



To end all types of violence and abuse

**Guidance for Professionals on  
Identifying and Responding to  
Domestic Abuse**

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## 1. Introduction

This document has been produced to:

- Provide guidance on best practice procedures for identifying cases of domestic abuse and responding to them in the most appropriate way.
- To provide guidance on risk assessing domestic abuse, and responding to cases assessed as 'standard' and 'medium' risk; whilst signposting to resources for 'high' risk victims.
- Establish accountability and responsibility amongst practitioners.
- Answer key questions about identifying and responding to cases of domestic abuse.

This guidance is designed to support practitioners in responding to cases of domestic abuse and should be read in conjunction with local and national policies on safeguarding adults and children, along with the Gloucestershire MARAC operating Protocol and Guide.<sup>1</sup>

This guidance is not designed to provide an exhaustive list of possibilities for responding to domestic abuse, and practitioners should be aware of any procedures within their own agencies on responding to domestic abuse.

### 1.1 Definition of Domestic Abuse<sup>2</sup>

Domestic abuse is defined in section 1 of the Domestic Abuse Act 2021.

As set out in the Act, Domestic Abuse is defined as:

Part 1 Definition of "domestic abuse"

(1) This section defines "domestic abuse" for the purposes of this Act.

(2) 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.

(3) 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 (see subsection (4));  
(e) psychological, emotional or other abuse;

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

(4) "Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to—  
(a) acquire, use or maintain money or other property, or  
(b) obtain goods or services.

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<sup>1</sup> Available at [www.glostakeastand.com](http://www.glostakeastand.com)

<sup>2</sup> [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://legislation.gov.uk)

(5) For the purposes of this Act A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child).

(6) References in this Act to being abusive towards another person are to be read in accordance with this section.

(7) For the meaning of "personally connected", see section 2.

#### Part 2 Definition of "personally connected"

(1) For the purposes of this Act, two people are "personally connected" to each other if any of the following applies—

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated);
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;
- (f) they each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2));
- (g) they are relatives.

(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if—

- (a) the person is a parent of the child, or
- (b) the person has parental responsibility for the child.

(3) In this section—

"child" means a person under the age of 18 years;

"civil partnership agreement" has the meaning given by section 73 of the Civil Partnership Act 2004;

"parental responsibility" has the same meaning as in the Children Act 1989 (see section 3 of that Act);

"relative" has the meaning given by section 63(1) of the Family Law Act 1996.

For those cases where a victim has been identified as being aged 16-17, the case should be responded to in line with Gloucestershire Child Protection processes.<sup>3</sup> Further guidance on responding to abuse in teenage relationships is available at [www.glostakeastand.com](http://www.glostakeastand.com), including responding to those under 16 who do not currently meet the definition of domestic abuse.

#### Part 3 Children as victims of domestic abuse

(1) This section applies where behaviour of a person ("A") towards another person ("B") is domestic abuse.

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<sup>3</sup> <http://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>

(2) Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

- (a) sees or hears, or experiences the effects of, the abuse, and
- (b) is related to A or B.

(3) A child is related to a person for the purposes of subsection (2) if—

- (a) the person is a parent of, or has parental responsibility for, the child, or
- (b) the child and the person are relatives.

(4) In this section—

“child” means a person under the age of 18 years;

“parental responsibility” has the same meaning as in the Children Act 1989 (see section 3 of that Act);

“relative” has the meaning given by section 63(1) of the Family Law Act 1996.

## 2. Identifying Domestic Abuse

There are three probable starting points to identifying that someone is experiencing domestic abuse:

1. They tell you (disclosure)
2. You recognise the signs and symptoms of domestic abuse and ask appropriate questions to confirm the situation
3. You are a practitioner who practices routine enquiry

These starting points may be identified at the point of referral/contact with a client, in the course of working with an individual or family, or as a result of further assessments.

If you receive direct disclosure, please see section 3.

The following section provides guidance in relation to supporting practitioners in identifying domestic abuse and facilitating disclosure.

### 2.1 Routine and Selective Enquiry

**Routine Enquiry:** this is where some practitioners, such as midwives, will undertake enquiries about domestic abuse with all clients within a known ‘at risk group’, for example, pregnant women. Routine enquiry usually involves a direct question about whether the person is experiencing domestic abuse.

**Selective Enquiry:** this is a method for identifying domestic abuse where a practitioner uses their knowledge and training to recognise the signs and symptoms of domestic abuse to trigger the asking of more direct questions to look to confirm the situation.

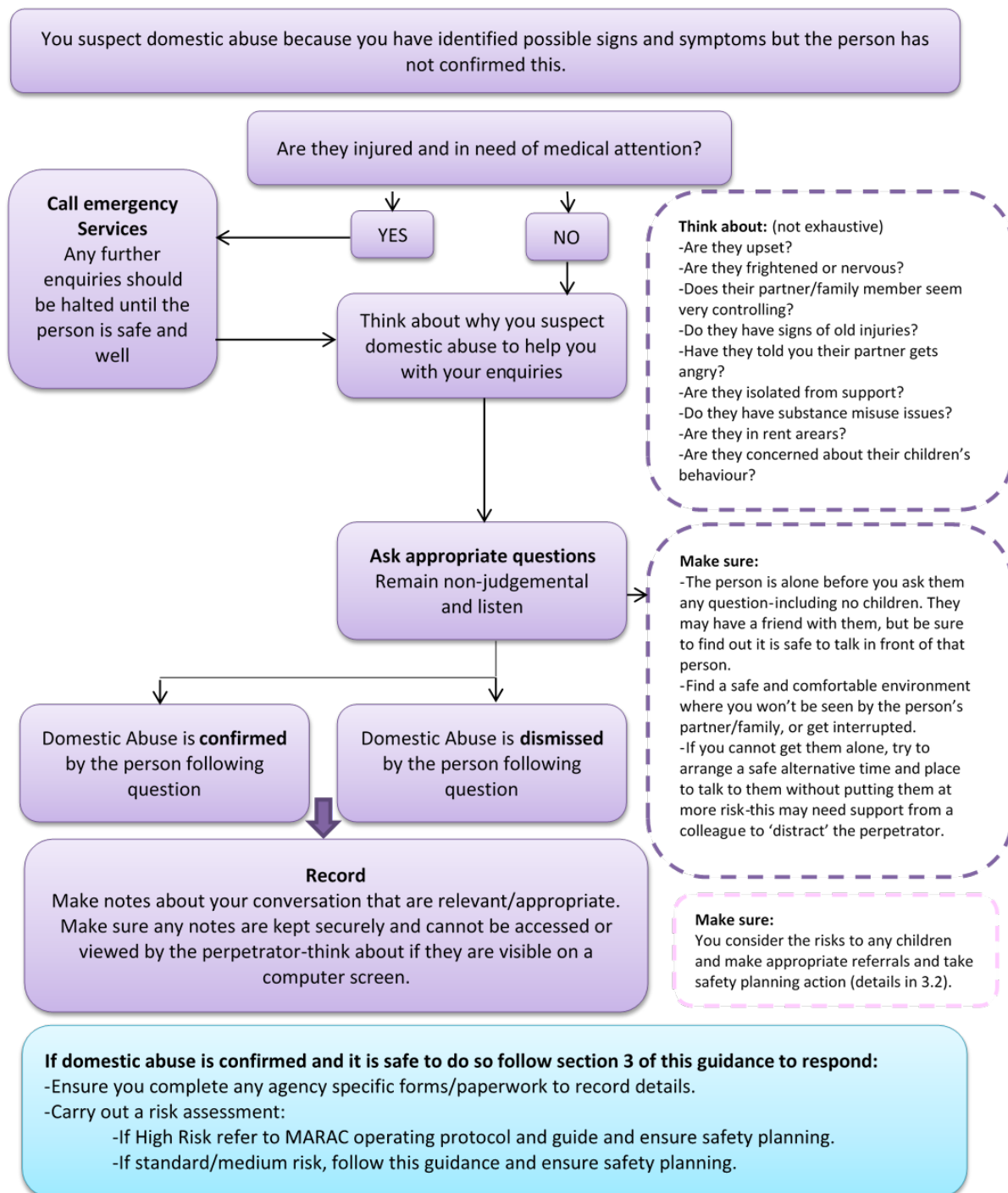
It is important that professionals remain aware of the possible signs or risk factors that may indicate that someone is experiencing domestic abuse; remembering the power and control dynamics displayed within abusive relationships. This awareness of domestic abuse should

become part of an everyday working pattern, ensuring any suspicions or confirmation of abuse are responded to robustly.

Professionals should remember not to be afraid to listen and trust their professional instinct.

## 2.2 Process Flowchart: Selective Enquiry

This flowchart illustrates the process which a professional can follow in identifying domestic abuse through selective enquiry. The following sections will support the use of this flowchart.



## 2.3 Signs and Symptoms of Domestic Abuse

There are many signs and symptoms that can be attributed to domestic abuse that may highlight a cause for concern. It is essential that if you suspect domestic abuse, that you take these concerns seriously, enquire further and keep accurate records of your enquiry.

Further information on 'understanding domestic abuse' can be found: [What is domestic abuse? - Women's Aid \(womensaid.org.uk\)](https://www.womensaid.org.uk).

### 2.3a Signs and Symptoms for adults

The below list should not be considered as an exhaustive list of the signs and symptoms that a person may display should they be experiencing domestic abuse, but are indicators that may be recognised by a professional in their contact with potential victims.

Other behaviours, which are not listed below, may also give cause for concern that may warrant further enquiry; it is important for you to use your professional curiosity and judgement. Equally, these signs and symptoms may also be indicative of their circumstances, however they are an evidenced based starting point for selective enquiry for domestic abuse.

Possible signs and symptoms that an adult experiencing domestic abuse may display:

- Injuries inconsistent with explanation
- Person reluctant to speak in front of partner/family member
- Person appears fearful of partner/family member
- Person is belittled/humiliated by partner/family member
- Person appears controlled by their partner/family member; they may find it difficult to make decision for themselves or may look to seek permission from partner/family member to go to appointments etc
- Low self esteem
- Depression and anxiety, including suicidal thoughts
- Mental health issues
- Substance misuse issues
- Frequent appointments for vague reasons/symptoms
- Avoidance tactics-missed appointments or difficult to engage
- Person receives frequent, harassing phone calls from their partner/family member
- Bruises and injuries in 'hidden' areas and/or person minimises injuries
- Have limited access to money
- Denial of abuse/minimising
- Blaming themselves
- Recently separated from partner
- Housing issues/rent arrears
- Isolated from friends/family
- Loss of interest in daily activities
- Insomnia
- Chronic pain
- Post-traumatic stress



- Pregnancy: consider frequent or unplanned pregnancies, and the risk of domestic abuse beginning or escalating during pregnancy
- Reported issues with child contact

### 2.3b Signs and Symptoms for children and young people

It is well documented that children who live with domestic abuse face increased risk for their safety and wellbeing and experience great disruption in their lives. This has been formally recognised through the Adoption and Children Act 2004, which states that witnessing the ill-treatment of another person constitutes significant harm and therefore children living in abusive households will be adversely affected by their environment.

The impact of experiencing domestic abuse can vary from child to child, and therefore the below list will only provide some possible examples of behaviours a child may display. It must be acknowledged that other behaviours that are a cause for concern may be identified in your contact with a child or young person; equally, these signs may also relate to other issues and are not exclusive to domestic abuse.

Possible signs and symptoms that a child or young person exposed to domestic abuse may display:

- Poor reflective functioning
- Limited capacity to explore and play
- Poor emotional regulation
- Poor conflict resolution skills
- Increased internalising symptoms (withdrawn)
- Externalising problems (acting-out)
- Decreased cognitive functioning
- Issues with social skills
- Appear anxious/frightened of parent (s)
- Aggressive or confrontational behaviour
- Appear concerned for parent (s)/protective of parent (s) or siblings
- Disordered attachments
- Hyper-vigilance and hyper-activity
- Lack of school attainment/attendance
- Low self esteem
- Distrustful
- Appear desensitised to certain behaviours
- Unexplained or frequent illness
- Lots of after school clubs
- Needy for adult role models
- Not wanting to go home
- 'symptoms' may be misdiagnosed or wrongly assessed as illness (ADHD, Anxiety, depression), learning difficulties or naughtiness

Given the definition of domestic abuse also includes those aged 16-17, it is important to note that some young people may be experiencing abuse within their own relationships. In

these circumstances, a young person may exhibit similar signs and symptoms to that of an adult in an abusive relationship. This may also apply to young people under 16.

Should you be concerned about a young person experiencing abuse within their own relationships, please refer to the 'Guidance on identifying and responding to abuse in teenage relationships'<sup>4</sup> and also ensure you follow local child protection procedures.

### 2.3C Intersectionality and Protected Characteristics

It is important to remember that domestic abuse does not discriminate and can be experienced regardless of gender, race, sexual orientation, religion, disability and socioeconomic status. An experience of domestic abuse can however differ dependant on an individuals protected characteristic and societal biases may impact on the way in which a victim is treated or their ability to disclose and access services.

Intersectionality refers to the "ways in which people's lives are shaped by their multiple and overlapping identities and social locations, which, together, can produce a unique and distinct experience for that individual or group, for example, creating additional barriers or opportunities"<sup>5</sup>.

It is therefore important that victims of abuse are considered as a whole, considering their own individual experiences of abuse and the way in which this may present.

The below sets out some key considerations for professionals when identified and responding to domestic abuse experienced by victims with protected characteristics:

**Male Victims**<sup>6</sup>: Domestic Abuse is routinely portrayed as a gendered crime, perpetrated by men against women; as such, when men are the victims of abuse, they may have increased fear of not being believed and services may not as readily recognise their victim experience. Many male victims will also be reluctant to come forward due to the social stigma of being abused, worsened if their abuser is female.

