



**Guidance on Identifying and Responding
to Harmful Traditional Practices**

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1. Introduction

This document has been produced to:

- Provide information and guidance to professionals, individuals, community groups and voluntary organisations working and living in Gloucestershire to understand the different types of Harmful Traditional Practices (HTP).
- Provide guidance on best practice procedures for identifying and responding to those experiencing HTP.
- To provide guidance on what support services are available and who to refer and signpost to
- Establish accountability and responsibility amongst practitioners.
- Answer key questions about identifying and responding to HTP.

This guidance is primarily designed to support the identification and response to:

- Honour Based Violence (HBV)
- Forced Marriage (FM)
- Child/Early Marriage
- Female Genital Mutilation (FGM)

The above terms are collectively referred to as Harmful Traditional Practices (HTP) and are all distinct forms of domestic abuse and a breach of human rights. As such this guidance should be read in conjunction with guidance on identifying and responding to domestic abuse and the local MARAC protocol.

The use of HTP is a clear safeguarding issue and this guidance should therefore be read in conjunction with local and national policies on safeguarding adults and children.

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

1.1 Definitions

Domestic Abuse:

Gloucestershire operates under the cross-government national definition of domestic abuse (2013):

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

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial/Economic

- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependant by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victims.

This definition, which is not a legal definition, includes honour based violence, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Honour:

A definition of honour is to uphold personal integrity and pledging an allegiance to moral principles. It is the quality of knowing and doing what is morally right and behaving in a modest and respectful manner in order to remain in the boundaries defined by elder and community members within certain communities.

In some communities it is the responsibility of the female members of the community to maintain the family and community honour. The worth of females within those communities is measured by how they conduct themselves.

Dishonourable behaviour can bring disrepute onto the entire family and community of the female.

Honour Based Violence (HBV):

“Honour Based Violence or Honour killing is a crime that has been committed to protect or defend the honour of the family and/or community.” (Welchman and Hossain, 2005)

HBV is normally a collective and planned crime, mainly (but not exclusively) perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they feel the victim has brought shame and embarrassment onto their family or the community. HBV and honour killings are a form of organised crime and should be treated as such. This is because the males and/or elders from the community come together to deliver the verdict for the victim. It is very conspiratorial in its nature.

Though Honour based violence is considered a form of domestic abuse, it differs in the fact that there are usually multiple perpetrators, comprising of both male and female offenders.

Where cases of domestic abuse or homicide are largely viewed as negative by the wider community, it is not uncommon for the perpetrators of honour-based violence and honour killings to be treated with a huge amount of respect by the wider

community for restoring their family honour. The purpose of HBV or an honour killing is to erase shame, restore honour and enforce a social code.

Forced Marriage:

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. (UK Government)

There is a clear distinction between forced marriage and arranged marriage. In an arranged marriage, the families of both the spouses take a leading role in arranging the marriage, but the choice of whether or not to accept the marriage remains with the intended spouses.

A forced marriage is a marriage that is conducted without valid consent of one or both of the prospective spouses and some duress is involved. Duress can include emotional pressure such as, parents or family members insisting that rejection of their chosen marriage partner would bring shame and embarrassment onto the family and community or the use of physical pressure. There is also the possibility of marriage plans being made abroad, without the intended bride or groom being told the purpose of the trip; they may be told they are going on holiday or even attending somebody else's wedding.

There are no set criteria for individuals that may be forced into marriage, they can be any gender, age, marital status, they can be disabled and contrary to popular belief they can be from any background.

Coercion and emotional blackmail are characteristic of forced marriage and this is even more so in cases involving disabled individuals. This may include, parents saying things like, "I would like to fulfil my duties as a parent and find you someone to marry, so that I know there is someone to take care of you for the rest of your life once I have passed away"; Rather than focussing on promoting independence, so that their children can live and support themselves independently they are emotionally blackmailed into marriage.

Child Marriage/Early Marriage:

Child marriage is any formal marriage of informal union prior to the age of 18.

Unicef (2014) state that child marriage is a reality for both boys and girls, although girls are disproportionately the most affected.

Every child marriage is a forced marriage and a violation of children's rights. Victims of child marriage are deprived of access to health, development, education and equality. The overall development of a child bride is compromised, leaving them socially isolated, with little education, skills and opportunities for employment and self-realisation.

Poverty, tradition and religion continue to fuel the practice of child marriage, despite the strong evidence to show the explicit association with adverse reproductive health outcomes and the lack of educational development for young girls married off at an early age.

“A lack of education also means that young brides also lack the knowledge about sexual relations, their bodies and reproduction, a problem which is exacerbated by the cultural silence surrounding these issues.” This results in child brides not being able to make informed and rational decisions about sexual relations, bearing children, their bodies or their health (OneChild, 2015).

“Women who marry at a young age are more likely to believe that it is sometime acceptable for a husband to beat his wife, and are therefore more likely to experience domestic violence” (OneChild, 2015).

Coercion is often a feature in cases of child marriage, this can include, parents saying things like “I need someone to take care of you because we are too, poor, sick or old.” Parents in cases of child marriage may emotionally blackmail children into thinking they will die of worry if they cannot marry them off, or that the remainder of the family will suffer due the child refusing to marry due to the financial burden of a large family.

Female Genital Mutilation (FGM):

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms women and girls in many ways. It involves removing normal and health genital tissue and therefore interferes with natural functions of women and girls bodies. The practice causes severe pain and has severe immediate and long term health consequences. (WHO, 2014).

The other terms used to describe Female Genital Mutilation (FGM) are female circumcision or Female Genital Cutting. When working within the community it is best to use the term cutting.

FGM is usually carried out on young girls between infancy and age 15, most commonly before puberty starts. The procedure is traditionally carried out by a woman with no medical training. Anaesthetics and antiseptic treatments are not generally used and the practice is usually carried out using knives, scissors, and scalpels, pieces of glass or razor blades (NHS, 2012).

There are four types of FGM;

Type 1 – Clitoridectomy

A Clitoridectomy entails partial or total removal of the clitoris and/or the prepuce (clitoral hood). Type 1 is therefore split into a further two types.

- Type 1a – removal of the clitoral hood or the prepuce only
- Type 1b – removal of the clitoris with the prepuce

Type 2 – Excision

An excision entails partial or total removal of the clitoris and the labia minora, with or without removal of the labia majora. Type 2 is therefore split into a further three types.

