



Domestic abuse risk identification, assessment and management – A guidance for housing professionals

The UK government defines domestic abuse as: ‘Any incident or pattern of incidents of controlling, coercive, 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.’



1. Introduction

The purpose of this guidance is to improve housing professionals’ knowledge, understanding and confidence to identify, assess and manage risk faced by victims/survivors of domestic abuse and posed by their perpetrators. Effective risk management relies on a Coordinated Community Response (CCR) to partnership working, information sharing and ongoing review and revision of risks which can change quickly in cases of domestic abuse.

This guidance will look at risk factors facing victims/survivors and their children and some key issues for consideration by housing professionals when identifying and assessing risk and looking at safety planning and risk management.

It is important to note that most domestic abuse and risk research is gendered and based on assumptions of female victim/survivors and male perpetrators. For example, we know that separating from a partner is the most dangerous time for a heterosexual woman, however research does not suggest the reverse is true for a man. For this reason, we use gendered language but wish to acknowledge that men experience domestic abuse too and deserve the support they need to be safe and recover.

Practice Point: ‘Think Family’

Families interlink and so you should consider the risks and needs of the whole family in the household, including children and vulnerable adults, at every point in your response to domestic abuse.

Your response must also hold the perpetrator to account for their abuse every time.



2. Risk identification & assessment

There is an important distinction to be made between risk identification and risk assessment. While risk identification involves knowledge and use of tools such as the [DASH RIC \(Domestic Abuse Stalking & Harassment Risk Indicator Checklist\)](#) to identify visible risk factors, risk assessment requires more in-depth knowledge and is an on-going, sustained process. We will discuss the DASH RIC later in this document.

All housing professionals who are likely to encounter victims and perpetrators of abuse should be trained to identify risk.

After risk has been identified, specific members of staff with additional skills/knowledge/training in domestic abuse should then conduct a more detailed risk assessment using a tool such as the DASH RIC which involves partnership working with confident, unencumbered sharing of information and expertise.

To identify risk it is crucial that housing professionals understand that **not all abuse is violent**.

Perpetrators of domestic abuse will use various tactics of coercive and controlling behaviour to reduce a victim/survivor's 'space for action' (as theorised by Professor Liz Kelly). These tactics include:

- Financial/economic abuse (i.e. rent arrears, or perpetrator as sole account holder);
- Psychological abuse;
- Sexual abuse;
- Violence/threats;
- Gaslighting (psychologically manipulating someone into doubting their own sanity);
- Stalking.

Coercive control traps people in relationships and creates a state of subjugation. A perpetrator will engage the tactics listed above to manipulate compliance and they will prioritise their own needs over everything else. Understanding this equips us to see domestic abuse where previously we may not have noticed. Domestic Homicide



Reviews and Serious Case Reviews tell us that we need to use professional curiosity to seek out and identify domestic abuse risks.

Why is it important to identify and then assess risk?

- To determine whether someone is at risk of serious harm or homicide and to make them aware of that risk. Also to inform them of what they can do in terms of building on their own current safety plan and to see what may need to change. For example. routine, walking to work, personal security.
- To inform necessary, proportionate, and appropriate information sharing both internally and with external partners (consent is not always the most appropriate lawful basis for sharing information – see accompanying Information Sharing guidance for more on this).
- To identify what circumstances or future event is likely to trigger an increase or decrease in the risk.
- To establish the needs of the individual and the whole family.
- To enable the planning of actions that will reduce risks.

If domestic abuse has been disclosed or identified it is essential that risk is assessed. Trained staff should complete a DASH risk assessment checklist (RIC) with the victim/survivor where possible and safe to do so.

The DASH RIC is an evidence-based tool designed to support risk identification and inform professional judgment for risk assessment. When completed, it becomes an active record that can be referred to in the future for case management and risk assessment.

Risk can change at any time and so it is essential to review the risks with the victim/survivor when anything changes in their circumstances or that of their perpetrator, or following any further incidence of abuse (including coercive control).

