

Domestic Abuse Managing Risk

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1 in 4 Women

1 in 6 Men

- The Crime Survey for England and Wales (ending March 2022) estimated that 5.7% of adults between 16 and 59yrs had experienced domestic abuse in the last year
- This reduces to 5% for the population aged 16years and over and is higher for females (6.9%) than males (3%)
- Applying this to Portsmouth's population, **this is equivalent to approximately 6,000 females and 2,500 males experiencing domestic abuse in the last year**



Domestic Abuse Definition

- Domestic Abuse Act 2021 - Part 1 Definition of “domestic abuse”

Behaviour of a person (A) towards another person (B) is “domestic abuse” if:

- (a) A and B are each aged 16 or over and are personally connected to each other, and
- (b) The behaviour is abusive

Behaviour is “abusive” if it consists of any of the following:

- (a) Physical or sexual abuse;
- (b) Violent or threatening behaviour;
- (c) Controlling or coercive behaviour;
- (d) Economic abuse
- (e) Psychological, emotional or other abuse ;

And it does not matter whether the behaviour consists of a single incident or a course of conduct.

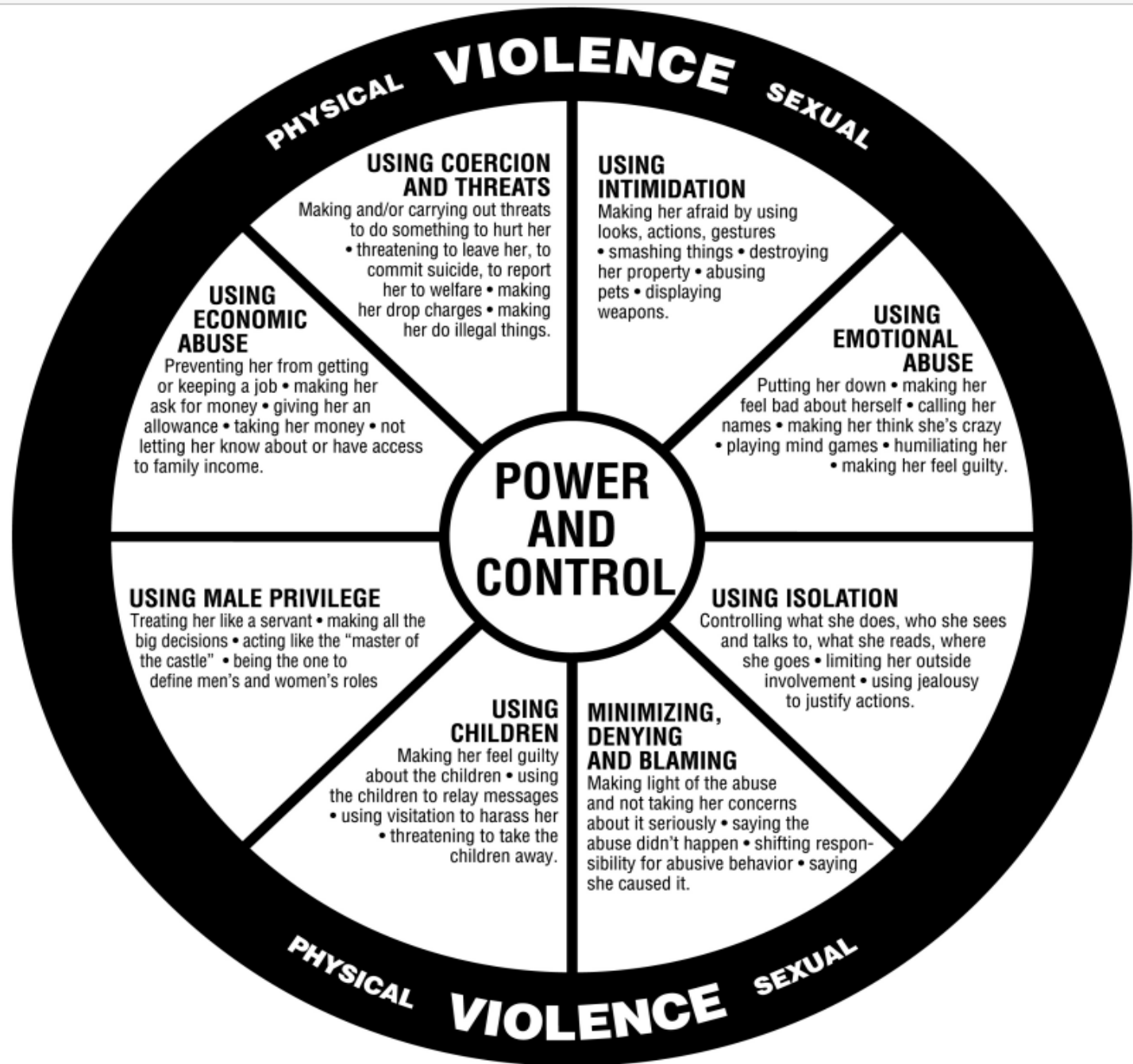
Recognise Abusive Behaviours

- Put them down
- Calling them names
- Control of their finances – access to bank accounts and possession of their card
- Running debts up in their names
- Threatening suicide if they don't leave or do what they ask
- Telling them to stay away from friends or family
- Telling them what they can/cannot wear (clothes, makeup etc)
- Calls/text asking where they are, who they are with, what they are doing
- Threats or gestures to make them feel afraid
- Destroying property
- Making light of incidents/abuse/denying it happened
- Controlling their social media
- Forcing them to take pictures/participate in videos of a sexual nature without their consent

Recognise Abusive Behaviours

Duluth Power & Control Wheel

[Wheel Gallery - Domestic Abuse Intervention Programs](#)
(theduluthmodel.org)



Identify Risk

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

- DASH RIC – Is a domestic abuse toolkit that helps to identify a victim's level of current risk
- Helps to establish whether a victim is at high risk and should be referred to MARAC
- 24 questions covering questions to the different forms of abuse and other risk factors including:-
 - Victims extreme fear
 - Pregnancy
 - Coercive Control
 - Isolation/Community Issues
 - Strangulation
 - Threats to Kill
 - Sexual Assault
 - Escalation
 - Isolation
 - Separation
 - Weapons
 - Child Abuse
 - Alcohol abuse/drugs /mental health
 - Animal Abuse
 - Suicide

Managing Risk: Learning from DHRs

- Discuss with victims if they have any trusted family or friend's they are happy for agencies to liaise with
- Consider initiating the MARM process
- Refer High Risk Victims to MARAC
- Liaise with specialist Domestic Abuse services for support
- What other agencies can you arrange to meet victims
- Have professional curiosity – don't be afraid to ask the question
