriminating themselves. This should be carefully explored so that you know what the barriers may be to reporting to the police and other agencies.

Additional questions that could follow:

• Is the record for domestic abuse? With this partner? Another partner?

• Other violence?

• Other criminal record?

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 & 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 throughout their life, with a series of victims from siblings to schoolmates to dating partners to strangers to spouse (Richards, 2004; Fagan, Stewart and Hansen, 1983). 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) will commonly have no other recorded criminal history.

**Revealing the results to your service user**

It is important that this is handled in a sensitive manner. Revealing a service user is 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 exactly by using the answers the service user gave to you and by explaining your professional judgement. It is important that you explain what the next steps are to be, i.e., referrals to MARAC, referrals to child protection agencies, referral to a specialist support service such as IDVA who can offer safety planning. In cases of ‘honour’ based violence, the victim will need reassurances that there are systems in place to ensure that family members will not be contacted or informed. Such contact could clearly put the victim at much greater risk.

**Example wording:**

“You’ve told me a number of things which, from my experience and the tools I use to assess how dangerous your situation is, tell me that you are at risk of further serious harm. You said yourself that you were frightened of X, Y, Z which confirms my concerns. As I explained at the beginning of our conversation (refer to confidentiality and information sharing policy), using the information you have given me, I would like to refer you to a specialist domestic abuse support agency who can help support you further. (If appropriate) I will also need to refer your case to our local MARAC (explain supportive process of multi agency risk management which is focused on keeping victim’s of domestic abuse and their families safe)

Equally, identifying your service user is not currently high risk may be unwelcome. This has to be managed carefully to ensure that the service user doesn’t feel like their situation is being minimised or so they don’t feel embarrassed for reaching out 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 the IDVA team or with the emergency services in an immediate crisis. Ensure the appropriate domestic abuse support service offer is explained and a referral is made if accepted.