- Type 2a – removal of the labia minora only
- Type 2b – partial or total removal of the clitoris and the labia minora
- Type 2c - partial or total removal of the clitoris, the labia minora and the labia majora

Type 3 – Infibulation

Infibulation is also known as Pharaonic circumcision. Infibulation entails narrowing of the vaginal orifice with creation of a covering seal by cutting and re-positioning the labia minora and/or the labia majora, with or without excision of the clitoris. Type 3 is split into two types.

- Type 3a – removal and re-positioning of the labia minora
- Type 3b – removal and re-positioning of the labia majora

A woman with type 3 FGM has her previously sewn up vagina cut open on her wedding night to allow her new husband to have intercourse with his new bride. In some communities, the husband is expected to be able to “open” his wife, through sexual relations.

Type 4 – Unclassified

This type of FGM can include all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping, cauterisation, burning etc.

There is a risk of girls being taken “on holiday” during the school summer holidays in order for the procedure to be carried out and to allow enough time for the girl to heal before her return to school. If a girl says that she does not want to undergo the procedure, she is told that she will be unclean, she is not a proper woman or that she will bring dishonour and bad luck onto her family.

As awareness of FGM has increased with the UK, perpetrators have become more cautious about being caught. Previously, one of two things would happen, parents would either bring a cutter from home to the UK, or take their daughters to their home countries to be cut. Although, this is still a risk, a new method of avoiding suspicions has been developed, of taking their daughters to another European country and ordering the cutters to that country to perform the cutting ceremonies.

2. Understanding and Identifying Harmful Traditional Practices

There are three probable starting points to identifying that someone is experiencing or at risk of HTP:

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

If you receive direct disclosure, please see section 3.

2.1 Routine and Selective Enquiry

Routine Enquiry: this is where some practitioners, such as midwives, will undertake enquiries about domestic abuse and HTP 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 or HTP.

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

It is important that professionals/individuals remain aware of the possible signs or risk factors that may indicate that someone is experiencing or at risk of HTP. This awareness should become part of an everyday working pattern, ensuring any suspicions or confirmation of abuse is responded to robustly.

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

2.2 Motivators for Harmful Traditional Practices

Motivating factors of harmful traditional practices can be a wide ranging, but essentially it is the struggle between a set of individuals that want to hold onto old fashioned controlling and abusive traditions and the individuals that want the right to choose how they live for themselves. Motivators can therefore include:

- Ideological differences between parents and children
- Refusing a marriage
- Extramarital or premarital relations
- Relationships outside of the "approved" group
- Pregnancy
- Sexual relations/loss of virginity
- Disclosure of rape or sexual abuse
- Female "allowing" herself to be raped
- Sexual Orientation (lesbian, gay, bisexual or transgender) or displaying behaviour indicating that the young person is not heterosexual
- Running away

- Inappropriate/westernised dress or makeup
- Coming home late or staying out without the supervision of a family member
- Reporting or fleeing domestic abuse (including harmful traditional practices)
- Causing gossip
- Attempting/getting a divorce
- Refusing a divorce after ordered to do so by family members
- Pushing for custody of children after a divorce
- Controlling unwanted behaviours and sexuality, particularly of women, and preventing 'unsuitable' relationships
- Upholding the family's honour, status, reputation or long-standing commitments
- Protecting perceived cultural or religious ideals
- Attempting to strengthen family links
- Ensuring wealth and land remains within the family
- Assisting claims for residence and citizenship
- Providing a carer for a disabled family member to reduce the 'stigma' of disability.
- Smoking or drinking in public
- School informing the family of poor performance
- Talking to a stranger
- Intimacy in public
- Greed
- Preventing sexual behaviours
- Restricting female sexual desires
- Onset of puberty/womanhood

2.3 Risk Factors linked to Harmful Traditional Practices

The below provides some key risk factors to consider when looking to identify that someone is at risk of HTP. This list is not exhaustive, and other risks may be identified in the course of any enquiries.

- History of cultural abuse in the family
- Not being allowed to leave the house
- Attempts to run away from home
- Constant monitoring by the family
- Request for extended leave of absence at school and/or failure to return from the country of origin after holidays
- Surveillance by siblings or family members who are in the same school
- Fear about forthcoming school holidays
- Being withdrawn from school or prevented from continuing with higher education
- Not engaging in school activities
- More frequent absence from school for longer periods of time
- Hyper-vigilance by the individual
- Attempted suicide or suicidal tendencies

- Disclosure from individuals, as they may suspect or be aware of risk
- An individual may confide that she is going to undergo a “special procedure” of attend a special occasion “to become a woman”
- Overhearing references to FGM or other cultural abuse
- Listening out for family elders coming over from countries of origin as some of the forms of cultural abuse can be practiced in the UK
- Death of a husband

Due to the hidden nature of these crimes, the age at which abuse is going to occur is difficult to gauge. However there are things professionals can look for when trying to safeguard potential victims.

The level of integration into the wider community can be an indicator that cultural abuse may occur. Families that are not integrated may not be aware that some of these forms of cultural abuse are illegal and are a breach of human rights. However, they may also be intentionally not integrating in order to maintain the divide between communities. There have been instances where conservative family members have been heard saying things like “our girls are not like their girls”.

Young girls that are restricted from attending PSHE classes may also be an indicator of risk. Family members may be trying to limit the information young girls receive about their bodies and their rights. This is proven, later on in their lives, to result in women not being able to make informed and rational decisions about their bodies, sexual relations, contraception and child bearing. They are also less likely to understand the difference between a healthy respectful relationship and an abusive harmful relationship.

2.4 Indicators that abuse is occurring or has already occurred

The below provides a list of possible indicators that may help in identifying those at risk. The below is not an exhaustive list, and professionals may identify other concerning indicators that prompt further enquiries.