**LGBTQ+ Victims**<sup>7</sup>: Those who identify as LGBTQ+ face additional barriers to accessing support that are unique to their sexual orientation and/or gender identity. Evidence suggests that LGBTQ+ victims and survivors are not accessing services at the same rate as others in the population. Many victims of abuse who identify as LGBTQ+ will have also experienced homophobic, biphobic or transphobic incidents which can deter them from accessing support for domestic abuse. Research indicates that LGBTQ+ victims/ survivors present with higher levels of risk and complex needs by the time they access support and LGBTQ+ people may also experience unique forms of coercive control targeted at their sexual orientation or gender identity.

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<sup>4</sup> Available at [www.glostakeastand.com](http://www.glostakeastand.com) or emailing [glostakeastand@gloucestershire.police.uk](mailto:glostakeastand@gloucestershire.police.uk)

<sup>5</sup> [Intersectionality and IPV - Intimate partner violence \(IPV\) and child welfare - OACAS Library Guides at Ontario Association of Children's Aid Societies \(libguides.com\)](#)

<sup>6</sup> [Why are men often overlooked as victims of domestic abuse? \(centreforsocialjustice.org.uk\)](http://centreforsocialjustice.org.uk)

<sup>7</sup> <https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>

**Black, Asian and Ethnic Minority Victims**<sup>8</sup>: Black, Asian or minority ethnic communities are likely to face additional barriers to receiving the help that they need, with their experiences compounded by racism, leading to a reluctance to seek help from statutory services. Many victims will feel that they won't be believed and that services will not understand their specific experience. For some victims, English may not be their first language, or they may have their immigration status tied to their abusive partner and as such have no recourse to public funds, making it difficult for a victim to leave or fearful that they may be reported to immigration services. Consideration will also need to be given to honour based abuse and forced marriage, although professionals should be mindful that BAME victim's experiences will not only be connected to these specific experiences.

**Disabled Victims**<sup>9</sup>: Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape but are significantly underrepresented in reports to services. Disabled victims are also likely to experience abuse for longer before making a disclosure (3.3 years compared with 2.3 year for non-disabled victims). For a disabled person, the abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners and family members. Disabled people often suffer from marginalisation in society through misplaced views of their lives and experiences, which can leave them ill equipped to recognise abusive behaviours, understand their rights and seek support. Defining disabled people purely by their disability feeds into the perception that disabled people do not have intimate and sexual relationships; adding an additional barrier to identifying them as victims of domestic abuse.

**Older Victims**<sup>10</sup>: On average, older victims experience abuse for twice as long before seeking help as those aged under 61 and nearly half have a disability. Yet older clients are hugely underrepresented among domestic abuse services resulting in professionals tending to believe that domestic abuse does not occur amongst older people. Research shows that older victims of domestic abuse are likely to have lived with the abuse for prolonged periods before getting help; this can present issues in service uptake for this client group, who may feel additional pressures to stay with an abusive partner related to the length of time they have experienced the abuse. For example, they may feel increased anxiety about leaving behind a "lifetime of contributions to the family business, homes, and other assets" such as pets or treasured possessions. An additional key barrier that can arise in this client group is the issue of dependency. Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm. In addition generational attitudes about abuse may make abuse hard to identify.

**Younger Victims**<sup>11</sup>: Young people experience the highest rates of domestic abuse of any age group. Young people experience a complex transition from childhood to adulthood, which impacts on behaviour and decision making. It may impact on the way that they respond to the abuse as well as the way that they engage with services. Additionally, they may be unequipped to deal with the practical problems such as moving home or finances. As a

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<sup>8</sup> <https://www.womensaid.org.uk/information-support/the-survivors-handbook/women-from-bme-communities/>

<sup>9</sup> <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

<sup>10</sup> <https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

<sup>11</sup> <https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

result, young people who experience domestic abuse do so at a particularly vulnerable point in their lives.

## 2.4 Asking appropriate questions

Having identified possible signs and symptoms of domestic abuse, appropriate questions should be asked in order to try and confirm if the person is experiencing domestic abuse.

Before embarking on asking questions, ensure:

- You and the individual are safe to proceed:
  - Where are you?
  - Who is around? Can anyone overhear you?
  - Is someone due to arrive soon?
  - Do your colleagues know where you are?
- Make sure you have time. Being rushed could create risks and not allow the individual to feel comfortable in disclosing.
- Is the individual comfortable?
- If the potential perpetrator is present:
  - Do not proceed with asking questions; instead, ask them when and where it is safe to talk.
  - Create an opportunity as soon as possible to see them alone; can a colleague distract the potential perpetrator?

### 2.4a Appropriate questioning

In asking questions, it is important that you remain non-judgemental, listen and be aware of your reaction; try not to look shocked / disinterested. Quite often people will deny/minimise what is happening, but be aware that you have opened a door that they know is a route for support should they need it.

People who are experiencing domestic abuse will often say they need to be asked appropriate questions in order to disclose. This can be done sensitively through questioning such as:

- 'I have seen behaviours and/or injuries like this before, and that time the person had been hurt by someone-are you sure everything was ok?'
- T.E.D: Tell me, Explain to me, Describe to me.....
- 'I am concerned by (sign/symptom) and would like to help, would you like to talk about anything?'
- 'Is everything ok? Are you safe to return to...?'
- 'How did your injury happen?'

The person may deny and not want to answer your questions. If this happens remember that you have opened a door and ensured they are aware that you are interested and they can approach you in the future. Ensure you offer some options should they want to come back in the future, and where safe to do so, provide them with information for support. You may also want to try asking them again if they approach in the future.

It is important to note that you or your agency may have a procedure in place to deal with questioning, and the above are suggestions and not an exhaustive list of options. It is possible for you to be inventive in your questioning, and come up with other ways to ensure you support the person.

### 3. Responding to domestic abuse

Once the person has disclosed details of their abuse to you, you are then able to focus on responding to the situation appropriately and take action to ensure their safety.

In responding to domestic abuse it is important to remember the 'One Chance Rule'.

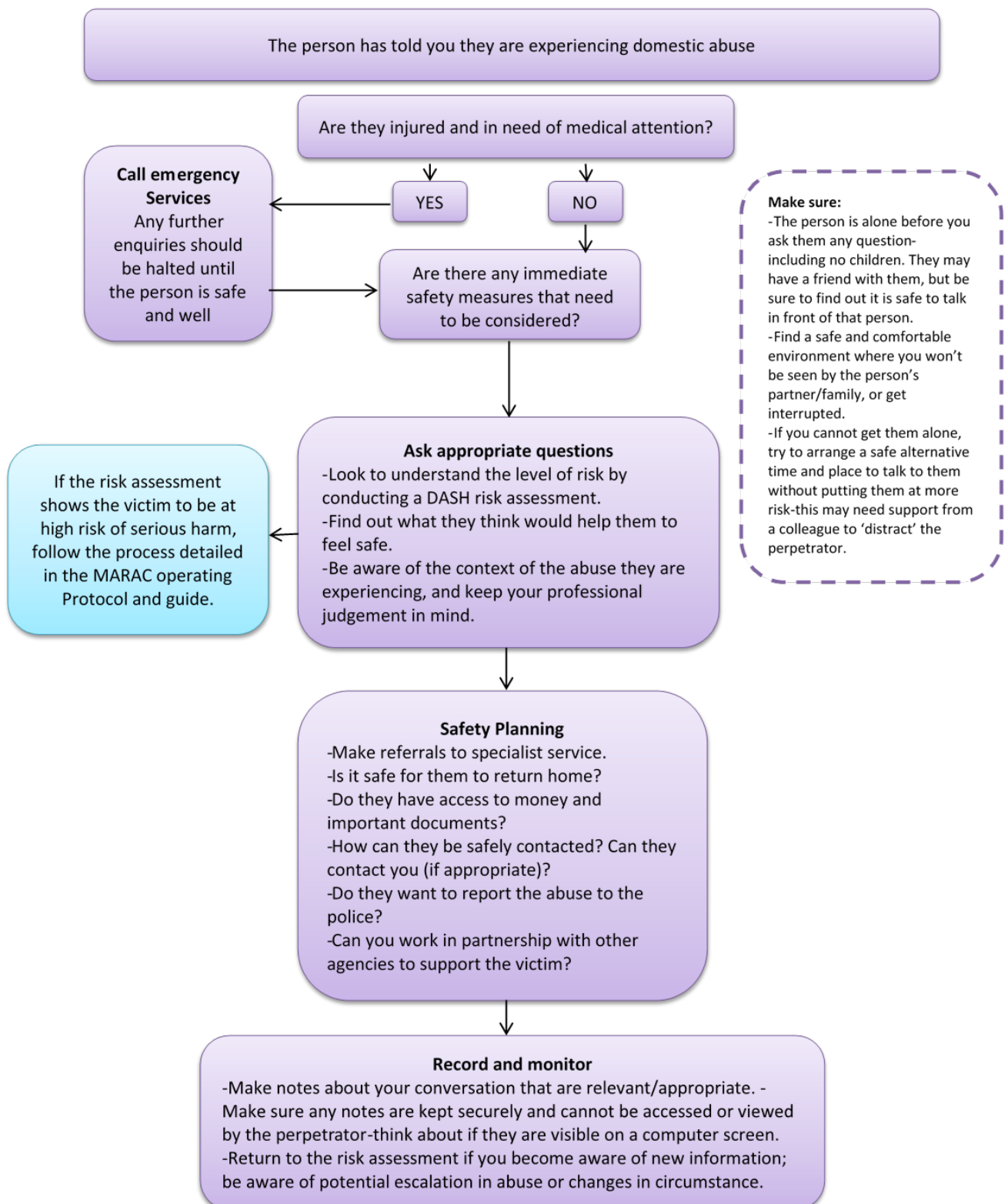
The "one chance" rule is designed to make professionals aware that they may only have one chance to speak to a potential victim and thus may only have one chance to save a life. This means that professionals need to be aware of their obligations and responsibilities if they come across cases of domestic abuse.

It is important to get as much information as possible if a case of domestic abuse is reported, as there may not be a second opportunity.

This section (3) outlines the steps that should be taken when responding to a victim of domestic abuse. It is recommended that professionals who identify domestic abuse, take as much action as possible at the first disclosure, considering the 'One Chance Rule'.

The flowchart below illustrates the process which a professional can follow in responding to domestic abuse once it has been confirmed. The following sections will support the use of this flowchart.

### 3.1 Process Flowchart: Responding to Domestic Abuse



### 3.2 Immediate Safety Measures

It is important that you avoid 'telling' someone what to do; remember, the nature of domestic abuse probably means that someone is already doing this as part of a pattern of controlling and coercive behaviour. Instead, listen and offer options/choices.

In particular, advising someone to 'leave' should be avoided; leaving may be a sensible option but it also presents increased risks. Ensure the option to leave is something decided on by the victim and you can then look to support them to do this safely.

To ensure their safety and needs can be managed carefully, listening to what the person feels will keep them safe is critical. Whilst you may not agree, they know their situation better than anyone and they need to support any intervention for change. If, of course, you have concerns for their immediate safety, you should call 999.

Should you identify any risk to children or vulnerable adults, you should make a referral to children's social care and adult social care. Details on making these referrals can be found:

Children's Social Care: <http://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>

Adult Social Care: <http://www.gloucestershire.gov.uk/health-and-social-care/adults-and-older-people/report-suspected-abuse-safeguarding-adults-at-risk/>

The key elements to consider when looking at a person's immediate safety may include:

- In an emergency always call police on 999.
- Concerns for welfare to be reported to police immediately via phone with full details of the risk
- Is the person hurt? Consider if you need to call an ambulance or contact another health care provider.
- Are there risks to children or vulnerable adults? Consider onward referrals to safeguarding teams.
- Does the person have somewhere to stay tonight?
  - Can they stay with family or friends?
  - Do they need temporary accommodation via the district council housing teams?
  - Do they need refuge provision or a place of safety? Contact GDASS for advice.
- Has a crime been committed or is it likely a crime will be committed? Contact the police on 999 or 101 for non-emergency reports.
- Ensure you provide the victim with any emergency contact numbers, including a way of contacting you or your team should they need to.
- Seek their consent to refer them to specialist support services. In instances where a victim refuses consent, provide them with details of specialist support services so they can self-refer at a time of their choosing. Details available in Appendix 3.

### 3.2a Early Safety Planning <sup>12</sup>

Whilst it is not expected that all professionals are able to put together a detailed safety plan, it is expected that basic safety advice can be given to the victim, in order to help keep them as safe as possible until a domestic abuse support service can be brought in to do this in more depth. This also supports the 'One Chance Rule', ensuring you provide some safety planning advice in the event that the individual does not make contact with you again.

Examples of safety advice include:

#### **When a service user is at home:**

- Plan escape routes out of the property, if the perpetrator comes in the front door, how do they get out?
- Advise that they set up a code word with their friends and family. If they call they know when they are in trouble.
- Are there neighbours they can trust? If so ask them to contact the police if they hear anything.
- Advise them to keep their mobile phone on them and charged, with credit, at all times. If this is not possible, can they hide one somewhere?
- If they suspect he or she is about to become violent, advise they try to avoid the kitchen or garage where there are likely to be knives or other weapons.
- Advise them to avoid locking themselves in small rooms, especially bathrooms, if they feel that something is going to happen. Always try and get out of the property.
- Advise them to give their friends or family a spare key to their house, if they are locked in they can help them escape.