Practice Point:

Ask the following 4 questions to identify **coercive and controlling** behaviour and escalation which will help inform your professional judgment:

1. Is this a pattern of behaviour?
2. Is [his] behaviour making you change your daily activities and routines?
3. Is the abuse getting worse?
4. Are you afraid?



The MARAC process

The criteria for a referral to MARAC is high risk. An assessment of high risk is reached when:

1. There is **visible high risk** when the victim/survivor has answered yes to 14 or more of the questions on the DASH RIC. Significant risk factors include:
 - Separation: this is a trigger to serious harm as the end of a relationship threatens the perpetrator's control;
 - Financial pressure: for instance, the perpetrator gets into financial difficulty leading to debt, such as rent arrears;
 - Isolation of the victim/survivor by the perpetrator from friends, family, employment, professionals or from neighbours and communities;
 - Use of weapons (could mean any household objects);
 - Strangulation/choking as a chosen method of physical abuse;
 - Threats to kill victim/survivor or self;
 - Pregnancy: physical abuse often starts or escalates in pregnancy;
 - Stalking: an obsessive behaviour designed to instil fear and limit mobility;
 - Sexual abuse;
 - Harm to animals/pets;
 - Perpetrator's history of violence or abuse – this may be evidenced by a criminal record or in the form of intelligence from the victim, other agencies, or neighbours.

and/or

2. There is an **escalation**: when the victim/survivor has disclosed, or you can see an escalation in the severity and/or the frequency of abuse which may include coercive and controlling behaviour such as threats to kill or commit suicide

and/or

3. **Professional judgement**: this would be based on the professional's experience, knowledge, and/or the victim's own perception of their risk even if they do not meet the criteria above.

The victim/survivor's perception of danger is crucial in assessing potential murder. If a victim/survivor indicates that they are frightened of their perpetrator and



believe he could kill them then this **must** be taken seriously, and a multi-agency response is required to reduce the risk (MARAC).

Many of the risk indicators on the DASH react together to increase risk.

Dr Jane Monckton Smith's [Homicide Timeline](#) research tells us that motivation is more important than action. For instance; is the perpetrator motivated by the desire or need to control the victim/survivor?

Patterns are more important than incidents. It is highly unlikely that isolated incidents will take place; professionals must be curious and ask questions to establish that this incident is part of a pattern of behaviour.

It is important for housing professionals to be confident in making referrals to MARAC based on professional judgment when information is limited, and the victim/survivor is perceived to be minimising the risks or is unable, or too fearful to disclose the full extent of the abuse.

You must follow your internal MARAC referral procedure which will be based on your local MARAC Operating Protocol. The referral must be complete and appropriate – i.e. it meets the criteria of high risk. If a referral to MARAC based on professional judgment and/or escalation is declined by the MARAC team for any reason, managers should challenge this decision as it is not one a MARAC team can make.

What is MARAC and how should housing practitioners be involved?

MARAC is a multi-agency process that works to reduce the risk to those victims/survivors of domestic abuse who are assessed to be at high risk of serious harm or homicide.

It is a partnership arrangement where agencies work together to share information about the victim/survivor and perpetrator with the purpose of assessing risk so that effective and safe interventions can be planned to reduce the risks identified. Crucial to an effective MARAC process is the voice of the victim/survivor. It is essential that all efforts are made to engage them into the MARAC and all agencies who have contact with them can play their part, including housing.

As part of that process the core agencies hold regular MARAC meetings to share information, expertise, and updates so that joint action plan can be created.

Housing providers and local authority housing teams have an important role to play throughout the MARAC process as it is likely that housing practitioners will identify domestic abuse and risk earlier than most other agencies.

Housing professionals provide a high level of expertise in terms of the interventions or actions that they can take to safeguard victims and children, including positive engagement or enabling engagement with other specialists such as IDVA; enforcement action against the perpetrator; positive engagement with the perpetrator; security, support, management transfers, rent arrear support etc.