- Reluctant to undergo normal medical examinations
- Disclosure
- Noticeable behaviour change, on return to school or work, such as depression or withdrawal
- Decreased performance at school or at work, without explanation, such as poor exam results
- Asking for help, but refusing to say what for due to fear or embarrassment
- Prolonged repeated absences from school or work
- Bruises, marks on the body
- Stress related illnesses
- Frequent urinary or menstrual problems
- Lengthy absences from school or work due to urinary or menstrual problems
- Spending longer than normal time in the bathroom due to difficulties urinating

- Difficulties walking, sitting or standing
- Severe pain and shock
- Infection
- Urine retention
- Cysts and neuromas
- Sudden disappearance/not returning from holiday
- Not permitted to attend extracurricular activities or business trips/functions
- Sudden announcement of engagement to a stranger
- Accompanied to the doctors or clinics/not allowed to leave work unaccompanied
- Prevented from further/higher education
- Inflexible work arrangements
- Early/unwanted pregnancy
- Reports of domestic abuse
- Unreasonable restriction (house arrest)

2.5 Asking appropriate questions

Having identified possible signs that someone may be at risk of HTP, appropriate questions should be asked in order to try and confirm if the person is already experiencing abuse, or at risk of abuse in the near future.

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?

2.5a 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.

Those at risk of HTP may require you to ask them questions that support them in making a disclosure. 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 the 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 those experiencing HTP or at risk of HTP

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.

3.1 One Chance Rule

The “one chance” rule was originally designed for potential victims of forced marriage and HBV; however the rules are transferable to apply to all forms of cultural abuse.

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 cultural abuse.

It is important to get as much information as possible if a case of cultural abuse is reported, as there may not be a second opportunity. In all cases, the following information needs to be taken:

- Name
- Date and place of birth (copy of birth certificate to be taken if possible)
- Nationality, first language and fluency of English
- Passport details, passport number, date and place of issue and a photocopy if possible
- Parents names and address
- Mobile number and a safe contact number to reach them on
- School or employment details

- Full details of the allegation, including details of threats or hostile actions against the victim and the names of all the individuals they feel they are at risk from

If the victim is not making the complaint themselves, a record of the person making the complaint must be taken, including contact details, their relationship to the person being forced into marriage or at risk.

If there is a risk of the person being taken abroad, as well as the information above, some additional information will need to be collected:

- A recent photograph
- Potential spouses name
- Name of potential spouses father
- Date of proposed wedding
- Departure and return dates of “holiday”
- Overseas contact details and addresses of where they will be staying and other relatives they may be visiting while they are abroad
- Addresses of extended family members in the UK and overseas
- Who they will be travelling with
- Contact details of someone the potential victim trusts in the UK

3.2 Immediate Safety Measures and Considerations

It can be incredibly difficult for victims to come forward and seek help in cases of harmful traditional practices, as they may fear criminalising family members and the risk of them losing everything that they have ever known to be familiar. Reassure the victim that confidentiality will be maintained throughout the process where appropriate, if information needs to be shared, explain when and why this would need to happen and what support mechanisms will be put into place to further safeguard the victim, in order to alleviate their concerns of further harm.

In the event of a disclosure, professionals need to ensure that they make no assumptions or judgments and ensure that the victim is given the time to talk in as much detail as possible. It is important to ensure a female professional is available if the victim would prefer this and ensure that they are seen alone and in private, even if they attend with someone.

If there is the need to use an interpreter, ensure that an accredited interpreter is used from a proper agency, see section 3.6. Refrain from using a family, friend or community member as an interpreter as there is the risk of confidentiality breaches and this may put the victim at risk of further abuse. It is important to remember that in cases of harmful traditional practices, family, friends and community members can pose the biggest risk to the victim.

Prior to conducting a formal risk assessment, consider what immediate safety measures that need to be put in place. Once the immediate safety of the victim has been considered and addressed, you are then able to conduct a formal risk

assessment and consider more broadly what safety measures need to be put in place. Section 3.3 provides guidance on completing a risk assessment.

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/>

If the victim of HTP is a child, you must also report the incident to the police immediately.

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

- In an emergency always call police on 999; this is especially important if you are concerned someone will be taken abroad, is at immediate risk of serious harm/injury/homicide and FGM
- 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 safe to stay tonight?
 - 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 safely should they need to.
- When contacting the victim, ensure you check who pays the phone bill and if this will result in the perpetrator checking phone records and potentially increasing risk.
- Provide details of specialist support services. Details available at www.glostakeastand.com

- Focus activity on gathering information in accordance with the 'Once Chance Rule'
- Advise the individual not to travel abroad.
- You should also contact the Foreign and Commonwealth Office if you know a British national who's already been taken abroad:
Foreign and Commonwealth Office
Telephone: 020 7008 1500
From overseas: +44 (0)20 7008 1500

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 service 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.

In addition to considering immediate safety, when talking to the victim, professionals need to be mindful that victims may be loyal to the abusers and therefore derogatory comments about perpetrators may result in victims disengaging. Professionals also need to be sensitive to the intimate nature of cultural abuse and need to refrain from using offensive terminology like "barbaric" or "savage".

Professionals should refrain from using professional jargon and ensure that simple language is used so that victims will understand; victims may not understand that what has happened to them is a crime or that it is abuse. Questions need to be straight forward and direct; being indirect can be confusing and may cause discomfort and awkwardness.

Professionals should also be mindful to **never** attempt to mediate or approach family members, friends or members of the community as this could increase the risk to the victim and aggravate matters for them.

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 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, Stalking, Honour Based Violence and Forced Marriage. It is a tool designed to be used for those suffering current rather than historic abuse, and ideally, should be used as part of an immediate response to an incident.

It is important to be aware that risk in HTP 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.

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 or foresee which cases will result in homicide or further assault and harm. 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 and all information detailed in 'One Chance Rule'.
- 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/community).

The DASH consists of 27 questions, of these questions 15 relate to 'high risk' indicators which are highlighted in blue on the local DASH form (Appendix 1).

Question 20 on the DASH is specifically aimed to focus on identifying risk to those experiencing Honour Based Violence and Forced Marriage. When answering 'YES' to question 20, you are then taken through additional questions that will help to better understand the risk. These questions include:

- Truancy-if under 18 is the victim truanting?
- Self-Harm- is there evidence of self-harm?
- House arrest and being 'policed at home'- is the victim being kept at home or their behaviour/activity being policed?
- Fear of being forced into an engagement/marriage- is the victim worried that they will be forced to marry against their will?
- Pressure to go abroad-is the victim fearful of being taken abroad?
- Isolation-is the victim very isolated?
- A pre-marital relationship-the victim believed to be in a relationship that is not approved of?
- Attempts to separate or divorce (child contact issues)-is the victim attempting to leave the relationship?
- Threats that they will never see children again-are there threats that the child(ren) will be taken away?
- Threats to hurt/kill-are there threats to hurt or kill the victim?