#### **When a service user has left their property and/or abuser:**

- Does their new property have secure windows and doors?
- Advise them to avoid places where they are isolated or alone and places they used to go with the perpetrator, at least in the immediate period of separation, if possible.
- Advise them to alter their routine as much as they can. Eg alter their working hours, walks home etc.
- If they have any regular appointments that their partner knows about (eg hospital, doctor etc) advise them to try to change their appointment time and/or the location of the appointment.
- Advise them to try to choose an alternative route or mode of transport when approaching or leaving places they cannot avoid (eg work/schools etc).
- Advise them to consider informing their employer or others at their place of work – particularly if they think their partner might try to contact them there.
- Some mobile phones, particularly iPhones, have tracking programmes attached. Please refer to the manual or change the handset if they are not sure whether this could affect their phone.
- Advise them to avoid using shared credit or debit cards because, if their partner sees the statements, it will show where they have been. Their bank can help them open a new account if they need to.

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<sup>12</sup> Early Safety Planning advice developed by Heather Downer, GDASS. More information available at [www.gdass.org.uk](http://www.gdass.org.uk)



- Make sure their address does not appear on any court papers. Advise that they speak to a solicitor or McKenzie friend about arranging this.
- Advise that they talk to their children about the need to keep their whereabouts confidential – especially if they are having contact with the perpetrator.
- Ensure schools have any relevant court orders relating to the children, and a photograph of the perpetrator if they have been told by a court that they are not to have contact.

### **Packing an Emergency Bag:**

Having an emergency bag means that if they had to flee their house they can take some basic belongings with them easily. This reduces the need to return to the property when it may not be safe to do so.

### **Here's what to pack:**

- Some form of identification. Passports, Visas and work permits.
- Money, savings books, cheque book, credit/debit cards.
- Keys for the house, car, work etc. (they could get additional keys cut and put them in the bag.)
- Child, Family Tax and any other benefit information.
- Driving licence and car registration documents.
- Prescribed medication/repeat prescription.
- Clothing and toiletries for them and the children.
- Address book and emergency contact numbers.
- Personal items (photos etc) or favourite toys for the children.
- Copies of any legal documents, e.g. injunctions.

Remind individuals not to put themselves in danger getting these items.

**\*\*It is important to note that these are not applicable to every victim, but are intended to give professionals an idea of the kind of advice they could offer.**

### **Engagement with other services:**

- Find out if there are other agencies the victim is engaged with and seek their consent to share information with them.
- Seek the victims consent to refer them to specialist domestic abuse services (appendix 3); it is recommended that you make a direct referral rather than simply signposting them to services wherever possible and in particular if the individual presents with complex needs.
- If they disengage from your services and/or you are unable to contact the victim you should consider informing other agencies who may be engaged with them in order to check on their safety and wellbeing. If you have significant concerns for their welfare, contact police via 999.

**For further advice, please contact GDASS via their professional's line. They will be able to guide you through safety planning advice in the event that a victim does not want a referral to their service. Details are available in Appendix 3.**

### 3.2b Role of the professional in immediate safety planning

It is important to remember that the duty of care remains with you until you appropriately hand the risk to someone else and they accept it.

It may be that given the circumstances, all you are able to do at this stage is ensure the immediate safety of the victim and their children. If this is the case, you can ensure arrangements are made to continue your response in the future.

The immediate safety measures you put in place may mean that you have discharged your duty to a specialist services (Appendix 3) who will continue the response required; you should however still remain in contact with this service to ensure action is being taken appropriately and you understand your role in any future interventions.

Professionals should:

- Follow any necessary internal/agency procedures.
- Ensure line management are informed, and/or designated safeguarding officer, about your concerns.
- Ensure line management are aware of involvement and informed of any meeting attendance with the victim that may be outside of your office environment.
- Collate and record all necessary information.

### 3.3 Conducting a risk assessment

Once safe to do so, an assessment of risk should be made using the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification, Assessment and Management Tool (DASH)-See Appendix 1.

The DASH<sup>13</sup> risk assessment is an evidence-based tool, developed from extensive research into domestic homicides, 'near misses' and lower level incidents. The DASH has been developed nationally to ensure a consistent approach to domestic abuse risk assessment and provides a practical tool for all professionals who identify domestic abuse.

The DASH should be used whenever a professional identifies that someone is experiencing domestic abuse. It is a tool designed to be used for those suffering current rather than historic domestic abuse, and ideally, should be used as part of an immediate response to an incident of domestic abuse.

It is important to be aware that risk in domestic abuse situations can change very quickly, and as and when things change you should re-visit the risk assessment. Events and circumstances may undergo rapid and frequent change. Where this is the case, assessment must be kept under review and the risk assessment must remain a live document.

The DASH risk assessment should not be relied upon as the sole assessment of risk; as such it should also be used in conjunction with your professional judgement. The DASH is not designed as a predicative process, and there is no existing accurate procedure to calculate

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<sup>13</sup> Richards, L (2009) Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification, Assessment and Management Tool (DASH): [www.dashriskchecklist.co.uk](http://www.dashriskchecklist.co.uk)

or foresee which cases will result in homicide or further assault and harm<sup>14</sup>. The tool therefore provides a framework and structure for understanding risk, but the overall assessment of risk should be determined with your own professional judgement of the circumstances in mind.

### 3.3a How to use the DASH

It is advised that the DASH is completed on a face to face basis, or over the phone, with the victim in a safe environment. There may however be exceptional circumstances in which you will have to complete the DASH retrospectively following a conversation with the victim; in these circumstances it is advised that the professional has a good understanding of the key risk factors identified in the DASH in order to aid the conversation and ensure enough information is gathered.

Before completing the DASH:

- Ensure immediate safety issues are addressed and the victim is in a safe environment.
- Establish how much time the victim has to talk to you and that it is safe for them to talk with you now.
- Take note of their contact details.
- Establish the whereabouts of the perpetrators and any children/dependants.
- Explain that you are asking these questions to better understand their circumstances and make an assessment of risk.
- Identify early on who the victim is frightened of (partner/ex-partner/family member).

The DASH consists of 27 questions, of these questions 15 relate to 'high risk' indicators. The High Risk indicators are as follows<sup>15</sup>:

**Victim's perception of risk of harm:** victims of domestic abuse often tend to underestimate their risk of harm from perpetrators of domestic abuse. However, if they say they fear further harm to themselves, their child(ren) or someone else this should be taken seriously when assessing future risk of harm.

**Separation (child contact):** victims who attempt to end an abusive relationship are strongly linked to intimate partner homicide. Many incidents happen as a result of child contact or disputes over custody.

**Pregnancy/new birth (under 18 months old):** domestic abuse can start or get worse in pregnancy. Victims who are assaulted whilst pregnant, when they have recently given birth or who have young children are at heightened vulnerability and risk. This is in terms of harm to them and to the unborn/young child. Consideration should be given to an escalation in abuse.

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<sup>14</sup> DASH practice guidance for all front line staff, [www.dashriskchecklist.co.uk](http://www.dashriskchecklist.co.uk).

<sup>15</sup> [www.dashriskchecklist.co.uk](http://www.dashriskchecklist.co.uk)

**Escalation:** repeat victimisation and escalation must be identified. Domestic abuse victims are more likely to become repeat victims than any other type of crime; as violence is repeated it often gets more serious.

**Isolation/community issues:** victims of domestic abuse can often be isolated from their support networks of family and friends, limiting their ability to seek support. Needs may also differ amongst ethnic minority groups, older people, people with disabilities, travelling communities and LGBT people; this may be linked to perceived racism, language, culture, insecure immigration status and access to relevant support services. It is important here to note possible 'Honour'-based violence and forced marriage. Where victims are particularly isolated and vulnerable, their concerns should be taken seriously.

**Stalking:** persistent and consistent calling, texting, sending letters and following. Domestic abuse stalkers are the most dangerous, with stalking and physical assault identified as being significantly associated with murder and attempted murder. This is not just about physical violence but also coercive control and jealous surveillance. (Detailed guidance on responding to stalking is available at [www.glostakeastand.com](http://www.glostakeastand.com))

**Sexual Assault:** those who are sexually assaulted are often subjected to more serious injury. Those who report a domestic sexual assault tend to have a history of domestic abuse whether or not it has been reported.

**Strangulation (choking/suffocation/drowning):** this includes all attempts at blocking someone's airway. Appendix 5 provides details on the criminal offences of non-fatal strangulation/Suffocation and the risk associated with this crime.

**Credible threats to kill:** a credible threat of violent death can very effectively control people and some may carry out this threat.

**Use of weapons:** this does not have to only apply to traditional weapons such as knives and guns, but can be any item used to inflict damage and injury to a person.

**Controlling and/or excessive jealous behaviour:** complete control over the victim's activities and extreme jealousy are associated with serious violence and homicide. It is important to note that the perpetrator may also try and control professionals as well. More detail on understanding Coercive Control can be found: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/>

**Child Abuse:** evidence shows that both domestic abuse and child abuse can occur in the same family. Child abuse can act as an indicator of domestic abuse in the family, and vice versa. It is also important to note if children are witnessing or hearing the abuse.

**Animal/pet abuse:** there is a link between cruelty to animals, child abuse and domestic abuse. The use or threat of abuse against pets is often used to control others in the family. Abuse of animals may also indicate a risk of future harm.

**Alcohol/drugs/mental health:** the abusers use of drugs and alcohol are not the cause of abuse, but may be a risk of further harm or escalation. Physical and mental ill health has also been shown to increase the risk of domestic abuse.

**Suicide/Homicide:** threats from an offender to commit suicide have been highlighted as a factor in domestic homicide.

It is also important to consider the potential suicide risk of the victim. The impact of domestic abuse on an individual is significant, and some victims of abuse may be at heightened risk of taking their own life. Appendix 6 and 7 provides detail on the 'Suicide Timeline' and 'Homicide Timeline' produced by Professor Jane Monckton Smith to aid understanding of the risk of suicide/homicide.

In order to get a comprehensive assessment of risk, it is important to ask all the questions; ensuring you don't run the risk of overlooking something significant that may then result in your response being inadequate.

The DASH can be answered using ticks to signify a yes or no response; you are also encouraged to write additional relevant information and to be specific within comments whether it is the view of the victim, or your professional judgement/opinion.

Gloucestershire Domestic Abuse Support Service (GDASS) have created a completion guide for the DASH. This can be found in Appendix 2.

### 3.3b Police Risk Assessment

The police will also risk assess using the questions detailed in the DASH risk assessment. The DASH questions are however included in the Vulnerability Identification Screening Tool (VIST); this tool ensures that attending officers can access all relevant assessments and referrals on their handheld device for domestic abuse, child protection and adult safeguarding. Whilst officers use the VIST, their assessment of risk in domestic abuse cases will be the same as any other agency completing the DASH.

### 3.3c Outcome of the DASH

Following the completion of the DASH, a victim may be assessed at:

**Standard Risk:** Current evidence does not indicate likelihood of causing serious harm.

**Medium Risk:** There are identifiable indicators of risk of serious harm. The perpetrator has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse.

**High Risk:** There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

Risk of serious harm (Home Office 2002): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.

High risk can be determined in the following ways:

- **Visible High Risk:** This accounts for the number of ticks on the DASH. If the victim has answered yes to 14 or more questions, the risk of serious harm is clear and the case would meet the referral criteria for referral to MARAC.
- **Professional Judgement:** If the outcome of the DASH is less than 14, a professional can refer the case to MARAC on the grounds of professional judgement of high risk where they deem it appropriate. In these circumstances the professional will have identified key high risk factors from the DASH, and may also consider further contextual or circumstantial information not captured within the DASH that raises concerns of serious harm. The **victim's perception** of risk should also be considered.
- **Potential Escalation:** If the outcome of the DASH is less than 14, but the result of the DASH indicates that the victim is experiencing an escalation in frequency or severity of abuse, the case should be referred into MARAC on the grounds of potential escalation. Where there have been a number of police call outs, all police VISTs are reviewed within the police multi-agency daily meeting and where necessary VISTS will be escalated to high risk based on escalation (consideration will be given to the Safe Lives criteria of 3 or more police call outs in the past 12 months and more specifically, local criteria of 3 or more police incidents in 3 months). Alongside this, MARAC partner agencies should consider and refer to MARAC based on escalation if they become aware of 3 or more DA incidents in the last 3 months (with further consideration to the Safe Lives criteria of 3 in 12 months) regardless of whether these incidents have been reported to police.

High risk domestic abuse cases should be referred to the GDASS Independent Domestic Violence Advisor (IDVA) service. IDVAs are members of staff who have been trained to work with women and men who have been assessed as being at high risk of serious harm through Domestic Abuse.

IDVAs specialise in assessing and reducing risk of harm. They work very closely with partner agencies (such as the police, social services, probation, and housing etc) to create safety plans that support their clients to keep them safe. IDVAs are an integral part of the MARAC (Multi Agency Risk Assessment Conference) process.

GDASS IDVA team: [gdass.idva@greensquareaccord.cjsm.net](mailto:gdass.idva@greensquareaccord.cjsm.net)

Cases identified as high risk should also be referred into the Multi-Agency Risk Assessment Conference (MARAC). Guidance on referring to MARAC can be requested by emailing [marac@gloucestershire.police.uk](mailto:marac@gloucestershire.police.uk)

### 3.3d Discussing risk with the victim

Informing the victim of their risk level following completion of the DASH can be difficult, and it is important that this is handled sensitively. Letting the victim know that they are at high risk of serious harm or death may be frightening and overwhelming for them to hear. It is therefore important that you state exactly what your concerns are by using the answers the victim gave to you, and explain what the next steps are i.e. safety planning, referral to services etc.