- ***“For Betty because she was vulnerable and because she grew up with severe abuse, she didn't even understand that abuse was not ok. She thought it was normal. Police and her GP should have asked her more. With people like Betty there needed to be more professional curiosity/asking of questions, because she would never disclose off her own back. It would have been really hard for her to say what was going on for her with Paul, but I think if they had been more inquisitive and paid attention to her more it might have been different for her. Betty put on a tough exterior, but she was so soft underneath. It is because of what happened to Betty that I left my abusive partner, it made me realise that this could happen to me and it would have happened to me.”***



RISK ASSESSMENT
& SAFETY PLANNING

Managing Risk: In a relationship

- Call police – 999 emergencies/ 101 incidents
- National Domestic Abuse Helpline: [0808 2000 247](tel:08082000247)/ PCC HNAS
- Stop Domestic Abuse : 0330 0533 630
- Escape bag containing important documents/Identification, money, keys, medication etc
- Create code words with family, friends and in some cases children
- Can they speak to someone else to call the police such as neighbours
- Plan escape routes
- Stay away from risky areas such as the kitchen where there may be potential weapons
- Keep knives, cutlery, dinner/table wear in cupboards and out of eyesight/immediate reach
- Ensure mobile phone is charged at all times and on person



RISK ASSESSMENT
& SAFETY PLANNING

Managing Risk: Out of a relationship

- Call police – 999 emergencies/ 101 incidents
- National Domestic Abuse Helpline: [0808 2000 247](tel:08082000247) or attend Local Authority HNAS if needing to flee
- Stope Domestic Abuse: 0330 0533 630
- Can the property be flagged
- Consider target hardening – additional/different locks, ring doorbells, door braces, window alarms etc
- Injunctions – Non-molestation orders, occupation orders, DVPN/O's
- Child contact/handovers via 3rd parties, in public places or via the courts
- Ask your neighbours to be vigilant and let you or the Police know if your perpetrator is seen near your home.
- Change routine to work/schools etc
- Keep a diary of incidents



RISK ASSESSMENT
& SAFETY PLANNING

Remember Safety Plans must be:-

- Client Led
- Realistic
- Achievable

Never ask a victim

‘why don’t they just leave’

<https://safelives.org.uk/node/460>

(case management pack)

General Safety Planning:

- ✓ Think about the unique risks posed to your client in the home/work/social settings through your risk assessment. Is your client aware of them?
- ✓ Plan escape routes
- ✓ Advise them to develop code words with children or people they know to tell them you need help
- ✓ Encourage them to carry a phone charger, keep their phone charged & carry small change for a public phone
- ✓ Change routine where possible? E.g. Use a different bus route
- ✓ What about their safety at work? Do their employers know what is happening?
- ✓ Refer High risk cases to MARAC?