Additional things that professionals can consider to support their professional judgement of risk can include:

- Had anyone in their family been a victim of HTP? If so, find out about what happened, how, when and where.
- Did they, or are they allowed to choose who to marry?
- How do their families feel about the concept of honour and shame?
- Is honour and reputation important to their family?
- Are their family concerned about what the extended family or community think?
- Are boys and men treated differently in their family?
- Have they ever been prevented from obtaining education?
- Are they allowed to come and go from the home as they wish? If not, what would happen to them if they left without permission?
- Are they required to have a family escort when they leave the home?
- Has anyone in the family threatening violence against them?
- Has anyone threatened to use 'black magic' against them, or accused them of using 'black magic'?
- (If applicable) Do they know their visa status? Have they been threatened with being sent back to their country of origin?

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'.

Cases identified as high risk should be referred into the Multi-Agency Risk Assessment Conference (MARAC). Guidance on referring to MARAC can be found at www.glostakeastand.com.

Referral into MARAC can be done without the victims consent given you have identified them as being at high risk of serious harm or homicide. Appendix 4 outlines the legislation that supports information sharing without consent.

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 may 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. This option can also apply if there have been 3 or more police callouts to the victim as a result of domestic abuse in the past 12 months.

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):

- Provide the victim with details for specialist support agencies. Details can be found at www.glostakeastand.com;
 - Seek their consent to make a direct referral to these services.

- Provide support in contacting service if required.
- 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 where possible.
- 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 (See section 3.4).
- 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 available at www.glostakeastand.com

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, including HBV/FM and FGM. 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

Helpdesk: 01452 726570

Professionals line: 01452 726561

support@gdass.org.uk / gdass.referral@gsg.cjism.net

It is worth bearing in mind that the majority of cases of Honour based violence will be high risk due to the very nature of likely having multiple perpetrators whose threats towards the victims are very real.

3.4 Safety Planning and considerations for different professionals

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, work permits, NI number, Birth Certificate and any immigration documents.
- 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.

If leaving using taxi, exit the taxi before the destination (in case the driver passes on information)

Take children with you if you are planning to leave, it can be difficult to get them at a later date.

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 clog.
- 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.

Most safety planning will take place in conjunction with specialist support agencies detailed in section 3.5. There are however specific things that certain agencies can also consider when supporting a victim of HTP.

Police	Education	
<ul style="list-style-type: none"> -Ensure you understand relevant laws relating to the crime. -See the victim immediately, in a safe secure place where they cannot be seen or heard. -See the victim alone. Ensure you take their DNA, a photograph, fingerprints and a family tree. -Consider threat to life assessment. - Consider the use of Emergency Protection Orders, Inherent Jurisdiction, or Repatriation (if victim is abroad). -Gather intelligence using PND and consider liaison with border forces that may have relevant information. Consider that victim/witnesses may be reluctant to disclose cultural abuse directly. It is a sensitive issue that needs to be treated with confidentiality. -Consult CPS in early stages, and where unable to use legislation related to the crime to prosecute, consider other offences that may have been committed. -Gather as much intelligence when dealing with an individual at risk. Seize as much evidence, such as, telephones, computers, documents, passports (particularly if at risk of being taken abroad), travel document, visa applications etc. -In all cases involving a child, social services must be contacted and relevant information must be shared. Also consider specialist support services. -Familiarise yourself with Authorised Professional Practice (APP). Further specialised training is available from the college of policing. -Give them personal safety advise -Record any injuries and arrange medical examination -Establish if there is a family history of cultural abuse -Advise them not to travel overseas -Identify potential criminal offences and record them -Ensure you provide them with information about any relevant support services -Discuss the case with the Forced Marriage Unit -Check police and social care records for any past referrals for family members that have suffered cultural abuse -Restrict victim files so that they can only be accessed by name officers. 	<ul style="list-style-type: none"> -If concerned, speak to the school safeguarding lead or school nurse as soon as possible -Collect as much information as possible -Refer to social services or the police, also keep in regular contact with them and provide them with any new information you may have -Display information about cultural abuse and the law in your schools. Display numbers for relevant helplines in the toilets. -Be aware of prolonged absences or holidays. Also notes, excusing from participation in PE. -Seek specialist training for staff and student from relevant organisations. -Take steps to engage with relevant communities and hold events with community agencies to educate about cultural abuse. -Know relevant agencies and support services for signposting girls. -Think about how you want to deliver the information, in a class, one to one, small groups or an outside organisation that specialises in cultural abuse. Work with other professionals and other agencies to try and prevent cultural abuse. -Incorporate cultural abuse into safeguarding polices and annual training. -Do not remove a child from the register after a prolonged period of absence. -Do not treat allegations merely as a domestic issue and send the student back to the family home -Do not ignore or dismiss what the student has told you and decide that it is not your responsibility to follow up the allegation -Do not try to contact the student’s family or attempt to mediate. 	
	<th data-bbox="798 1579 1549 1624">Children’s Social Care</th> <ul style="list-style-type: none"> -In non-urgent cases, consider the use of Care orders, Supervision Orders or application for Wardship. -FGM is child abuse and should be treated the same way as any other case of child abuse -Understand the potential barriers in engaging with families and children. (Language, gender dynamics) and ensure you explain FGM in a culturally appropriate manner. -Be alert and enquiring of, as it is unlikely that families 	Children’s Social Care