Equally, telling the victim that they are not currently high risk and that you may need to refer them to a different agency or provide a different service as a result may be disappointing for the victim. This therefore needs to be managed carefully to ensure the victim doesn't feel like their situation is being minimised or so they don't feel embarrassed for reaching out for help. Explain to them that there are high risk factors linked to serious harm and that if they experience any of these in the future that they should contact appropriate services, or emergency services.

### 3.3e Responding to the DASH risk assessment

During the process of risk assessment, you may have identified further immediate safety measures that need to be addressed. This should be completed first before you consider any further actions.

Should the risk assessment determine that the case is Standard or Medium Risk, you should consider the following actions (not exhaustive):

- Seek consent to directly refer the victim to specialist support services in the first instance or, if the victim does not consent, provide the victim with details for specialist support agencies. Details can be found in Appendix 3. You may also wish to provide them with support in contacting specialist services, such as providing a safe space for them to make a phone call.
- Advise them about reporting the abuse to the police and support them if necessary to make contact.
- Seek consent from the victim to discuss their case with other professionals and look to coordinate a joint response and share information. It is important to understand who else may be engaged with the victim should you need to make contact if they disengage from your support or you are unable to contact them.
- Consider any other agencies that may be a source of support e.g. health agencies, drug and alcohol services, mental health services etc. and support the victim in making contact with these services if necessary.
- If you have identified any risks to children or vulnerable adults, make referrals to children's social care and adult social care.
- If appropriate, ensure the victim knows how to contact you.
- Consider any resources within your own agency that can support with the victims safety.
- Advise about safety planning.
- Monitor the case for any changes in circumstance or escalation.

Should the risk assessment determine that the case is High Risk, you should consider all of the above and follow the MARAC protocol and guidance (email: [marac@gloucestershire.police.uk](mailto:marac@gloucestershire.police.uk))

It is important to note that once a high risk assessment has been conducted, you no longer need the victims consent to share information with other agencies and make onward referrals. Information sharing should be relevant and proportionate.

If a case has been assessed as high risk, you should also make a referral to Gloucestershire Domestic Abuse Support Service (GDASS) so that an Independent Domestic Violence Advisor (IDVA) can make contact and provide specialist support and safety planning. Consent from the victim is preferred, but referrals can be made without consent due to the high risk assessment.

The IDVA is a specialist in assessing and reducing risk of harm in domestic abuse cases. They work closely with partner agencies to create safety plans, and are integral to the MARAC process. Further details on the services provided by GDASS and how you can make referrals can be found:

[www.gdass.org.uk](http://www.gdass.org.uk)

Helpdesk: 01452 726 570

Professionals line: 01452 726561

[support@gdass.org.uk](mailto:support@gdass.org.uk) / [gdass.referral@greensquareaccord.cjism.net](mailto:gdass.referral@greensquareaccord.cjism.net)

### 3.4 Safety Planning

Supporting the victim in developing a plan to keep themselves and their children safe is essential. GDASS have produced an advice sheet for safety planning to support in developing a robust plan. GDASS can also be contacted directly by professionals who would like case by case advice on how to safety plan with a victim. Professionals can contact GDASS on their Professionals line: 01452 726561.

## GDASS SAFETY PLANNING AND ADVICE

### Keeping Safe at home

- Plan escape routes out of your property, if the perpetrator comes in the front door, how do you get out?
- Set up a code word with your friends and family, if they call they know when you're in trouble.
- Keep with you any important and emergency telephone numbers: e.g. Police DV unit, 24 hour domestic abuse helplines. Emergency contacts.
- Are there neighbours you can trust? If so ask them to contact the police if they hear anything
- Pack an emergency bag for yourself & the children. Hide it somewhere safe away from the house, maybe with a friend you can trust
- Keep a small amount of money on you at all times – including change for the bus or phone.
- Keep your mobile phone on you and charged, with credit, at all times. If this is not possible, can you hide one somewhere?
- If you suspect he or she is about to become violent, try avoid the kitchen or garage where there are likely to be knives or other weapons.
- Avoid locking yourself in small rooms. Always try and get out of the property.
- Give your friends or family a spare key to your house, if you are locked in they can help you escape.



### **If you have recently left your property**

- Does your new property have secure windows and doors? If not speak to GDASS or your landlord about making it more secure.
- Avoid places where you are isolated or alone or places you used to go with the perpetrator, at least in the immediate period of separation, if possible.
- Alter your routine as much as you can. E.g. alter your working hours, walks home etc
- If you have any regular appointments that your partner knows about e.g. Hospital, Doctor etc, try to change your appointment time and/or the location of the appointment.
- Try to choose an alternative route or mode of transport when approaching or leaving places you cannot avoid. E.g. work/schools etc.
- Consider informing your employer or others at your place of work – particularly if you think your partner might try to contact you there.
- Mobile phones can be traced so try to change your SIM card or even better get a new pay as you go phone.
- Some mobile phones, particularly iPhone, have tracking programmes attached. Please refer to your manual or change your handset if you are not sure whether this could affect your phone.
- If you do wish to telephone your partner, ensure it is from a number withheld phone. Dial '141' before typing the number to withhold it.
- Avoid using shared credit or debit cards, as if your partner saw the statements it would show where you have been.
- Your support worker can help you open a new account if you need to.
- Make sure your address does not appear on any Court papers.
- Talk to your children about the need to keep your whereabouts confidential. Especially if they are having contact with the perpetrator.
- Ensure schools have any relevant court orders relating to the children, or a photograph of the perpetrator if they have been told by a court that they are not to have contact.

### **Packing an Emergency Bag**

**Having an Emergency Bag means that if you had to flee your house you can take some basic belongings with you easily reducing the need to return to the property when it may not be safe to do so.**

What to Pack:

- Some form of identification.
- Passports, Visas and work permits.
- Money, savings books, cheque book, credit/debit cards.
- Keys for the House, Car, Work etc. (You could get additional keys cut and put them in your bag)
- Child, Family Tax and any other benefit information
- Driving licence & car registration documents.
- Prescribed medication/repeat prescription.
- Clothing & toiletries for you and the children.
- Address book & emergency contact numbers.
- Personal items (photos etc.) or favourite toys for your children.
- Copies of any legal documents e.g. injunctions

**Do not put yourself in danger getting these items, pack what you can; there may be opportunities to get things later on.**

### **Social Networking**

#### **Facebook:**

How to **block** someone from contacting you:

- Choose 'privacy shortcuts', this is the second button in from the right on the blue bar at the top.
- Choose 'How do I stop someone from bothering me?'
- Write email address or user name in the box – select 'Block'

Blocking someone prevents them from being able to view your page or searching for you from their username or email address. They will be able to search from someone else's account if they want to.

General privacy/security settings:

- 'Privacy shortcuts' – 'See more settings'

This then allows you to stop people being able to find you if they 'google' you and choose who can add you as a friend.

- Select 'Security' from the left hand list

This allows you to choose your security settings for your profile.

### **Twitter:**

General privacy/security settings:

- Choose the icon second in from the right on the main toolbar, 'settings'.
- Choose 'Security and Privacy' from the list of options on the left hand side of the page.

You can then choose whether you allow people to follow you without verification and who can tag you in pictures etc.

- The 'settings' icon, as above, also allows you to select to deactivate your account at the bottom of the page.

### **Instagram:**

How to **block** someone from contacting you:

- Open mobile app. Click on a person's name if they are showing on your timeline, or use the search function (the magnifying glass at the bottom of the screen) to find them by name.
- Open their profile. Select the three dots in the top right hand corner.
- Choose 'block'. Then choose 'block' on the 'are you sure...' message.
- To hide your story from certain people, also choose 'hide your story'. Although if they are blocked they should not be able to see this anyway.

General privacy/security settings:

- Open mobile app, open your profile by selecting the person on the bar at the bottom of the screen.
- Select the three dots in the top right hand corner
- Scroll down to 'Private Account'. Press the button to turn it on. It is blue when on.

This then means that only your friends can see your profile and you have to 'accept' people who wish to follow you.

Hashtags will not work in the wider network in this mode.

### **Snapchat:**

How to **block** someone from contacting you:

- Open mobile app. Screen should show front facing camera.
- Select the search function. Find contact then click on them.
- Choose 'Block' or 'Remove friend' from the left hand side of the page.

To stop someone viewing your story:

- Open mobile app. Screen should show front facing camera.
- Swipe right then select the settings cog.
- Select 'custom' under 'Who can view my story' then choose which friends you are happy to be able to view it.

Someone who is blocked should not be able to view your story.

### **Whatsapp:**

How to **block** someone from contacting you:

- Open mobile app. Choose conversation (single person only).
- Select the three dots in top right hand corner. Then choose 'More'. Select 'Block'

How to email chat history:

- Open mobile app. Choose conversation
- Select the three dots in top right hand corner. Then choose 'email chat'. Then following instructions and enter email address.

This is useful if you would like to block someone but need a record of the chat history. Or if you would like to send a chat history to police, your support worker or another professional. You cannot redact this function and the whole chat history will be sent.

To leave a group:

- Open mobile app. Choose group conversation.
- Select the three dots in top right hand corner. Select 'group admin'.
- Choose 'Exit group'. Then choose 'Delete group'

**Do not accept friend requests from someone you do not know, even if they share mutual friends. Ensure that Location Settings are turned off on your phone. Updating your social networking with these on will alert your followers/friends as to where you are. Location settings vary phone to phone, please check your manual if you are not sure how to do this.**

Tools for safety planning: Websites such as [www.suzylamplugh.org](http://www.suzylamplugh.org) and [www.womensaid.org](http://www.womensaid.org) have a wealth of personal safety information, this is useful for all, but the website can be given to an individual for them to review when they want to. There are apps which individuals can download to help keep them safe, such as:

- **BrightSky** – this looks like a weather app but has a directory of local domestic abuse services and safety advice hidden behind it.
- **PanicGuard/HollieGuard** – these work in the same way and allow the user to use their phone as a personal alarm, the phone is shaken and it sends notifications to named contacts. The paid versions of these also allow the user to record sound and video which is sent directly to an external monitoring company who can request police attendance.

### 3.4a Safety Planning with children

If you are working with children and young people witnessing domestic abuse, you may need to adopt a different approach. The following points are important to note:

- Find safe and confidential ways of asking children what is really wrong if they are concerned.
- Recognise abuse within the home as one of the common reasons for problems-in children's eyes.
- Give them a chance to talk and believe what they say.
- Ensuring the safety of the non-abusive parents is the most effective way to protect the child.
- Validate the experience.
- Use appropriate language.
- Do not underestimate the value of listening.
- Be straight and clear.

It is important that the child/young person recognises that a safety plan can be useful in an emergency. Encourage them to write key information out and keep it safe so they can access it when they need it:

- Their name and age (and those of siblings).
- Their address.
- Their phone number.

- The name of someone they trust to talk to about their worries and their phone number and address.
- Other numbers that are helpful in an emergency:
  - Safe place to go if there are arguments at home.
  - Local police stations.
  - Call 999 in an emergency.
  - Helpline numbers such as ChildLine 0800 1111 and/or 24 hour National domestic violence helpline 08082000 247.

You may also be working with young people who are experiencing abuse within their own relationships. Should this be the case, guidance is available at [www.glostakeastand.com](http://www.glostakeastand.com). It is important to note however, that in these circumstances, child protection processes take precedence.

GDASS can be contacted for advice and support:

[www.gdass.org.uk](http://www.gdass.org.uk)

Helpdesk: 01452 726 570

Professionals line: 01452 726561

[support@gdass.org.uk](mailto:support@gdass.org.uk) / [gdass.referral@greensquareaccord.cjsm.net](mailto:gdass.referral@greensquareaccord.cjsm.net)

#### 4. Record keeping

It is very important that you keep accurate records of your involvement. Your agency may have its own record keeping procedures, but the following provides some information on the key pieces of information to record:

- Names-who are you concerned about and other relevant parties (children, perpetrator).
- Date of birth
- Addresses
- Contact details and safe times to contact
- Summary of what happened-ensure you distinguish between fact, allegation and victim opinion.
- Description of what you have seen-injuries, disruption at home, damage to property etc.
- What does the person want?
- Dates and times
- Who else have you spoken to? What was said? What was agreed?
- What actions are you going to take or have you already taken?
- Who are you referring to?
- Have you got consent from the person to refer on- if not, what is your basis for sharing information without their consent (high risk assessment, or child protection concerns for example).
- What is your professional judgement
- Outcome of the DASH and action taken
- Anything else that you consider important

It is important that records are kept secure and confidential. You will also need to ensure relevant colleagues are aware of your records in the event of your absence.

## 5. Responding to colleagues and employees who are experiencing domestic abuse<sup>16</sup>

The nature of domestic abuse means that it can impact on anyone, and as a professional you should therefore be mindful that colleagues or employees may be experiencing domestic abuse.

The signs and symptoms may appear the same as those detailed in section 2.3a, in the work environment you may also identify (non-exhaustive list):

- A change in the persons working patterns, e.g. frequent lateness, absenteeism, needing to leave work early and spending increased time at work with no explanation.
- Changes to productivity and performance.
- Changes in the use of phone/email e.g. increase in personal calls, avoiding calls, or strong reaction to calls/texts/email.
- Changes in behaviour/demeanour e.g. becoming quiet, anxious, frightened, tearful, aggressive, distracted, depressed, isolating self from colleagues, obsession with time keeping, secretive about home life, worried about children at home.
- Visible signs of injury with unlikely explanations.
- Change in appearance e.g. change in pattern or amount of make-up used, changes in dress, or clothing that doesn't suit the climate.
- Partner or ex-partner attending work, or exerting unusual control or demands over work schedule, sending unwanted gifts/flowers.

