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Author:	Mr James Gamble	Organisation:	ACPO
Date Created:	25th February 2005	Telephone:	020 7227 3403

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ACPO Guidance

Identifying, Assessing and Managing Risk In the context of Policing Domestic Violence

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This guidance document uses the ACPO/Home Office/ CPS definition of domestic violence (see glossary).

1. Purpose of this document

The purpose of this document is to set out the ACPO position in relation to the core aims, principles, objectives/outcomes and processes of identifying, assessing and managing risk in domestic violence cases. The document does not provide a model risk assessment and management tool/process, but will provide guidance for forces which are developing or have in place particular tools/processes within their own local system. It should be read in conjunction with the ACPO (2004) Guidance on Investigating Domestic Violence.

The ACPO Domestic Violence Steering Group will review the document on an annual basis, drawing on any published evaluations and related research on risk in the context of domestic violence.

2. Core Aims

The core aims of identifying, assessing and managing risk in the context of policing domestic violence are:

1. To **reduce the likelihood of future harm** including the effects of further violence, serious injury and homicide on adult and child victims, future victims and the public.
2. To **facilitate the effective use of police powers** in protecting the public, investigating crime, targeting offenders, intelligence-led policing, reducing and preventing crime, narrowing the justice gap and in contributing to the Criminal Justice System function of holding offenders accountable.

3. Principles

- 3.1. **No scientific “predictive formula”** exists for the occurrence of future harm (including serious injury and homicide) in cases of domestic violence. However, research suggests that certain factors increase the likelihood of future harm, including homicide.
- 3.2. All police personnel who have contact with victims and suspects of domestic violence should have appropriate training to ensure **knowledge and understanding of these established risk factors (see Appendix)**.
- 3.3. The process of identifying, assessing and managing risk is intended to assist police forces and other state agencies in meeting the **positive obligations to protect individuals within the Human Rights Act**, particularly Articles 2 and 3 of the European Convention on Human Rights.
- 3.4. **Early and appropriate intervention** in domestic violence incidents is a key element of the police response to domestic violence. Risk assessment and management should enhance rather than undermine the police response to domestic violence.
- 3.5. Processes of assessing and managing risk should focus on increasing the **safety and protection of victims, children and others**, rather than short term organisational goals.
- 3.6. Identification of established risk factors is an integral part of every stage of an **effective investigation** of all domestic violence cases. Officers should note the importance of following good practice in relation to investigation (including evidence gathering and interviewing of suspects, victims and witnesses, for further information see the ACPO (2004) Guidance on Investigating Domestic Violence). Formal processes of risk assessment and management should not undermine an effective investigation (for example, by avoiding ‘leading’ questions and being aware of police and CPS responsibilities relating to disclosure).

**CPS Policy Statement Regarding Disclosure of Information Gathered
During Risk Assessment.**

Information and material gathered during the course of risk assessment will be treated in the same way as any other information and material in accordance with the Criminal Procedure and Investigation Act (CPIA) 1996 and the Attorney General's Guidelines (AGG) 2000.

Any information relevant to a prosecution should be conveyed to the CPS - the police officer will make a decision on the category of the material (i.e. sensitive or non sensitive), record it on the appropriate schedule and attach it to the file for the CPS.

The Crown Prosecutor is then under a duty to review the material and decide on the issue of disclosure. Once a decision has been made about whether disclosure is necessary, consideration can then be given to whether there is a Public Interest Immunity (PII) issue. This is likely to be in the minority of cases. If it is deemed necessary to disclose material and a PII application is unsuccessful, a decision would then have to be made whether to proceed and disclose the material or discontinue the proceedings.