<p>Health Professionals</p> <ul style="list-style-type: none"> -Health professionals are required to record in patient records, where FGM is identified. -Every month, all acute trusts are required to report the number of patients in their active caseload that have FGM, to the Department of health. -There are clinic across the UK that offer specialist support for victims of FGM, including a range of support, de- Infibulation and counselling. A referral needs to be made via a GP or midwife. -Where there are concerns regarding a child, the police and/or social services need will to be contacted. -If concerned ask questions like: How are things at home? Do you get out much? Can you choose what you want to do and when you want to do it such as seeing friends, working or maybe studying? Do you have friends or family locally who can provide support? Are your family supportive? 	<p>will openly, that FGM is being considered. Robust investigations must take place.</p> <ul style="list-style-type: none"> -Medical examinations (if required) can only take place with consent and within the bounds of Appropriate Protection Orders that need to be applied for. -Good record keeping and regular communication with individual/organisation that made the referral. (Ensure confidentiality is not breached) -If a child is at risk, organise a strategy meeting, assess the risk & agree a care plan; involve appropriate agencies. -Consider others in the household that may be at risk. -Work jointly with the police, to deal with FGM in the early stages. Ensure all information is shared. -Remember a child may not disclose to you, but may do to a teacher or trusted adult. -There may be no other incidents of child abuse where there is a risk of FGM; therefore risk needs to be assessed thoroughly. -Be aware of the available FGM support clinics and organisations -Find out if the child is already on the radar of another police force or local authority. Or if they have been linked to other incidents.
<p>Adult Social Care</p> <ul style="list-style-type: none"> -If there is an imminent threat dial 999. -Alert the appropriate social work team for consideration of an investigation. -A case conference should be called to establish a protection plan for the individual’s long term safety. -Victims may contact adult services rather than the police as they may not want to incriminate their family. -Establish if there is any imminent danger, your conversation with them should help in determining if police involvement is necessary. -You may need to contact police on their behalf and request that officers be dispatched, as they may not have money for transport or know how to get to the nearest police station. -They may need support or advice on how to access a support network. 	

3.5 Support Services

Gloucestershire based support services

Gloucestershire Domestic Abuse Support Service (GDASS)

Website: www.gdass.org.uk

Email: support@gdass.org.uk / Secure: gdass.referral@gsg.cism.net

Helpdesk line: 01452 726570

Professionals line: 01452 726561

Gloucestershire Rape and Sexual Abuse Centre (GRASAC)

Website: www.glosrasac.org

Email: support@glosrasac.org.uk

Helpline: 01452 526770

Office Line: 01452 305421

Gloucestershire Sexual Assault Referral Centre (SARC)

Website: www.hopehousesarc.nhs.uk

Email: hopehousesarc@glos-care.nhs.uk

Phone: 0300 421 8400

Stroud Beresford Refuge

Website: www.stroudwomensrefuge.org

Phone: 01453 764385

Gloucestershire Sisters

Email: sadia936@gmail.com

Phone: 07401 290863

National Support Services**Southall Black Sisters**

Website: <https://southallblacksisters.org.uk/>

General enquiries: 0208 571 9595

Helpline: 0208 571 0800

Forced Marriage Unit

Email (General): fmfco@fco.gov.uk

Email (for outreach work): fmfcooutreach@fco.gov.uk

Phone: +44 (0) 20 7008 0151

Forced Marriage Protection Order Application form:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/688177/fl401a-eng.pdf

Karma Nirvana (HBV/FM support)

Website: <https://karmanirvana.org.uk/>

Email: info@karmanirvana.org.uk

Helpline: 0800 5999 247

Halo Project (HBV/FM support)

Website: www.haloproject.org.uk

Email: info@haloproject.org.uk

Phone: 01642 683 045

Iranian and Kurdish Women's Rights Organisation (IKWRO)

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

Phone: 0207 920 6460

NSPCC FGM Helpline

Email: fgmhelp@nspcc.org.uk

Telephone: 0800 028 3550

From overseas: +44 (0)800 028 3550

FORWARD (FGM support)

Website: <https://forwarduk.org.uk/>

Phone: +44 (0)208 960 4000, extension 1

Mobile: +44 (0)7834 168 141

Email: support@forwarduk.org.uk

Daughters of Eve (FGM support)

Website: www.dofeve.org

Text number: 07983030488

FGM Protection Order Application Form:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/688161/fgm001-eng.pdf

You should also contact the Foreign and Commonwealth Office if you know a British national who's already been taken abroad.

Foreign and Commonwealth Office

Telephone: 020 7008 1500

From overseas: +44 (0)20 7008 1500

Link to find the nearest family court that will process Forced Marriage Protection Orders and FGM Protection Orders:

<https://courtribunalfinder.service.gov.uk/courts/>

Further details on support available in Gloucestershire, and guidance documents to support agency responses can be found at www.glostakeastand.com

3.6 Guidance on interpreter services

It is very important to be mindful that there are risks in using interpreters, and professionals/individuals should therefore be cautious and look to minimise these risks as much as possible.

It is key to ensure that family members, friends or family friends are not used as interpreters, as this could seriously compromise the safety and wellbeing of the victim. Once you have identified an interpreter, check the name of them with the victim to ensure they are happy to proceed; it is important to note that in cases of

HTP interpreters have been known to breach confidentiality or discourage the victim from making a disclosure, verbally abusing them and causing further distress. Be mindful that some interpreters will not be held to same standards of confidentiality as professionals from care agencies.

When using interpreters, consider the following:

- If interpreters or signers are required, this should be someone independent and professional and not a friend or family member.
- Check the interpreter's details (name and area where they are from) with the victim, if the victim cannot communicate in English at all; look at their response when you mention the name of the interpreter.
- Make sure that the interpreter signs a confidentiality agreement and understands why this is necessary.
- Ideally, interpreters should be trained in domestic abuse awareness.
- Ensure that the interpreter understands that their role is to translate language verbatim, not 'interpret' the message, and absolutely not to advise, censor or correct the person or summarise their response.
- Consider using a telephone interpreting service if safe to do so (for example Language Line www.languageline.co.uk). This could be useful in an emergency and for making arrangements for future meetings.
- Also consider using translation app on phones, if a trustworthy interpreter is not available.

3.7 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.
- All the details gathered from following the 'One Chance Rule'.
- 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.

4. Legislation

Honour Based violence

“There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour” (CPS, 2014).

The kinds of offences that are committed in the name of honour are:

- Abduction
- Forced abortion
- Harassment
- Surveillance
- Blackmail
- Emotional abuse
- Death threats
- Beatings
- Imprisonment
- Mutilation
- Acid attacks
- Forced suicide
- Rape
- Forced marriage
- Honour killings

Although HBV has not got the status of an offence in itself, the above list of crimes above are all offences and can be used to prosecute offenders.

HBV is a violation of human rights and may be a form of domestic and/or sexual violence. There cannot be any justification for abusing the human rights of others. When prosecuting perpetrators of crimes of honour, it is recommended that honour be considered an aggravating factor, rather than a mitigating one during the sentencing process (CPS, 2014).