In identifying any concerning signs, follow this guidance in order to facilitate disclosure, risk assess and respond. Your agency should also have an internal policy that you should refer to and you may also wish to consult with your Human Resources teams or safeguarding leads. It is important that you keep an accurate record of your concerns and your response and that this is held securely and confidentially.

It is important to recognise that an employee may find it difficult to make a disclosure to an employer or colleagues. They may be fearful of being judged, the risk to them increasing by disclosing to someone, fear they may be treated differently, have concerns about confidentiality, and the perpetrator may also work for the same organisation. It is therefore important to remain:

- Sensitive/non-judgemental/discrete/supportive
- Prioritise safety over work efficiency; reassuring them that the organisation has an understanding of domestic abuse and how this may be impacting them at work
- Allocate time in private to listen
- Do not seek proof of the abuse

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<sup>16</sup> 'Responding to colleagues experiencing domestic abuse: practical guide for line managers, HR and employee assistance programmes'. Department of Health and Safe Lives.

- Do not contact the abuser
- Do not adopt the role of support worker yourself, but advise of specialist support available and facilitate contact if needed
- Ensure strict confidentiality whilst also making the employee/colleague aware that if you have serious concerns about their safety you will need to report to other agencies (particularly if you have reasonable cause to believe a serious offence has been committed)

In responding to a disclosure of domestic abuse in the workplace, it is important that the employer considers any necessary adjustments in work to ensure the victims safety. Domestic abuse is a health and safety issue and employers therefore have a duty under the Health and Safety at Work Act (1974) to ensure, as far as is reasonably practicable, the health, safety and welfare of employees at work. A workplace response may include:

- Conduct a risk assessment
- Making emergency and safe contact arrangements
- Adjusting responsibilities and workload
- Review communications and IT safety
- Arrange in advance when and who to contact if the employee doesn't come into work (family member/police/neighbour/friend etc.)
- Discuss changes in route to work, location of work base, start and finish time, flexible working and entrance to work (where possible and appropriate)
- Ensure employee records are secure and where necessary ensure other staff are aware not to reveal employees personal details to anyone or their whereabouts
- Consider (where appropriate and necessary) alerting security or reception staff of the concerns and details of the perpetrator to ensure they are screened from the workplace
- Consider special leave or time off if victim needs to attend court, or an appointment to seek support
- Facilitate contact with specialist support service where necessary and appropriate and offer to jointly work with a specialist to develop a safety plan
- Consider any other support your organisation can offer

It is important to remember that victims of domestic violence may be at increased risk of harm in their workplace if they leave an abusive partner, as it may be the only place where they can be located. As such, employers who are aware of domestic violence and fail to protect their employees from violence at work may be held liable under Health and Safety legislation<sup>17</sup>.

### 5.1 The impact of domestic abuse on work colleagues<sup>18</sup>

Domestic violence also affects people close to the victim and this can include work colleagues. Other staff members may:

- Have to fill in for absent or unproductive workers

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<sup>17</sup> Domestic violence resource manual for employers, second edition. Refuge and Respect.

<sup>18</sup> Domestic violence resource manual for employers, second edition. Refuge and Respect.

- Feel resentful towards victims who take time off or receive extra attention; take part in gossip/rumours about the victim
- Try to protect the victim from unwanted phone calls or visits
- Feel helpless and unsure about how to intervene
- Be distracted from their own work
- Experience a negative impact on their own mental and emotional health, especially if they may also be experiencing abuse themselves
- Fear for their own safety e.g. be followed by the abuser and subjected to questioning about how to contact the victim, or where she can be found
- Unknowingly be used by the abuser as part of the abuse, perhaps by assisting the perpetrator to locate their partner or by covering up for the abuser at work

It is important therefore to consider any safety plans that need to be put in place for other staff members, and ensure they have sufficient line management support.

### 5.2 Impact of domestic abuse on the employer<sup>19</sup>

- Negative impact on productivity, performance and morale
- Employers invest time and resources into recruiting staff, yet employees experiencing domestic violence may be forced to leave work by the abuser; may have to move away in order to escape domestic violence and/or may have to give up work so that the abuser cannot locate them. Some employees may also be dismissed as a result of poor performance, absenteeism or disruptive behaviour caused by the abuser.
- Research suggests that perpetrators of domestic violence may be late for work, leave early, take time off and use workplace resources (such as telephones, emails or company cars) to threaten, harass or abuse their current or former partner

### 5.3 Perpetrators of domestic abuse in the workplace

The below has been taken from the 'Domestic violence resource manual for employers', second edition by Refuge and Respect<sup>20</sup>.

**This section should be read in conjunction with any organisational policies and in consultation with HR colleagues and teams.**

Employers and colleagues may become aware that someone in the workplace is perpetrating domestic abuse; this may be through criminal conviction, disclosure from the victim and disclosure from the perpetrator themselves (may inform colleagues of their behaviour). Responding to perpetrators of domestic abuse in the workplace is important for organisational reputation and to ensure victims feels supported and are made safer from workplace intervention.

All employers have a duty of care towards their employees. This includes perpetrators of domestic abuse who, through their actions, are damaging their own lives as well as the lives

<sup>19</sup> Domestic violence resource manual for employers, second edition. Refuge and Respect.

<sup>20</sup> [http://respect.uk.net/wp-content/uploads/2014/06/Respect.Refuge\\_DV\\_Manual\\_A4\\_76pp.pdf](http://respect.uk.net/wp-content/uploads/2014/06/Respect.Refuge_DV_Manual_A4_76pp.pdf)

of others. Engaging with perpetrators of abuse in a positive, respectful way does not mean excusing the abuse and can help to increase safety and save lives.

You may become aware of staff perpetrating domestic abuse through:

Indirect disclosure of perpetrating domestic violence may come to light as a result of:

- A direct allegation to the employer from the victim
- An allegation from a third party e.g. an employee suspects or has witnessed another employee abusing their partner
- Notification by the police or through a CRB check
- The employee needing to take time off to attend court

Direct disclosure

Some may identify their abusive behaviour directly and ask for help to deal with their violence. This is likely to have been prompted by a crisis such as a particularly serious assault, an arrest or an ultimatum from the abused partner.

You may have the opportunity to ask employees sensitively about their relationships and ask if they are being abusive – for example if you notice a decline in performance and concentration or unexpected absences. In these circumstances;

- Do not back the perpetrator into a corner or expect an early full and honest disclosure about the extent of the abuse
- Be aware of the barriers to the perpetrator to acknowledging their abuse and seeking help (such as shame, fear of child protection process, self-justifying anger)
- Some – even when they have sought help voluntarily – are unlikely to disclose the seriousness or extent of their abuse, and may try to “explain” or blame it on other people or external factors. Even those who are concerned enough about the abuse to seek help may present with other problems such as alcohol, stress or depression, and may not refer directly to the abuse as the problem.

Be alert to the possibility of domestic abuse if you hear the following:

- I've got a problem with drink
- I need an anger management course
- I'm not handling stress at work
- My partner says I need help
- My partner and I are fighting a lot
- My partner and I need counselling
- My partner is not coping and is taking it out on me
- The kids are out of control and my partner is not firm enough
- I'm depressed/anxious/stressed/not sleeping/not coping/not myself
- I feel suicidal (or have threatened or attempted suicide)
- I'm worried about my rage at work, in the car, in the street, at the football

If the above are identified, you may wish to ask indirect questions such as ‘how is this affecting your family?’, ‘when you feel like that, how do you behave?’, ‘you must be worried about the impact on yourself, partner and family?’



### 5.3a Responding to perpetrators in the workplace

In identifying abusive behaviour:

- Be clear that abuse is always unacceptable and that it may constitute criminal behaviour
- Be clear that abusive behaviour is a choice
- Be respectful but do not collude
- Be positive, it is possible for perpetrators to change if they recognise that they have a problem and take steps to change their behaviour
- Be clear that you might have to speak to other agencies if there are grounds to breach confidentiality (see information on confidentiality)
- Be aware that on some level the perpetrator may be unhappy about their behaviour
- Be aware and tell the perpetrator that children are always negatively affected by living with domestic abuse, whether or not they witness it directly
- Be aware, and convey to the perpetrator, that domestic abuse is about a range of controlling behaviours, not just physical violence
- Be aware of the likely costs to the perpetrator of continued abuse (arrest/loss of relationship/impact on children)

Perpetrators of domestic abuse can be signposted to the following:

Respect Helpline: 0808 802 4040

Email: [info@respectphonenumber.org.uk](mailto:info@respectphonenumber.org.uk)

Website: <http://respectphonenumber.org.uk/>

Gloucestershire Voluntary Perpetrators Programme (Positive Relationships Gloucestershire)

Phone: 01452 529866 Mon – Friday (9:00 am – 5:00 pm)

Website: [www.fear-less.org.uk](http://www.fear-less.org.uk)

### 5.3b Disciplinary Action

You should be aware that acts of domestic abuse can be a criminal offence and lead to caution, arrest, prosecution and criminal conviction. As such you should consider what impact legal action would have on the workplace especially when it results in restrictive bail conditions, the employee being remanded in custody or if they are given a custodial sentence.

The fact that an employee has been charged with a criminal offence is not in itself sufficient grounds for disciplinary action, including dismissal, unless this is specifically covered by the code of conduct. If a member of staff is perpetrating domestic violence, you should consider whether there is a connection between the abusive behaviour and their role at work.

#### **The nature of the conduct and the nature of the employee's work**

Where appropriate you may need to take action to minimise the potential for perpetrators to use their position or work resources to find out details about the whereabouts of their partner. This may include a change of duties or withdrawing access to certain computer programmes.

If a perpetrator of abuse is using work resources such as the telephone, fax, e-mail or company car to harass their partner, this could be construed as misuse of the organisation's property and contrary to the organisation's code of conduct.

### **The extent to which the employee's role involves contact with/poses a risk to other employees and the general public**

You may believe that there is a conflict between the offence and the job the employee is employed to do. In some cases the fact that an employee is a perpetrator of domestic abuse may make certain duties inappropriate and justify redeployment/disciplinary action.

### **Breaking professional codes of conduct**

There may be circumstances in which an employee may be suspended or struck off by their professional body for being a perpetrator of domestic abuse e.g. a social worker, a doctor etc.

### **The status of the employee**

You will need to consider whether the actions of the staff member have brought the organisation into disrepute. Such behaviour, whether convicted or not, may be against the aims and values of the organisation. Some employees represent the public face of an organisation and there may be considerable reputational damage to the organisation if an employee is a perpetrator of domestic abuse.

Consider what the impact of the employee's behaviour is on other employees. Such behaviour may be regarded as gross misconduct.

In order to address the points above, start by assessing if the employee's behaviour has had an impact on the employment relationship. In order to do this you will need to gather information in order to form an opinion and will need to investigate as appropriate.

**When you are considering how to respond to employees perpetrating domestic abuse, it is useful to review what HR policies are already in place and refer to the advice and guidance of HR staff and teams.**

## 6. Key contacts

### **Gloucestershire Domestic Abuse Support Service (GDASS)**

For advice, referral and IDVA service

[www.gdass.org.uk](http://www.gdass.org.uk)

Helpdesk: 01452 726 570

Professionals line: 01452 726561

[support@gdass.org.uk](mailto:support@gdass.org.uk) / [gdass.referral@greensquareaccord.cjism.net](mailto:gdass.referral@greensquareaccord.cjism.net)

### **Gloucestershire Voluntary Perpetrators Programme (Positive Relationships Gloucestershire)**

For advice and referral into programme

Phone: 01452 529866 Mon – Friday (9:00 am – 5:00 pm)

Website: [www.fear-less.org.uk](http://www.fear-less.org.uk)

Email: [PRGGloucester@fear-less.org.uk](mailto:PRGGloucester@fear-less.org.uk)

Further details of support available in Gloucestershire and nationally can be found in Appendix 3, and guidance documents to support agency response can be found at [www.glostakeastand.com](http://www.glostakeastand.com)

Contact with the County Domestic Abuse and Sexual Violence Strategic Coordinator can be made via email: [glostakeastand@gloucestershire.police.uk](mailto:glostakeastand@gloucestershire.police.uk)

## 7. Appendices

### Appendix 1: DASH form

**Gloucestershire**  
**Domestic Abuse, Stalking, Harassment and Honour Based Violence**  
**DASH 2022**  
 (Based on 2009 original)  
 Risk Assessment Form

Level of Risk SELECT \_\_\_\_\_

Name of Person Completing/Agency:	/	Contact email/phone	/
Date of completing:			
Date of incident:			
Police incident No. (if not known please state):			
OIC (if not known please state):			

#### Victim Details

Surname		Forename	
DOB			
Address	Own Occ. <input type="checkbox"/> / Private rent <input type="checkbox"/> /Housing Assoc. <input type="checkbox"/>		
Postcode		Male/Female	SELECT
Contact details (phone and/or email) /Safe time to contact	/		
Ethnic Self Classification (16+1 code)			
Professional perceived ethnicity (6+1 code)			

#### Children

(PLEASE MAKE SURE THAT THESE BOXES ARE MARKED YES/NO – INFO SENT TO SOCIAL CARE AND FORMS PART OF ANY RISK ASSESSMENT FOR THEM IF CONFIRMED TO BE PRESENT)

	Name	DOB	School	GP	Present During Incident?	Resident at Address?
1					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Perpetrator Details			
Surname		Forenames	
DOB			
Address			
Postcode		Male/Female	SELECT
Contact No			
Ethnic Self Classification (16+1 code)			
Professional perceived ethnicity (6+1 code)			
Is Perpetrator Parent To Child(ren) above			
Relationship	Spouse <input type="checkbox"/>	Ex-spouse <input type="checkbox"/>	Partner <input type="checkbox"/> Ex-partner <input type="checkbox"/> Family member <input type="checkbox"/>
	Other <input type="checkbox"/>	Specify: .....	