- 3.7. Risk assessment and management processes must NOT be used to **decide whether or not** to conduct an effective investigation or in place of an effective investigation.
- 3.8. **Identification of established risk factors** should be undertaken by all police staff at all stages of a domestic violence investigation and should be taken into account when making any decision, with appropriate documentation and notification to relevant police personnel and other police staff.
- 3.9. Effective processes of assessing and managing risk in the context of policing domestic violence require **information from and consultation with the victim, children and other vulnerable persons.**
- 3.10. **Information from and intelligence relating to the suspect** acquired during an effective investigation (particularly at the stage of interview with the suspect) should be used in assessing and managing risk
- 3.11. Assessing and managing risk effectively cannot be undertaken by the police service in isolation and must be a process undertaken **in partnership with other relevant agencies** and based on a shared understanding of the nature of risk. In cases where risk is identified as particularly high it is useful to have arrangements in place for multi agency case conferences.
- 3.12. Effective **multi-agency information sharing** is crucial to a comprehensive process of risk assessment and risk management. There is a positive duty to

share information. The decision process to share information should be careful, balanced and should always focus upon ensuring the safety of the victims.

- 3.13. The **responsibility** for assessing and managing the risk posed by suspects is held by agencies not victims.
- 3.14. The process of assessing and managing risk in the context of domestic violence is **dynamic and complex**. Particular domestic violence situations can undergo rapid and frequent change. All systems for assessing and managing risk must reflect this reality.
- 3.15. Any intervention by police officers or others, including the process of assessing and managing risk, has the potential to increase the risk of harm to adult and child victims and others. The **possibility of increased risk** must be acknowledged within risk assessment and management processes.
- 3.16. All mechanisms and processes to assess and manage risk must have a **sound knowledge and evidence base** and be monitored and evaluated from the outset. This is an obligation on the police service and enhances service to the public.
- 3.17. **Safety planning** describes a structured method whereby victims may consult with other agencies to enable them to make use of their existing and available resources in order to understand the risk posed by the suspect and increase their safety and that of their children. This process should be separated from the investigation process and risk assessment, although an effective investigation and risk assessment should inform a victim's safety plan.

4. Objectives/Outcomes

The processes of assessing and managing risk in the context of domestic violence are intended to achieve the following:

4.1. For the victim, children and other vulnerable persons

- 4.1.1. To **inform decisions and actions** by the police and other agencies to protect the victim, children and other vulnerable persons.
- 4.1.2. To **reduce repeat victimisation**.
- 4.1.3. To inform and build upon the **safety planning processes of the victim, children and other vulnerable persons**.
- 4.1.4. To assist in delivering **effective multi-agency support** for the victim, children and other vulnerable persons
- 4.1.5. To **contribute to increased victim satisfaction in police responses** to domestic violence

4.2. For the police service

- 4.2.1. To assist in the processes of the police **protecting** the following;
 - adult victim (s)
 - child victims (s)
 - possible future victims of domestic violence
 - others who may be at risk. This could include police staff and officers, members of staff from all agencies, members of the public, and domestic violence suspects (e.g. if injured or killed when the victim acts on self defence)
- 4.2.2. To **inform child protection processes**, including assistance in the fulfilment of legal obligations and commitments to other agencies (e.g. child protection enquiries, referrals of children to social services, information sharing protocols, Multi-Agency Public Protection Panels and other similar arrangements).
- 4.2.3. To **prevent and reduce homicides and serious injury** (including domestic homicides, child homicides and intimate partner homicides)
- 4.2.4. To **mainstream the understanding and use of established risk factors** in domestic violence and child abuse cases. (**Note that particular issues of risk in child protection cases are not covered in this document**)
- 4.2.5. To **inform police decision-making and action**, including **effective investigation and evidence gathering**.
- 4.2.6. To **inform the tasking and co-ordinating process** at strategic and tactical level (see National Intelligence Model).
- 4.2.7. To **prevent and reduce repeat victimisation**.
- 4.2.8. To **prevent and reduce repeat and chronic offending**.
- 4.2.9. To **increase reporting** of domestic violence to the police.
- 4.2.10. To **increase public confidence and the confidence of victims, their families and other agencies** in the police response to domestic violence.

4.3. For other criminal justice and partner agencies

- 4.3.1. To **inform the decision-making processes within the criminal justice system**. Many criminal justice decisions depend on information about the public interest and risk to victims and others (including historical information, recent events and risks identified). These include decisions relating to rules of evidence, public interest and case specific issues (e.g. charge, bail and remand, prosecution and sentencing).