Forced Marriage/ Child and Early Marriage

Child and early Marriage is a forced marriage as individuals under the age of 18 lack the capacity to fully agree to a marriage and understand the long term consequences

of married life. Therefore, for the purposes of the law, early and child marriages are regulated by forced marriage laws.

As of the 16th June 2014 forcing someone to marry against their will is a criminal offence and carries a maximum sentence of up to seven years imprisonment.

For the first time, the new legislation makes it an offence to force a UK national into a marriage overseas. Therefore law enforcement agencies will be able to pursue perpetrators in other countries where a victim is involved.

Authorities can also use Forced Marriage Protection Orders (FMPO). A FMPO could help a victim if they are:

- being forced into marriage; or
- are already in a forced marriage.

A FMPO is a legal document issued by a judge, which is designed to protect a victim according to their individual circumstances. It contains legally binding conditions and directions that require a change in the behaviour of a person or persons trying to force another person into marriage. The aim of the order is to protect the person who has been or is being forced into marriage. Orders can be made in an emergency to protect someone straightaway. If someone disobeys the order of the court, they can be arrested and brought back to the court.

FMPO forms can be completed by a professional on behalf of their client, but also by the client themselves. Breach of a FMPO can lead to up to 5 years imprisonment.

Details on FMPO can be found: <https://www.gov.uk/apply-forced-marriage-protection-order>

Female Genital Mutilation

It is a criminal offence to excise, infibulate or otherwise mutilate the whole or any part of a girl's labia majora, labia minora or clitoris.

But no offence is committed by an approved person who performs -

- a surgical operation on a girl which is necessary for her physical or mental health, or
- a surgical operation on a girl who is in any stage of labour, or has just given birth, for purposes connected with the labour or birth.

A person is guilty of an offence if he aids, abets, counsels or procures a girl to excise, infibulate or otherwise mutilate the whole or any part of her own labia majora, labia minora or clitoris.

A person is guilty of an offence if he aids, abets, counsels or procures a person who is not a United Kingdom national or a United Kingdom resident to do a relevant act of female genital mutilation outside the United Kingdom.

Section 72 of the Serious Crime Act 2015 inserts Section 3A into the FGM Act 2003 to create an offence of failing to protect a girl from FGM, with effect from 3 May 2015.

If an offence of FGM is committed against a girl under the age of 16, each person who is responsible for the girl at the time that FGM occurred will be guilty of an offence. A person is responsible for a girl in the following circumstances:

The first case where the person:

- has parental responsibility for the girl, and
- has frequent contact with her.

The second case is where the person:

- is aged 18 or over, and
- has assumed (and not relinquished) responsibility for caring for the girl in the manner of a parent.

The maximum sentence for carrying out FGM or helping it to take place is 14 years in prison.

<https://www.cps.gov.uk/legal-guidance/female-genital-mutilation-prosecution-guidance>

A mandatory reporting duty for FGM was introduced in 2015 which requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

Gloucestershire
 Domestic Abuse, Stalking, Harassment and Honour Based Violence
DASH 2018
 (Based on 2009 original)
 Risk Assessment Form

Level of Risk **SELECT** _____

Name of Person Completing:	
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 No						
Ethnic Self Classification	16+1 code					
Officer 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		
Officer 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"/>
	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	<i>*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).</i>
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CURRENT SITUATION

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

The questions highlighted in blue bold are high risk factors.

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

1	Has the current incident resulted in injury? <i>(please state what and whether this is the first injury)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	Are you very frightened? Comment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	What are you afraid of? Is it further injury or violence? <i>(Please give an indication of what you think(name of abuser(s)).... might do and to whom)</i>		
	Kill: You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/>		
3	Further injury and violence: You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/>		
	Other (please clarify): You <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/>		

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?** YES NO

5 Are you feeling depressed or having suicidal thoughts? YES NO

6 **Have you separated or tried to separate from (name of abuser(s)....) within the past year?** YES NO

7 **Is there conflict over child contact?** (please state what) YES NO

8 **Does (.....) constantly text, call, contact, follow, stalk or harass you?** (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done) YES NO
N.B. If no details are provided Enhanced DASH will not be completed by SPOC. **Expand To Below Q9**

ENHANCED DASH (S-DASH)	If Yes to 8	• 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 rd 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"/>	

If yes to 8 continue with additional stalking questions below

ADDITIONAL STALKING QUESTIONS

- Has (...) tried to be near you? Such as approach you, come to your home, come to your work. YES NO
- Has (...) entered your house without your permission? YES NO
- Has the stalking become worse in recent days/weeks? YES NO
- 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 NO
- Are there any situations where you can't avoid having contact with (...)? Such as work, live close by, child contact. YES NO
- Has (...) previously stalked you or someone else? YES NO
- Has (...) experienced any significant changes in their life that might cause them stress/upset? For example, loss of loved one/job/relationship YES NO

Children/Dependants

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

- 9 **Are you currently pregnant or have you recently had a baby in the past 18 months?** YES NO
- Is anyone in the household pregnant? Yes or No**
If YES please identify who is pregnant and what their expected birth date is? YES NO
- 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)? YES NO
- 11 **Has (.....) ever hurt the children/dependants?** YES NO
Comment:
- 12 **Has (.....) ever threatened to hurt or kill the children/dependants?** YES NO
Comment:

Domestic Violence History

- 13 **Is the abuse happening more often?** YES NO
- 14 **Is the abuse getting worse?** YES NO