### Vulnerable Adults Present

Do Not Include 'The Victim' of the Domestic Abuse unless they meet the definition\* below

Any professional who becomes aware of a vulnerable adult who is being abused should make an Alert to the **Adult Helpdesk** of Gloucestershire County Council on **01452 426868** in office hours. Out-of-hours service is provided by the Emergency Duty Team. The Alert will be made within 24 hours.

Full Name	Date of Birth	*Nature of vulnerability (A vulnerable adult is 18 or over and is, or may be, in need of community services due to age, illness or mental or physical disability AND who is, or may be, unable to take care of himself/herself or protect himself/herself from significant harm or exploitation).

### CURRENT SITUATION

The context and detail of what is happening is very important.

**The questions highlighted in blue bold are high risk factors: please provide detail for these questions to aid understanding of risk.**

**Tick the relevant box and add comments wherever possible to expand and add context.**

1	Has the current incident resulted in injury? (please state what and whether this is the first injury)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	<b>Are you very frightened?</b> Comment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3	<p>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)</p> <p><b>Kill:</b> You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/></p> <p><b>Further injury and violence:</b> You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/></p> <p><b>Other (please clarify):</b> You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/></p>
---	--

4	<b>Do you feel isolated from family/ friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/Dr or others?</b> Comment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	Are you feeling depressed or having suicidal thoughts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	<b>Have you separated or tried to separate from (name of abuser(s)....) within the past year?</b> Comment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	<b>Is there conflict over child contact?</b> (please state what) Comment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	<b>Does (.....) 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) <i>N.B. If no details are provided Enhanced DASH will <u>not</u> be completed by SPOC.</i> Comment:	YES <input type="checkbox"/> Expand Below	NO <input type="checkbox"/> To Q9
<b>ENHANCED DASH (S-DASH)</b>	<b>If Yes to 8</b>		
	• Is the victim very frightened?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Is there previous domestic abuse and harassment history?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Has (....) vandalised or destroyed property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Has (....) turned up unannounced >3 times a week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Is (....) following victim or loitering near victim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Has (....) threatened physical or sexual violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Has (....) been harassing any 3 <sup>rd</sup> party since the harassment began (i.e. family, children, friends, neighbours, colleagues)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Has (....) acted violently to anyone else during the stalking incident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Has (...) engaged others to help, wittingly or unwittingly.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Is (...) abusing alcohol/drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Has (....) been violent in past? Physical/psychological, Intelligence or reported.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>If yes to 8 continue with additional stalking questions below</b>			
	• Has (...) tried to be near you? Such as approach you, come to your home, come to your work.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## ADDITIONAL STALKING QUESTIONS

- |   |  |                                 |                                |
|---|--|---------------------------------|--------------------------------|
| • | Has (...) entered your house without your permission?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| • | Has the stalking become worse in recent days/weeks?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| • | Has (...) reached a point where they are expressing they have nothing to lose? For example 'I have no other way out', 'If I can't have you no one can' etc | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| • | Are there any situations where you can't avoid having contact with (...)?<br>Such as work, live close by, child contact.                                   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| • | Has (...) previously stalked you or someone else?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| • | Has (...) experienced any significant changes in their life that might cause them stress/upset? For example, loss of loved one/job/relationship            | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

## Children/Dependants

*(if no children/dependants, please go to the next section)*

9	<p><b>Are you currently pregnant or have you recently had a baby in the past 18 months?</b> Comment:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<p><b>Is anyone in the household pregnant? Yes or No</b> If YES please identify who is pregnant and what their expected birth date is?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	<p>Are there any children, step-children that aren't in the household? Or are there other dependants in the household (i.e. older relative/vulnerable adult)?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11	<p><b>Has (.....) ever hurt the children/dependants?</b> Comment:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12	<p><b>Has (.....) ever threatened to hurt or kill the children/dependants?</b> Comment:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13	<p><b>Is the abuse happening more often?</b> Comment:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14	<p><b>Is the abuse getting worse?</b> Comment:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<sup>21</sup> Additional questions added to support CRU in utilising SASH tool when required.

15	<b>Does (.....) try to control anything you do and/or are they excessively jealous?</b> <i>(In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)</i> <b>Comment:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16	<b>Has (.....) ever used weapons or objects to hurt you?</b> <b>Comment:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17	<b>Has (.....) ever threatened to kill you or someone else and you believed them?</b> <b>Comment:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18	<b>Has (.....) ever attempted to strangle/choke/suffocate/drown you?</b> <i>(Consider when was the last time this happened, how frequently etc)</i> <b>Comment:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19	<b>Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?</b> <i>(Please specify who and what)</i> <b>Comment:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20	<b>Is there any other person that has threatened you or that you are afraid of?</b> <i>(If yes, consider extended family if <b>honour based violence</b>. Please specify who)</i> <b>Comment:</b>	YES <input type="checkbox"/> Expand Below	NO <input type="checkbox"/> To Q21
<b>ENHANCED DASH</b>	<b>If Yes to 20</b>		
	• Truancy – if U18 is victim truanting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Self-harm – is there evidence of self harm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• House arrest and being 'policed at home' – is the victim being kept at home or their behaviour/activity being policed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Pressure to go abroad – is the victim fearful of being taken abroad?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	• Isolation – is the victim very isolated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• A pre-marital relationship – is the victim believed to be in a relationship that is not approved of?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	



	<ul style="list-style-type: none"> <li>Attempts to separate or divorce (child contact issues) – is the victim attempting to leave the relationship?</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Threats that they will never see the children again – are there threats that the child(ren) will be taken away?</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Threats to hurt/kill – are there threats to hurt or kill the victim?</li> </ul>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Additional Information:</b>			
21	<p>Do you know if (.....) has hurt anyone else?<i>(children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)</i></p> <p>Children <input type="checkbox"/>      Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other <i>(please specify)</i> <input type="checkbox"/></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22	<p><b>Has (.....) ever mistreated an animal or the family pet?</b></p> <p><b>Comment:</b></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23	<p>Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24	<p><b>Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</b> <i>(Please specify what)</i></p> <p>Drugs <input type="checkbox"/>      Alcohol <input type="checkbox"/>      Mental Health <input type="checkbox"/></p> <p><b>Comment:</b></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25	<p><b>Has (.....) ever threatened or attempted suicide?</b></p> <p><b>Comment:</b></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
26	<p>Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? <i>(Please specify what)</i></p> <p>Bail conditions <input type="checkbox"/>      Non Molestation <input type="checkbox"/></p> <p>Occupation Order <input type="checkbox"/>      Child Contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/>      Other <input type="checkbox"/> <b>Comment:</b></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
27	<p>Do you know if (.....) has ever been in trouble with the police or has a criminal history? <i>(If yes, please specify)</i></p> <p>DA <input type="checkbox"/>      Sexual violence <input type="checkbox"/>      Other violence <input type="checkbox"/>      Other <i>(please specify)</i></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
28	<p>Has the victim or perpetrator access to lawfully held and licensed weapons.</p>	YES	NO

**If Yes  
to 28**

- Please provide full details – Weapons, Ammunition, Certificate Number etc.

**Other relevant information** (from victim or professional) **which may alter risk levels.**

**Describe:** *(consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control) or is there serial offending?*

**COMPULSORY SECTION: Please provide a Summary of the case and any detail on your professionals judgement of risk:**

## Victim Safety

Does the victim want contact from Gloucestershire Domestic Abuse Support Service? YES NO

GDASS offer a free and confidential service to victims of domestic abuse

01452 726 570. [www.gdass.org.uk](http://www.gdass.org.uk) / [support@gdass.org.uk](mailto:support@gdass.org.uk)

If yes, please advise the victim that the information they have provided on this form will be shared with GDASS

For victims of stalking, please refer GDASS or for non-domestic abuse related stalking, contact [stalkingclinic@gloucestershire.police.uk](mailto:stalkingclinic@gloucestershire.police.uk) for details of relevant support agencies. More details on local support can be found at [www.glostakeastand.com](http://www.glostakeastand.com)

### FOR INFORMATION

National Domestic Violence Helpline is available 24 hours a day, 7 days a week for victims of domestic abuse

0808 2000 247 (24 hours)

[www.womensaid.org.uk](http://www.womensaid.org.uk)

### Outcome of risk assessment

#### STANDARD/MEDIUM

For **STANDARD/MEDIUM risk DASH (Domestic Abuse)** please refer to GDASS at [gdass.referral@greensquareaccord.cjism.net](mailto:gdass.referral@greensquareaccord.cjism.net)

For **STANDARD/MEDIUM risk DASH (non DA Stalking)** please refer to Victim Support <https://www.victimsupport.org.uk/resources/gloucestershire/> or [www.glostakeastand.com](http://www.glostakeastand.com) for local support options.

#### HIGH RISK

If the case is assessed as **HIGH risk Domestic Abuse**, please advise the victim that the case may be referred to **MARAC (regardless of consent)**, and explain what the MARAC is. YES

For **HIGH risk DASH (Domestic Abuse)** please refer to MARAC at [marac@gloucestershire.police.uk](mailto:marac@gloucestershire.police.uk) And the GDASS IDVA Service: [gdass.idva@greensquareaccord.cjism.net](mailto:gdass.idva@greensquareaccord.cjism.net)

'Multi-Agency Risk Assessment Conferences (MARAC's) are meetings where information about HIGH risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies to draw up a coordinated safety plan that helps victims with options to keep them and their children safe'.

For **HIGH risk DASH (Stalking)** please refer to Stalking Clinic at [stalkingclinic@gloucestershire.police.uk](mailto:stalkingclinic@gloucestershire.police.uk) and request a referral for the victim to the Independent Stalking Advocacy Caseworker (ISAC)

## Risk Management Framework

This is based on the Offender Assessment System (OASys) developed by the Prison and Probation Services definitions of what constitutes standard, medium, high risk.

### Please use your professional judgement to categorise the risk level.

As a guide, standard risk cases are usually scored as anything under 7, medium between 7-14 and High risk 14 or above. Scoring is based on the numbered questions, with additional questions enhancing understanding of risk and influencing your professional judgement. **Your professional judgement is the overriding factor however, so this must be at the forefront when categorising risk.**

Risk To Victim and Family:		
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
Current evidence does not indicate likelihood of causing <b>serious harm</b> .	There are identifiable indicators of risk of serious harm. The offender has the <b>potential</b> to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.	There are identifiable indicators of risk of serious harm. The <b>potential event could happen at any time and the impact would be serious</b> . Risk of serious harm (Home Office 2002 and OASys 2006): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.
<b>COMPULSORY SECTION FOR HIGH RISK:</b>		
Under what basis has the client met the high risk threshold for MARAC:		
Visible high risk (from DASH): <input type="checkbox"/>	Professional Judgement of high risk: <input type="checkbox"/>	Escalation in severity and/or frequency: <input type="checkbox"/>
Please indicate under which lawful basis you are sharing information (please see MARAC guidance at <a href="http://www.glostakeastand.com">www.glostakeastand.com</a> )		
Child Protection Act 2004: <input type="checkbox"/>	Pt.3 Schedule 8 Data Protection Act 2018 (Safeguarding): <input type="checkbox"/>	Common Law: <input type="checkbox"/>
S.115 Crime & Disorder Act 1998: <input type="checkbox"/>	Human Right Act 2004: <input type="checkbox"/>	The Care Act 2014: <input type="checkbox"/>
Data Protection Act 2018: Article 6: Article 9:		
Please ensure the information you share is relevant, adequate and necessary to achieve the purpose (Safeguarding), proportionate and will not significantly increase the risk to client/family.		

Appendix 2: GDASS DASH completion guide

Question number	Question	Historical / Current	Include the following information:
1	Has the current incident resulted in injury?	Currently only	<u>Current</u> incident only. Otherwise select 'No'  <u>Note previous injuries regardless (FIRST/WORST/LAST)</u> include approx. dates of injuries and any medical treatment received.
2	Are you very frightened?	Currently only	Most people will say they are scared, but we need to know what the worst thing they think could happen is – don't give them the option, let them tell you.  Who they feel the risk is to i.e. Children/Themselves/New partners etc.  Use Q3 to record this.
3	What are you afraid of? Is it further injury or violence?	Currently only	As above
4	Do you feel isolated from family/ friends i.e. does (name of abuser(s)....) try to stop you from seeing friends/family/Dr or others?	Currently only	Has the AP <u>made</u> them feel isolated?
5	Are you feeling depressed or having suicidal thoughts?	Currently only	Is this diagnosed? If so, are they receiving medication for this?
6	Have you separated or tried to separate from (name of abuser(s)....) within the past year?	Currently only	Within the past year only.  How many times?  When was the last time?  What makes them go back, in their opinion?
7	Is there conflict over child contact?	Currently only	Note any child contact arrangements.  Are these court ordered?