Separating & Post Separation

- ✓ NB Separation and the several months afterwards is a dangerous time for your client. If possible, keep in regular contact.
- ✓ Code words can be useful way for your client to tell you and others they need help?
- ✓ Talk through your clients escape route.
- ✓ Advise them to prepare a bag in case they leave in an emergency.
- ✓ If your client goes to a scheduled regular event each week (i.e. baby clinic/baby group/college) they could use this window of time to leave.
- ✓ Once they have left encourage them to change their number & routine
- ✓ They should only tell people they trust about their plans to leave.

Emergency bag: What to pack:

- ✓ Change of clothes for you and child(ren)
- ✓ ID for you and child(ren) (passports/birth certificates/driving licence)
- ✓ Money – access to money/bank cards/chequebook
- ✓ House & car keys
- ✓ Benefits info & access to benefits
- ✓ N.I number
- ✓ Any medication and repeat prescriptions
- ✓ House & car docs
- ✓ Health/House/Car Insurance docs
- ✓ Diary
- ✓ Child(ren) toys
- ✓ Family Photos
- ✓ Recent photo of perpetrator – useful for service of civil orders and police investigation.

It might not be safe to do this ahead of leaving. If it is, think about where you can hide it or ask someone you trust to look after it.

Health & Wellbeing:

- ✓ Does the client need any medical assistance as a result of the incident?
- ✓ Do they need to access to general health services? I.e. GP/dentist/ante natal services
- ✓ Do they need to access a SARC? Or a sexual health clinic?
- ✓ What about any substance misuse issues?
- ✓ Does the client need any access to mental health services?
- ✓ Does the client have a disability that affects the safety options available to them?
- ✓ What about clients wider support networks?

Legal:

- ✓ What criminal legal options are available?
- ✓ Encourage police reporting and police response
- ✓ Do you need to support client @ court? Are
- ✓ What civil legal options are available? Referral to solicitor?
- ✓ Are there any breaches of bail / civil / criminal orders
- ✓ Are there any children? Is there any legal protection needed for the children?
- ✓ Any immigration issues? Do you need to refer on for Immigration advice?
- ✓ Does the clients financial situation having an impact on the above options?
- ✓ Are probation involved with client / perpetrator? How can they help?

Children:

- ✓ Does the perpetrator have access to the children?
- ✓ Do they have PR / custody?
- ✓ Are school aware of the situation?
- ✓ Is the school a flash point?
- ✓ Do they need to be factored into any orders?
- ✓ Do they have copies of orders
- ✓ Consider what support the children might need

Housing & Security:

- ✓ Does the client need to access temporary accommodation?
- ✓ What about other housing options? What is the safest option for your client? What about longer term housing solution?
- ✓ Is refuge suitable and necessary?
- ✓ What about security measures? Sanctuary / occurrence markers / cocoon watch / target hardening
- ✓ Fire Safety Assessment
- ✓ Does the Housing Association/Authority know what is happening? Is there a notification flag on the address?
- ✓ Are there any arrears?
- ✓ What about housing action against perpetrator?

Financial:

- ✓ Does the client have access to finances? If so what? Benefits? Child Benefits? In employment?
- ✓ Does perpetrator and / client have access?
- ✓ Any debts? Any housing arrears? Whose are they?
- ✓ Are there any perpetrator / client drug or alcohol issues which impact finances
- ✓ Are there any immigration issues affecting clients access to finances

Additional Support Factors:

- ✓ Any substance misuse, mental health or disability issues?
- ✓ Are there any services to refer client to?