Housing professionals can also hold valuable intelligence on the family because they are in the community and often know the history and current situation. It is vital that housing is linked in with MARAC and part of the information sharing and multi-agency communication. Housing are a core agency for an effective MARAC and a representative should attend the meetings to present referrals and take actions.

SafeLives have created some helpful [video resources](#) on the MARAC process.



3. Information sharing for the purpose of risk assessment

One purpose of sharing information is to accurately assess and address the risks posed by a perpetrator to their victim/survivor and to meet the needs of the whole family.

This means that information must be shared as soon as concerns are identified, before the risks increase and the needs become so complex that they become difficult to address or before serious harm occurs.

Practice Point:

GDPR does not prevent the information sharing for the purposes of risk assessment. It supports transparency in information sharing that is necessary, proportionate and relevant to achieve an accurate risk assessment, enabling professionals to safeguard adults and children at risk of harm. Consent will not always be the appropriate lawful basis to share information but good practice means the victim/survivor should be informed of what, when, why and with whom their information is shared.

Consider what is the likely impact of not sharing information?

Record all decisions and details on information sharing on case files.



The Data Protection Act 2018 empowers organisations to share information for safeguarding purposes lawfully and without consent where it is in the substantial public interest, and necessary for the purpose of:

- (i) protecting an individual from neglect or physical, mental or emotional harm; or
- (ii) protecting the physical, mental or emotional well-being of an individual. Where that individual is: a child or an adult at risk; under 18 or, having needs for care and support, experiencing or at risk of neglect or any type of harm or is unable to protect themselves.



4. Ongoing risk management & planning

Risk management planning involves more than assessing and safeguarding against future risk. It can create psychological safety and give victim/survivors the space needed to recover and freedom from fear.

Risk management planning with a victim/survivor provides a way to think about the steps that can be taken to reduce risk before, during, and after any incident of abuse – this may be violent or non-violent – e.g. stalking/harassment.

It is essential to work with the victim/survivor to create any plan. They will have developed coping strategies to manage the abuse, this may include staying with the perpetrator because they know, at this time, it is the safest thing to do. They are the experts in their perpetrator – they know his triggers, his behaviour patterns, his coping strategies and they will know what is safe to do and when. Effective risk management planning focusses on building on this and allowing the victim/survivor to identify other options that are appropriate with professional support.

The risk management plan can be implemented at any stage - prior to leaving, staying in the relationship or post relationship. The key principles for risk management are to:

- Ensure the victim/survivor is alone and in a safe environment away from the perpetrator before discussing risk management;
- Work collaboratively with the victim/survivor, listen to them, hear them;
- Keep responsibility for the abuse with the perpetrator (consider your language carefully to avoid any element of victim blaming);



- Work collaboratively with other relevant agencies who can work with you to reduce risks e.g. specialist domestic abuse services, police, children’s social care, substance misuse and mental health services;
- Provide consistent and continuous support and communication (even when other services are engaging with the victim/survivor);
- Include measures that focus on the perpetrator – e.g. enforcement, positive engagement, management transfer;
- Recognise that risk can change quickly and requires regular reassessment with a potential update of the original DASH answers (there is no need to do a new DASH as this may retraumatise the victim/survivor), and review of management;
- Make sure changes in risk are clearly recorded in case notes;
- Identify possible routes to activities which would improve confidence, self-esteem and emotional wellbeing.

Domestic abuse is ‘hidden behind closed doors’ – we can open those doors, and if we look, we can see.

We must look.

Appendix 1: Resources

- Video: Jane Monckton-Smith’s Homicide Timeline – the 8 stages
https://www.youtube.com/watch?v=IPF_p3ZwLh8
- Resources for identifying the risks that victim/survivors of DA face
<http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face>
- DASH RIC checklist
http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL_1.pdf
- GDPR guidance for professionals in England and Wales
<http://www.safelives.org.uk/resources/gdpr-guidance-england-and-wales>
- SafeLives housing resources
<http://www.safelives.org.uk/search/node/housing>



- Definition of a 'repeat' at MARAC
<http://www.safelives.org.uk/definition-repeat-marac>