8	Does (.....) constantly text, call, contact, follow, stalk or harass you?	Currently only	If texts/calls, how many approx. a day?  Are they possibly being tracked?  Why do they feel they are being watched? Is this feasible?
9	Are you currently pregnant or have you recently had a baby in the past 18 months?	Currently only	Within last 18 months only.
10	Are there any children, step-children that aren't in the household? Or are there other dependants in the household (i.e. older relative/vulnerable adult)?	General	Remember other vulnerable adults.
11	Has (.....) ever hurt the children/dependants?	Include Historical	This is referring to direct physical abuse only. Including inappropriate chastisement.  Note down if there is significant emotional abuse but select 'No'.
12	Has (.....) ever threatened to hurt or kill the children/dependants?	Include Historical	As above.
13	Is the abuse happening more often?	Currently only	More often. So in what way has it escalated?  How regularly is it happening now compared to previously?
14	Is the abuse getting worse?	Currently only	This refers to increase in severity only. Primarily relating to physical incidents.  How does the current abuse compare to previously?
15	Does (.....) try to control anything you do and/or are they excessively jealous?	Currently only	Tracking – Why do they feel they are being watched? Is this feasible?  What aspects of their life do they feel they have no control over?  Consider parenting
16	Has (.....) ever used weapons or objects to hurt you?	Include Historical	This can include normal household objects.  If AP have threatened to use a weapon select 'No' but note this with which weapon
17	Has (.....) ever threatened to kill you or someone else and you believed them?	Include Historical	The key to this is whether they believed the threat. Do they think this is a real possibility?

			Approx. dates of incidents. Most recent date.
18	Has (.....) ever attempted to strangle/choke/suffocate/drown you?	Include Historical	Did they lose consciousness? Were threats made at the time? How regularly is this happening? Are they using objects to do this? i.e scarves/belts. Approx. dates of incidents. Most recent date.
19	Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?	Currently only	If this is not happening currently select 'No'. Note any previous incidents.
20	Is there any other person that has threatened you or that you are afraid of?	Currently only	Always consider HBV. Get details (name/Address/DOB if possible) of anyone who poses an additional risk. This is especially important if HBV is suspected.
21	Do you know if (.....) has hurt anyone else?	Include Historical	Consider Clare's Law. Are these DV related?
22	Has (.....) ever mistreated an animal or the family pet?	Include Historical	This includes inappropriate chastisement Do they currently keep animals? Has a report been made to police or RSPCA?
23	Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	Currently only	How is money earned? What is it spent on? Can the victim reasonably live on their income? Should allegations management be considered? (Usually high risk only).
24	Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental	Include Historical	Are they currently receiving any medical treatment or counselling for these?

	health leading to problems in leading a normal life?		Approx. how much is taken? Is this a normal amount for this person? How does it affect their behaviour?
25	Has (.....) ever threatened or attempted suicide?	Include Historical	Although it says include historical, consider mainly throughout this relationship.  Include approx. dates and the victim's perceived reasons for these.  Was medical interventions used or sought.
26	Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?	Include Historical	Are there convictions for this?  Do they know whether there have been breaches relating to offences against others?
27	Do you know if (.....) has ever been in trouble with the police or has a criminal history?	Include Historical	Consider Clare's law.
28	Has the victim or perpetrator access to lawfully held and licensed weapons.	Currently only	If considered high risk, this must be reported to police immediately.
Summary of MARAC Referral and any other relevant information:			Use this box to outline <u>the first, worst and last incidents</u> .  If you feel this is high risk, use this box to clearly outline exactly why you feel there is <u>an immediate risk of significant harm or murder to the victim</u> . Use bullet points.  If you feel it is high risk but are not referring to a MARAC, use this box to explain why. For example, case may already be held by MARAC or client is moving to refuge. In the case where client is moving to refuge request a MARAC to MARAC transfer from MARAC coordinator after discussion with your line manager.  List any agencies or workers already involved, including best method of contact.  Are the children, if any, known to Social Care.



## Appendix 3: Support Agencies

Local Support Services	
<p><b>Gloucestershire Domestic Abuse Support Service (GDASS)</b> Support all victims of DA, Honour based abuse and DA related stalking</p> <ul style="list-style-type: none"> <li>-Helpdesk</li> <li>-Floating Support</li> <li>-IDVA service</li> <li>-Target Hardening/sanctuary scheme</li> <li>-Litigant in person (support for civil orders)</li> </ul>	<p>Helpdesk: 01452 726 570</p> <p>Professionals: 01452 726 561</p> <p>Email: <a href="mailto:support@gdass.org.uk">support@gdass.org.uk</a></p> <p>Website: <a href="http://www.gdass.org.uk">www.gdass.org.uk</a></p>
<p><b>STREET</b> STREET is a county-wide service for young people aged 13-19 who:</p> <ul style="list-style-type: none"> <li>-have experienced or are experiencing teenage relationship abuse;</li> <li>-are adversely affected by domestic abuse in the home either current or historic;</li> <li>-are displaying harmful behaviour in their relationships.</li> </ul>	<p>Email: <a href="mailto:STREETreferrals@victimsupport.org.uk">STREETreferrals@victimsupport.org.uk</a></p>
<p><b>Positive Relationships Gloucestershire (PRG)</b> Voluntary domestic abuse behaviour change perpetrator programme (for those 18+)</p>	<p>To make a referral either complete the <a href="#">Online Referral Form</a> or call us on <b>01452 529 866</b>.</p> <p>Website: <a href="http://www.fear-less.org.uk">www.fear-less.org.uk</a></p>
<p><b>Stroud Beresford Refuge</b> Female refuge</p>	<p>Tel: 01453 764385</p> <p>Email: <a href="mailto:office@beresfordgroup.org">office@beresfordgroup.org</a></p>
<p><b>Gloucestershire Stalking Advocacy Service (GSAS)</b> For high risk non-DA stalking</p>	<p>Contact to be made via <a href="mailto:StalkingClinic@gloucestershire.police.uk">StalkingClinic@gloucestershire.police.uk</a></p>
<p><b>Victim Support</b> General victims services and support for standard and medium risk non DA stalking</p>	<p>Phone: 0808 281 0112</p> <p>Out of hours Support line: 08 08 16 89 111</p>
<p><b>Sexual Violence Services</b> SARC GRASAC Counselling</p>	<p><a href="http://www.survivorpathway.org.uk">www.survivorpathway.org.uk</a></p>
<p><b>GARAS</b> Support for those seeking asylum</p>	<p><a href="https://www.garas.org.uk/">https://www.garas.org.uk/</a></p>
<p><b>Honour Thy Woman</b> Community services offering peer support</p>	<p><a href="http://www.honourthywomangroup.org">www.honourthywomangroup.org</a></p>

<b>National Services</b>	
<b>National Domestic Abuse Helpline</b>	The freephone, 24-hour: 0808 2000 247 <a href="https://www.nationaldahelpline.org.uk/en">https://www.nationaldahelpline.org.uk/en</a>
<b>National Stalking Helpline</b>	0808 802 0300 <a href="https://www.suzylamplugh.org/pages/category/national-stalking-helpline">https://www.suzylamplugh.org/pages/category/national-stalking-helpline</a>
<b>Paladin National Stalking Advocacy Service</b>	<a href="https://www.paladinservice.co.uk/">https://www.paladinservice.co.uk/</a>
<b>Respect</b> (Help for DA perpetrators)	Freephone 0808 8024040 <a href="https://respectphoneline.org.uk/">https://respectphoneline.org.uk/</a>
<b>Karma Nirvana</b> (honour based abuse and forced marriage support)	UK Helpline: 0800 5999 247 <a href="https://karmanirvana.org.uk/">https://karmanirvana.org.uk/</a>
<b>IKWRO</b> (support to Middle Eastern, North African and Afghan women and girls living in the UK, who have experienced, or are at risk of all forms of “honour” based abuse, including; forced marriage, child marriage and female genital mutilation (FGM), or domestic abuse)	<a href="https://ikwro.org.uk/">https://ikwro.org.uk/</a>
<b>GALOP</b> (LGBTQ service)	LGBT+ Domestic Abuse Helpline 0800 999 5428 <a href="https://galop.org.uk/">https://galop.org.uk/</a>
<b>Men’s advice line</b>	0808 801 0327 <a href="mailto:info@mensadvice.org.uk">info@mensadvice.org.uk</a>
<b>Southall Black Sisters</b> (support for victims from BAME communities and those with no recourse to public funds)	020 8571 9595 (9:00am and 5:00pm Monday – Friday) <a href="mailto:info@southallblacksisters.co.uk">info@southallblacksisters.co.uk</a>
<b>The Traveller Movement DA helpline</b>	07541 637 795
<b>DA Support for Deaf People</b>	Email: <a href="mailto:da@signhealth.org.uk">da@signhealth.org.uk</a> Text: 07800 003421
<b>Support with civil orders:</b>  -Flows: <a href="https://www.flows.org.uk">https://www.flows.org.uk</a> -NCDV: <a href="https://www.ncdv.org.uk/">https://www.ncdv.org.uk/</a>	

# Working with people who have multiple and complex support needs

When referring to clients with multiple disadvantages, this procedure denotes to those who are experiencing domestic abuse and also additional issues or barriers to accessing support including, but not limited to:

- substance misuse
- mental health issues
- modern slavery
- human trafficking
- those involved in, or at risk of sex working
- those experiencing or at risk of homelessness

Domestic abuse may not necessarily be the primary support need, however, it is imperative that this risk should be considered when working with service users with complex and multiple needs. Support should be offered to prevent this risk escalating.

## Safety planning



Safety planning is extremely important for any one experiencing domestic abuse, and any engaged professional can help with this.

Whilst it is not expected that all professionals are able to put together a detailed safety plan, it is expected that basic safety advice can be given to the service user, in order to help keep them as safe as possible until a domestic abuse support service can be brought in to do this in more depth.

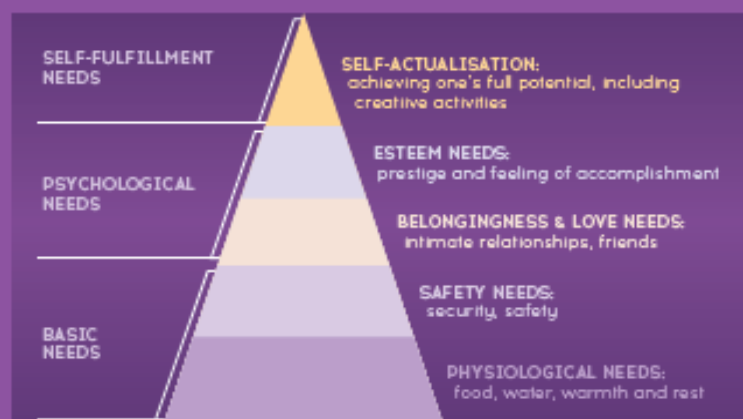
It is always worth considering where the service user spends their time and then this should form the basis of your safety plan.

For examples of safety advice that you could offer, please see [www.gdass.org.uk](http://www.gdass.org.uk)

GDASS have staff who specialise in working with service users who are experiencing multiple and complex needs.

## Maslow's Hierarchy of Needs

Maslow's Hierarchy of Needs (HoNs) helps you to consider a service user's support needs, and order in which support should be accessed when referring someone for domestic abuse support.



A person's 'basic needs' should be met before they can meaningfully access support around their 'psychological needs', and these should be met before they can access support for their 'self-fulfilment' needs.

To put these into context, working with an Independent Domestic Violence Advisor (IDVA) would be addressing the 'Safety Needs' level of the HoNs. The IDVA's role is to implement a safety plan for their client, ensuring legal provisions are in place, and to work with the multi-agency arena to ensure the domestic abuse risk is minimised. However, as demonstrated in the image above, unless someone's 'Physiological needs' are being met they will be unable to meaningfully engage with support based around their safety. This means that the engaged professional should seek to ensure that the person has access to food and water, that they have appropriate shelter and that they have rested before expecting them to engage in safety planning.



## The one chance rule

In responding to domestic abuse it is important to remember the 'One Chance Rule'. The 'One Chance Rule' is designed to make professionals aware that they may only have one chance to speak to a potential victim and may only have one chance to save a life.

It is important to get as much information as possible if a case of domestic abuse is reported, as there may not be a second opportunity.

It is imperative that when making attempts to engage clients with multiple disadvantages that the allocated worker is available to attend appointments when the client is available, and not put these off until a more convenient time for the worker. It is crucial that the worker responds quickly and capitalises on any window of opportunity.

If a service user is engaging with you, there is an expectation that you will directly support them to engage meaningfully with specialist services. Specialist services are available to support you, as a professional, even if your service user will not engage with them.

## Key Contacts

Police (non-emergency)	<b>101</b> 101@gloucestershire.police.uk
Police (emergency)	<b>999</b> If you are calling for a 'safe and well' check, you must make sure you are calling this through with full details of concerns and risk
Gloucestershire Domestic Abuse Support Service (GDASS)	<b>01452 726570</b> support@gdass.org.uk
Food bank details, housing support, general support	<b>www.yourcircle.org.uk</b>
Housing emergency duty team	<b>01452 614194</b> edt@gloucestershire.gov.uk
Mental health crisis team	<b>0800 169 0398</b>
SARC and sexual health services	<b>01452 754390</b> 0845 090 1234 (out of hours)
Change grow live	<b>01452 223014</b> gloucestershire.info@cgl.org.uk
The Nelson Trust Women's Centre	<b>01452 397690</b> gloucester.info@nelsontrust.com
Childrens social care	<b>01452 426565</b> 01452 614194 (emergency - out of hours)
Adults social care	<b>01452 426868</b> 01452 614194 (emergency - out of hours)

## Appendix 5: Non-Fatal Strangulation and Suffocation

### Non-fatal strangulation or non-fatal suffocation Definition:

Section 70(1) DA Act 2021 inserted section 75A into Part 5 of the Serious Crime Act 2015 (SCA 2015) creating an offence of non-fatal strangulation (section 75A(1)(a)) and a separate offence of non-fatal suffocation (section 75A(1)(b)).

The legislation states the following:

Section 75A(1) a person (“A”) commits an offence if-

- A intentionally strangles another person (“B”), or
- A does any other act to B that – affects B’s ability to breathe, and constitutes a battery of B.