Domestic abuse referral pathway for adults & families

CALL FOR SERVICE

Disclosure by victim/abusive adult to professional, for example:

Social Worker
Housing Officer
Housing Needs and Advice Officer
Mental Health worker

Substance misuse worker
Hospital/mother health worker
Early Help Midwife
GPH/Health Visitor
Nursery/School

POLICE EMERGENCY 999 (or non-emergency 101)

999 Police Control Room

Call handler assesses risk – deploys Response and Patrol Officers

101 call

Call handler assesses risk and responds as necessary – this could be a phone call

Police Response

If recorded as crime:
Tasked to investigations team via Police IT
If arrest made and perpetrator taken to custody:

- Victim updated (Victim Code)
- Officers consider immediate safeguarding of victim (and children if present)
- Obtain statements and other evidence
- Take positive action including arrest
- Complete PPN1* including perpetrator details – risk level and rationale
- Send to Police MASH*

Police Investigations and/or High Harm Team

Police MASH check/ratify PPN1 details, forward to MARAC* or specialist domestic abuse services

Police MASH

Check/ratify PPN1 details, DASH* forward to MARAC or specialist domestic abuse services

Police investigation

And/or Portsmouth High Harm Team*

1 STAGE ONE UNDERSTAND RISK AND DISCUSS IMMEDIATE SAFETY PLANNING

- Professional completes DASH risk assessment check list
- Check who is already working with victim/family with MASH

HIGH RISK DASH SCORE 14+ OR PROFESSIONAL JUDGEMENT

Risk of death or serious harm
Police intervention, legal protection, child/adult protection, refuge, hotel and security measures
Complex needs, lives seriously affected by domestic abuse, coercive control, co-existing substance misuse/mental health issues

Inform victim of referral to Stop Domestic Abuse and MARAC
No consent required

MEDIUM RISK DASH SCORE 10-13

Could be vulnerable or subject to coercive control but not actively seeking help
Police: signpost victim to support services

Other agencies: get consent – refer to Stop Domestic Abuse and/or provide advocacy and support

STANDARD RISK DASH SCORE 0-9

Could be aware there is a problem, may be minimal violence
Police: get consent – refer to Victim Care Service
Other agencies: get consent – skilled workforce provides advocacy and support

2 STAGE TWO UNDERSTAND WIDER NEEDS

Adults

Adult MASH review PPN1 and consider:

- If adult has care and support needs – Sec 42 enquiry, or
 - MARM* meeting
- And/or with consent, complete a needs assessment and/or refer to appropriate service

Lead co-ordinator to:

- Understand wider needs of victim(s) and abusive adult
- Check if the adult has care and support needs
- Consider MARM meeting

Families with children

Children's MASH review PPN1 and consider:

- Sec 47 or Sec 17 – informed by DASH and safety planning conversation
Allocation to T4 Children's Social Care/Family Safeguarding Service
- Early Help
Allocation to T3 Early Help or T2 co-ordinators

Lead professional to:

- Understand wider needs of victims, children and abusive adult
- Develop whole family plan

Abusive adult only

Lead professional understands whole family support needs, including:

Substance misuse, mental health, behaviour change programme, housing, employment, etc.

and for abusive adult only:

Enforcement options, Domestic Violence Protection Order (DVPO), prosecution, McGrady Notice (eviction), etc.

3 STAGE THREE DELIVER AND REVIEW

Lead officer to:

- Manage dynamic risk (across partnership)
- Refer to MARAC if victim's risk increases to high
- Deliver appropriate service/intervention
- Review risk and need
- Collaborate and co-ordinate service delivery

Lead officer pulls in specialist services:

Stop Domestic Abuse (high and medium risk, refuge, and support for children)
Victim Care Service
Society of St James (drug/ alcohol misuse)

Wellbeing Service
Solent Mental Health Trust
Talking Change
Two Saints (homeless/housing)
Employment support
Housing management

Families with children

Family Safeguarding Service
Early Help Service

Family Hubs
Schools
GP surgeries

Abusive adult

Police progress enforcement activity
Domestic Violence Protection Order (DVPO)
Prosecution
Notice to Quit (eviction)
Behaviour change programme
CARA
UP2U: Creating Healthy Relationships

Building Better Relationships (CRC)
Community Mental Health Team
SSJ Drug Services
Housing Needs and Advice
Employment and/or consider support options above

*See jargon buster overleaf

STOP DOMESTIC ABUSE

- Refuge
- Adult Community Based Service
- Children and Young People Service
- TIPAS
- Up2U Creating Healthy Relationships
- Up2U MyChoice
- Up2U Safe Accommodation
- Group Work (adult and child)
- You, Me & Us
- Harmful Practices Specialist
- QA IDVA
- SASS (Stalking & Advocacy Support Service)
- Foundation Practitioner and Up2U Keyworker
- SPOC

Any Questions?