15	Does (.....) try to control anything you do and/or are they excessively jealous? <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>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16	Has (.....) ever used weapons or objects to hurt you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17	Has (.....) ever threatened to kill you or someone else and you believed them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18	Has (.....) ever attempted to strangle/choke/suffocate/drown you? <i>(Consider when was the last time this happened, how frequently etc)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19	Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? <i>(Please specify who and what)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20	Is there any other person that has threatened you or that you are afraid of? <i>(If yes, consider extended family if honour based violence. Please specify who)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Expand Below	To Q21
If Yes to 20	<ul style="list-style-type: none"> • Truancy – if U18 is victim truanting? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ENHANCED DASH	<ul style="list-style-type: none"> • Self-harm – is there evidence of self harm? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<ul style="list-style-type: none"> • 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"/>
	<ul style="list-style-type: none"> • 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"/>
	<ul style="list-style-type: none"> • Pressure to go abroad – is the victim fearful of being taken abroad? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<ul style="list-style-type: none"> • Isolation – is the victim very isolated? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<ul style="list-style-type: none"> • 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"> • Attempts to separate or divorce (child contact issues) – is the victim attempting to leave the relationship? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<ul style="list-style-type: none"> • Threats that they will never see the children again – are there threats that the child(ren) will be taken away? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<ul style="list-style-type: none"> Threats to hurt/kill – are there threats to hurt or kill the victim? 		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Additional Information:				
Do you know if (.....) has hurt anyone else? <i>(children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)</i>				
21	Children <input type="checkbox"/>	Another family member <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Someone from a previous relationship <input type="checkbox"/>			
	Other <i>(please specify)</i> <input type="checkbox"/>			
22	Has (.....) ever mistreated an animal or the family pet?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Abuser(s)				
23	Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
24	Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? <i>(Please specify what)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Mental Health <input type="checkbox"/>	
25	Has (.....) ever threatened or attempted suicide?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
26	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>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Bail conditions <input type="checkbox"/>	Non Molestation <input type="checkbox"/>		
	Occupation Order <input type="checkbox"/>	Child Contact arrangements <input type="checkbox"/>		
	Forced Marriage Protection Order <input type="checkbox"/>	Other <input type="checkbox"/>		
27	Do you know if (.....) has ever been in trouble with the police or has a criminal history? <i>(If yes, please specify)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	DA <input type="checkbox"/>	Sexual violence <input type="checkbox"/>	Other violence <input type="checkbox"/>	Other <i>(please specify)</i>
28	Has the victim or perpetrator access to lawfully held and licensed weapons.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes to 28	<ul style="list-style-type: none"> 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?

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 726570. www.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 them to the National Stalking Helpline 0808 802 0300. They will offer advice, support and triage to local services. More details on local support can be found at 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

DASH Risk Assessment

For STANDARD/MEDIUM risk DASH (Domestic Abuse) please refer to GDASS at gdass.idva@gsg.cjsm.net

For STANDARD/MEDIUM risk DASH (Stalking) please refer to National Stalking Helpline 0808 802 0300 or www.glostakeastand.com for local support options.

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

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

'Multi-Agency Risk Assessment Conferences (MARAC's) and Stalking Clinics 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 (Domestic Abuse) please refer to MARAC at marac@gloucestershire.pnn.police.uk and complete section below to provide a summary of the case.

For HIGH risk DASH (Stalking) please refer to Stalking Clinic at stalkingclinic@gloucestershire.pnn.police.uk and complete section below to provide a summary of the case.

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"/>
<p>Current evidence does not indicate likelihood of causing serious harm.</p>	<p>There are identifiable indicators of risk of serious harm. The offender 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, drug or alcohol misuse.</p>	<p>There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.</p> <p>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’.</p>

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 www.glostakeastand.com)		
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 2004: <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.		

COMPULSORY SECTION. Please provide a Summary of the case for the MARAC/Stalking Clinic Referral and any other relevant information. If you are referring based on your professional judgement of high risk, please provide details on why you believe the case is high risk:

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	<p><u>Current</u> incident only. Otherwise select 'No'</p> <p><u>Note previous injuries regardless</u> (FIRST/WORST/LAST) include approx. dates of injuries and any medical treatment received.</p>
2	Are you very frightened?	Currently only	<p>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.</p> <p>Who they feel the risk is to i.e. Children/Themselves/New partners etc.</p> <p>Use Q3 to record this.</p>
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	<p>Within the past year only.</p> <p>How many times?</p> <p>When was the last time?</p> <p>What makes them go back, in their opinion?</p>
7	Is there conflict over child contact?	Currently only	<p>Note any child contact arrangements.</p> <p>Are these court ordered?</p>
8	Does (.....) constantly text, call, contact, follow, stalk or harass you?	Currently only	<p>If texts/calls, how many approx. a day?</p> <p>Are they possibly being tracked?</p>

			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?

			<p>Are they using objects to do this? i.e scarves/belts.</p> <p>Approx. dates of incidents. Most recent date.</p>
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	<p>If this is not happening currently select 'No'.</p> <p>Note any previous incidents.</p>
20	Is there any other person that has threatened you or that you are afraid of?	Currently only	<p>Always consider HBV.</p> <p>Get details (name/Address/DOB if possible) of anyone who poses an additional risk. This is especially important if HBV is suspected.</p>
21	Do you know if (.....) has hurt anyone else?	Include Historical	<p>Consider Clare's Law.</p> <p>Are these DV related?</p>
22	Has (.....) ever mistreated an animal or the family pet?	Include Historical	<p>This includes inappropriate chastisement</p> <p>Do they currently keep animals?</p> <p>Has a report been made to police or RSPCA?</p>
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	<p>How is money earned?</p> <p>What is it spent on?</p> <p>Can the victim reasonably live on their income?</p> <p>Should allegations management be considered? (Usually high risk only).</p>
24	Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?	Include Historical	<p>Are they currently receiving any medical treatment or counselling for these?</p> <p>Approx. how much is taken? Is this a normal amount for this person?</p> <p>How does it affect their behaviour?</p>
25	Has (.....) ever threatened or attempted suicide?	Include Historical	<p>Although it says include historical, consider mainly throughout this relationship.</p> <p>Include approx. dates and the victim's perceived reasons for these.</p>

			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:			<p>Use this box to outline <u>the first, worst and last incidents</u>.</p> <p>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.</p> <p>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 Administrator after discussion with your line manager.</p> <p>List any agencies or workers already involved, including best method of contact.</p> <p>Are the children, if any, known to Social Care.</p>

APPENDIX 3: KEY STATISTICS

Honour Base Violence/Killings Statistics

It is estimated annually there are:

5000 honour killings internationally

1000 honour killings occur in India

1000 honour killings occur in Pakistan

12 honour killings per year in UK

Honour Based Violence Awareness Network (2000)

In 2011 The Iranian and Kurdish Women's Rights Organisation (IKWRO) reported that they sent a freedom of information request to all of the 52 police forces across England, Wales, Scotland and Northern Ireland asking how many incidents of honour based violence they had recorded in the last year. Out of the 39 police forces that did respond the number of incident totalled to 2823 and a further 500 incidents were estimated to have been reported to the 13 forces that did not respond. These figures are only a small indicator of the true extent of HBV crimes as there are many incidents that go unreported.