**Non-Fatal Strangulation:** The common methods of non-fatal strangulation are (non exhaustive list):

- Manual – one or two hands held around the neck of a person
- Chokehold or head lock – external pressure applied by an arm around the neck
- Ligature – for example a scarf or belt tightened around the neck
- Hanging
- Pressure on the neck from a foot or knee

**Non-Fatal Suffocation:** The common methods of non-fatal suffocation could include (non exhaustive list):

- putting a hand over the mouth and nose
- compressing the chest
- any other force or suppression applied to a person to cause a restriction of breath

### Key facts about NFS and risks:

1. NFS is well known as a high prevalence form of assault in domestic abuse.<sup>22</sup>
2. NFS is often used to instil fear, power and control,<sup>23</sup> and has been linked to a seven-fold increase in risk of homicide.<sup>24</sup> Many domestic homicides have recorded NFS in the history of the DA relationship.
3. NFS is often a terrifying experience and many victims report they genuinely believed they were going to die.<sup>25</sup> NFS is linked to PTSD and other psychiatric conditions.<sup>26</sup>
4. Perpetrators of NFS are noted as the most dangerous offenders. Not only are they likely to harm someone significantly in a domestic abuse setting, but they are also likely to harm others.
5. Studies in the USA show a link between men who strangle women with men who harm and kill law enforcement as well as men who are connected to mass killings/shootings and terrorist attacks<sup>27</sup>.
6. For victims of NFS the difference between unconsciousness, brain damage and death may only be a matter of seconds<sup>28</sup>.

<sup>22</sup> 37% of high-risk survivors report strangulation, Safelives Insights IDVA dataset 2018-19

<sup>23</sup> Thomas, Joshi and Sorenson (2014) ‘Do you know what it feels like to drown? Strangulation as coercive control in intimate relationships’ [https://repository.upenn.edu/cgi/viewcontent.cgi?article=1190&context=spp\\_papers](https://repository.upenn.edu/cgi/viewcontent.cgi?article=1190&context=spp_papers)

<sup>24</sup> Glass et al (2008) ‘Non-fatal strangulation is an important risk factor for homicide of women’ Journal of Emergency Medicine

<sup>25</sup> Rachel Williams and Jane Monkton-Smith <https://sutda.org/wp-content/uploads/Non-fatal-strangulation-Survey-June-2020-.pdf>

<sup>26</sup> Richard H et al (2020) *The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence* Neuropsychological Rehabilitation <https://www.tandfonline.com/eprint/CKNRA22XXXKG9PK2XDRA/full?target=10.1080/09602011.2020.1868537>

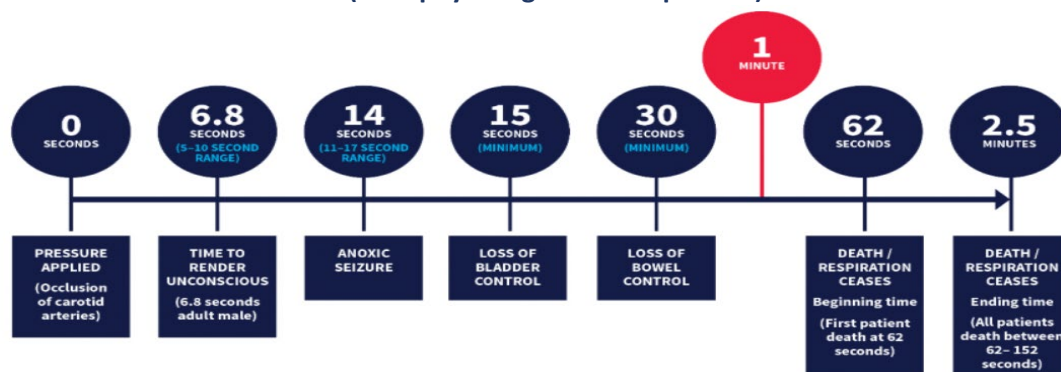
<sup>27</sup> Alliance for Hope International: Strangulation: The Last Warning Shot training package delivered 2022.

<sup>28</sup> Alliance for Hope International: Strangulation: The Last Warning Shot training package delivered 2022.

## How do you Identify Non-Fatal Strangulation and suffocation?

1. Some victims lose consciousness, but research has also found that some people don't remember that they had lost consciousness.
2. Loss of consciousness, even temporary, can cause brain damage, including long-term neurological damage such as memory loss and facial droop.<sup>29</sup>
3. Some victims lose control of bladder, and more rarely bowels, during strangulation. They are unlikely to report this unless asked. This can be used as evidence of lengthy strangulation<sup>30</sup> and should form part of an investigation. Soiled clothing / bedding may be evidence.
4. Victims should be asked about what they experienced during the strangulation. Possible symptoms include:<sup>31</sup> loss of vision including blurred, tunnel vision, seeing stars, dizziness, difficulty speaking, and loss of strength, hearing and pain.
5. Victims should be asked about their symptoms after the strangulation. Possible symptoms include:<sup>32</sup> neck injuries, pain, swelling, hoarse raspy voice, difficulty or painful swallowing, coughing, vomiting, headache, memory disturbances.
6. Victims should have any physical marks photographed. Pinprick dots (petechiae) on the neck, face, eyes, mouth, scalp, behind the ears, are possible signs of strangulation which appear immediately or very soon after the incident and should be photographed before they fade. Bruising may emerge 2 to 3 days later.
7. NFS frequently does not leave any physical marks, research shows that 50% have no visible injuries on the neck and even some fatal strangulations show no visible injuries.<sup>33</sup> Cases should never be closed simply because they are 'word on word' as there is no legal requirement for corroboration.
8. NFS should be considered within a wider pattern of abuse, for case building and to consider other possible offences such as coercive control.
9. NFS can take place during sex. The victim may consent to sex but not to NFS. It is not possible in law to consent to NFS where injuries of ABH or worse are caused.<sup>34</sup>

## NFS Seconds to Minutes Timeline (with physiological consequences)<sup>35</sup>



<sup>29</sup> Ibid

<sup>30</sup> Training Institute of Strangulation Prevention, San Diego, USA

<sup>31</sup> White, C et al (2021) *I thought he was going to kill me* Journal of Forensic and Legal Medicine

<sup>32</sup> Ibid

<sup>33</sup> McClane, Strack & Hawley (2001) *A review of 300 strangulation cases* Parts II and III

<sup>34</sup> Section 71 Domestic Abuse Act 2021

<sup>35</sup> Diagrams created with help of Training Institute of Strangulation Prevention, San Diego, USA

<https://www.strangulationtraininginstitute.com>

Pressure on the neck does not need to be significant in order for the victim to suffer serious consequences. Pressures required to impact<sup>36</sup>:

- Jugular vein = 4 pounds per square inch (psi)
- Carotid artery = 11 psi
- Trachea = 34psi

For comparison, opening a can of coke requires 20 psi and the average male hand shake is 80-100 psi.

## SIGNS AND SYMPTOMS OF STRANGULATION

### NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

### SCALP

- Petechiae
- Bald spots (from hair being pulled)
- Bump to the head (from blunt force trauma or falling to the ground)

### EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

### EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

### FACE

- Petechiae (tiny red spots-slightly red or florid)
- Scratch marks
- Facial drooping
- Swelling

### MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

### CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

### NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (thumb or fingers)
- Swelling
- Ligature Marks


### VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

### BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.*



**TRAINING INSTITUTE on STRANGULATION PREVENTION**

[www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)

Graphics by Yvonna Alvarez

<sup>36</sup> Alliance for Hope International: Strangulation: The Last Warning Shot training package delivered 2022 (Dr Catherine White)

## **Victim Safeguarding**

### **Medical Attention:**

Victims should be made aware to seek medical attention following NFS.

This is particularly important if the victim is displaying signs such as:

- Difficulty breathing
- Trouble swallowing
- Swelling to the neck
- Pain to their throat
- Hoarseness or changes to their voice
- Blurred vision
- Continuous or severe headaches
- Seizures
- Vomiting
- Persistent cough

While victims may appear to be fine, internal injuries may take some time before they become apparent. Potential future complication can include:

- Delayed swelling
- Haematomas
- Vocal cord immobility
- Displaced laryngeal fractures
- Fractured thyroid bone
- Airway obstruction
- Stroke or even delayed death from carotid dissection, blood clot, respiratory complications or anoxic brain injury

Victims should be advised where possible to stay with someone trusted for 24-72 hours after the incident in order for their condition to be monitored.

If NFS has taken place as part of a sexual assault, the victim should be advised to attend the SARC.

### **Further safeguarding measures:**

- Complete the DASH risk assessment and consider your professional judgement of risk, recognising the seriousness of NFS and the potential need for the victim to be referred to MARAC
- Refer to Gloucestershire Domestic Abuse Support Service (GDASS) for specialist victim support (see Appendix 3)
- Is the victim safe to remain in their home? Can they stay with a trusted person? Do they need a refuge or 'place of safety'? (See appendix 3)
- Consider risks to any children present and make a referral to children's social care



## Suicide Timeline

### 8 Stages

- 1** | The perpetrator has a history of abuse.
- 2** | The relationship starts quickly or intensely.
- 3** | There is a relationship dominated by control.
- 4** | The victim starts to disclose as they become more distressed by abuse or violence.
- 5** | The victim starts to actively seek help from agencies like the Police, MH services, GPs or IDVAs.
- 6** | The victim starts talking about ending their life as abuse and stalking are persistent and intense.
- 7** | The victim says they feel completely trapped by the perpetrator and will never be free.
- 8** | There is a suicide.

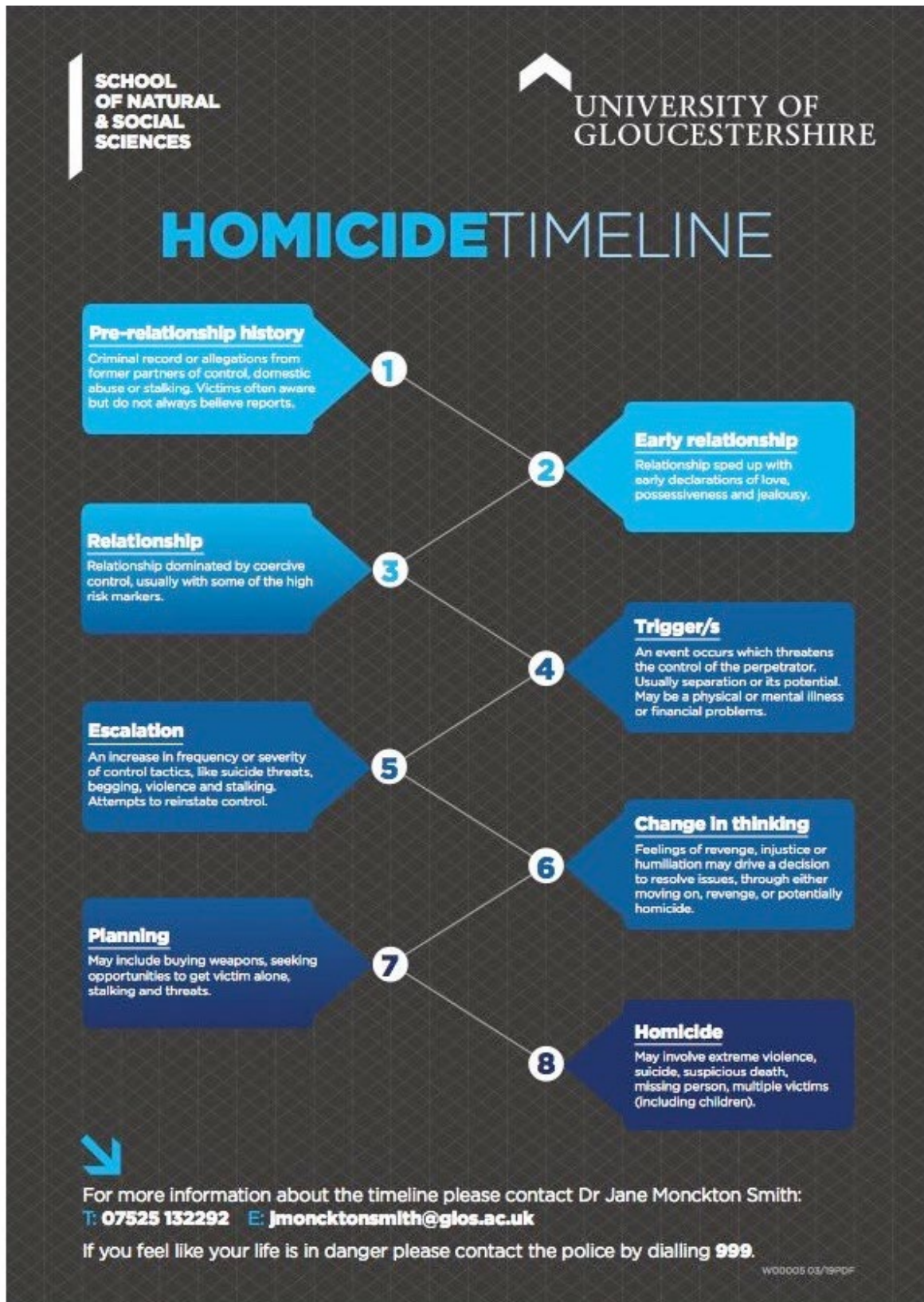


know  
more  
CORPORATE WELLNESS

For more information about the timeline please contact Prof Jane Monckton Smith  
[jmoncktonsmith@glos.ac.uk](mailto:jmoncktonsmith@glos.ac.uk)

If you feel like your life is in danger please contact the police by dialling **999**

<sup>37</sup> Professor Jane Monckton Smith, University of Gloucestershire



<sup>38</sup> Professor Jane Monckton Smith, University of Gloucestershire