It would be fair to think that times are moving on and that younger generations will not hold such values, however in 2012 the BBC conducted a study with a sample of 500 Asian people between 16-34 years of age and asked them their view on honour. Two thirds of the sample believed that families should live according to the concept of honour. More males felt that honour was important than females. Seven percent of the sample said that it is acceptable to physically punish a female member of the family if she goes against family honour and three percent of the sample said there is justification for killing in the name of honour. This is not a generational issue. The people that hold these values are not going to let go of them easily as they will lose power and control.

Forced Marriage Statistic

The number of cases where the Forced Marriage Unit (FMU) provided support or advice in the last five years listed below:

Year	Number of cases
2017	1196
2016	1428
2015	1220
2014	1468
2013	1302
2012	1485

A further break down of the last two years of FMU statistic is shown below.

Year	Total Cases	Male	Female	Disabled Victims	GLBT Victims
2017	1196	256	930	125	21
2016	1428	283	1145	140	30

The FMU (2012) revealed that the youngest victim that they had supported was just 2 years of age and the oldest was 71 years old. This is an issue that impacts all age ranges. In 2017 the FMU reported:

- * 15.6% of the victims they supported were below 15 years of age
- * 14.1% of the victims were between the ages of 16-17
- * 17.9% of the victims were between the ages of 18-21
- * 11.6% were between the ages of 22-25
- * 10.4% were between the ages of 26-30
- * 7.4% of the victims were aged 31-40
- * 4.1% aged 41 and above
- * 0.8% of cases involving adults whose ages were unknown
- * 17.4% of cases involving minors whose ages were unknown
- * 0.8% of cases where age was completely unknown

Since 2005, the FMU have worked with victims from 90 different countries. In 2017, the FMU dealt with cases in connection with 65 different countries. Below is a list of 5 countries that the majority of the FMU’s cases were connected to.

Country	2016		2017	
	Cases	%	Cases	%
Pakistan	612	45%	439	36.7%
Bangladesh	121	8%	129	10.8%
Somalia	47	3%	91	7.6%
India	79	6%	82	6.9%
Afghanistan	39	3%	19	1.6%

It must also be noted that every year, the largest number of cases that the forced marriage unit provides support with are from the Pakistani community. In 2017, only 6.4% of the total case load of the FMU had no overseas element at all, therefore it is important to bear this in mind when supporting a victim of forced marriage.

Any preconceptions of age, gender and race can lead to victims being treated unfairly. The above figures show that anyone can be a victim of forced marriage. However, it must also be noted that the majority of cases involve victims from Islamic backgrounds, which does need an honest further examination.

All of the above figure relating to forced marriage have been collected by the forced marriage unit, however, one charity reports receiving between 700 and 850 calls per month, to its forced marriage and honour based violence helpline.

Female Genital Mutilation Statistics

Unifec (2013) reported that in the 29 countries where FGM is concentrated, almost all girls are cut before the age of 15. Though this map is widely, it is also vital to remember new information is always being shared about the prevalence of the practice in new countries. In as late as 2018, it was revealed by several news outlets that in parts of India a large number of women had been mutilated. Therefore, it is important to keep an open mind in relation to the women that are likely to be at risk of FGM.

FGM is often thought of as an issue largely effecting black and middle eastern communities, however historically, even white women were mutilated to prevent them from masturbating or to make them more submissive.

In 2014 Macfarlane and Dorkenoo revealed estimated that 137,000 women and girls from FGM practicing countries are living with FGM in the UK today. 10,000 between the ages of 0-14, 103,000 between the age of 15-49 and 24,000 over the age of 50 have undergone or are likely to undergo the FGM.

The Department of Health created a FGM Prevention Programme in September 2014 stating that health professionals working in Acute Maternity Services must provide the number of females they are seeing that have undergone FGM so that we can understand the scale of the problem. Between September 2014 and February 2015, 3110 victims had been identified. In April 2015 the Department of Health said they are going to be broadening reporting parameters making it compulsory for GPs and Mental Health practitioners to begin reporting the number of females they are treating that have undergone FGM, starting from the 1st October 2015.

Since the beginning creation of the FGM prevention program, thousands of new FGM cases have been recorded, giving a small insight into the extent of the problem within the UK. From 2015 until March 2017, 11,366 new cases of FGM have been recorded.

APPENDIX 4: LEGISLATION FOR SHARING INFORMATION

Full details on the information sharing processes for MARAC can be found in the MARAC Information Sharing Agreement at www.glostakeastand.com

Information is exchanged at the MARAC on the basis of the following (allowing information to be shared when the victim has not consented):

- Crime and Disorder Act 1998: purpose of prevention and detection of crime. Section 115 details which 'relevant authorities' have the power (but not a legal duty) to share information if it is necessary for the purposes of any provision under the Crime and Disorder Act.
- Data Protection Act 2018:
 - Part 3, schedule 8: Safeguarding of children and of individuals at risk. This further empowers organisations to process personal data for safeguarding purposes lawfully, without consent: this would mean sharing information where there is substantial public interest and necessary for the purpose of protecting an individual from neglect or physical, mental or emotional harm; or protecting the physical, mental or emotional well-being of an individual where the individual is either:
 - A child or adult at risk
 - Has care and support needs
 - Is experiencing or at risk of neglect or any type of harm
 - Is unable to protect themselves.
 - This still expects the possibility of obtaining consent, unless it would prejudice the safeguarding purpose.
 - Special Category Data: to lawfully process this data, you must identify a lawful basis under article 6 and a separate condition under Article 9. These do not have to be linked.
 - Under Article 6 MARAC information sharing and processing will most often fall under:
 - Public Interest
 - Vital Interests: This lawful basis for sharing information covers where it is conducted to protect someone's life.
 - Legitimate Interests: This lawful basis for sharing information requests that you consider whether you are pursuing a legitimate interest that the processing of data is necessary for that purpose and the individual's interests don't override the legitimate interests.
 - Under Article 9 MARAC information sharing and processing will most often fall under:
 - Explicit consent from the victim
 - Substantial Public Interest
- Human Rights Act: Articles 2&3: right to life, right to be free from torture or inhuman or degrading treatment.
- The Care Act 2014: Prevention of abuse and Neglect.
- Mental Capacity Act 2005: Person lacks the mental capacity to make the decision regarding consent.
- Common Law: overriding public interest.

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