- 4.3.2. To **inform the decision-making processes within and between partner agencies** (e.g. ACPC's, multi agency public protection arrangements).
- 4.3.3. To **inform the process of information sharing** according to local information sharing protocols, including, in some cases, providing 'prompts' or opportunities to share information.
- 4.3.4. To **increase public confidence** in the criminal justice and multi agency responses to domestic violence
- 4.3.5. To **increase the understanding of domestic violence and risk** in the context of the UK.

5. Effective Risk Assessment and Risk Management Processes

- 5.1. Each police force should decide, **in consultation with other agencies, victims and other service users**, how to comply with the principles and achieve the objectives/outcomes outlined above.
- 5.2. Effective risk assessment and risk management processes in the context of policing domestic violence require full knowledge and a **shared understanding** of the nature of risk, domestic violence, positive action/intervention strategies and safety planning among:
 - all police staff (including front desk staff, call takers, first response officers, specialist domestic violence and child abuse investigation staff, investigating officers, custody staff, all supervisors, managers and strategic level leaders)
 - all partner agencies including CPS, the courts, social services, providers of refuge, outreach and independent victim advocacy services, health practitioners, education and housing providers, probation service, prison service,
 - all victims of domestic violence
 - the general public
- 5.3. Examples of methods of achieving the required knowledge and understanding are:
 - a. **Domestic violence staff training programmes** to provide knowledge and a shared understanding of domestic violence, the nature of risk (including common risk factors), intervention strategies and safety planning.
 - b. **Public education materials** to explain the nature of risk to victims, children and others together with **safety planning advice and suggestions**. This should include reference to issues facing all victims including those who remain living with the abuser. It should also include details of refuge, outreach and independent victim advocacy services including those which provide services to women and other particular groups of victims (e.g. those in same sex

relationships, male victims and victims from minority ethnic groups). Such materials should be produced in a range of different languages.

- c. **Aide Memoirs** for all police and staff in partner agencies to remind them of the established risk factors.
- d. **Supporting guidance** for all police and multi-agency staff with explanations of the background and evidence base of identification of established risk factors. Any guidance should be under-pinned by appropriate training.
- e. **Operational support and supervision** should be provided by specialist domestic violence officers, supervisors and managers to advise and assist staff in their decision-making. Any risk assessments should be monitored and reviewed by police domestic violence co-ordinators.

5.4. In the context of policing domestic violence the fulfilment of legal obligations to do all that is reasonable to prevent further offences and protect adult and child victims should be met by the implementation of the above measures. There are many different **tools, models and systems** which include formal requirements to identify and, in some cases, categorise risk. For example;

- a. **Risk identification system** which may accompany aide memoirs and requires staff to record the existence of, and sometimes details of, established risk factors. This approach may be used to structure professional judgements and decision-making to ensure that all relevant issues are covered.
- b. **Risk categorisation system** which requires staff to allot risk to categories using information available about the existence of a number of risk factors and their 'professional knowledge' about domestic violence cases. Categories of risk can include 'high', 'medium', and 'standard' or can use only a 'high risk' category.
- c. **Risk categorisation system accompanied by numerical scoring** in which each risk factor is given a 'weighting' and a 'score' indicates whether a case is 'high', 'medium' or 'standard' risk with discretion for staff to categorise a case as 'standard' 'medium' or 'high' where 'professional knowledge' indicates.

5.5. Any force using or developing any of the above systems should consider the following:

- a. Any such systems must be implemented on a **firm evidence base and should be designed to capture emerging local and national information and research. Such systems should also undergo an independent evaluation of the process and its implementation.**
- b. Risk assessment and management are processes that can only be effective if **full information** is obtained about the parties involved and identified risk factors (including the recording of the **source** of the information and the **date** the information was obtained).

- c. **Police information about risk is limited** to that held on police and criminal justice information systems and that which the victim and/or other individuals and agencies are able or willing to disclose. Victims and others may restrict the information given to all criminal justice agencies.
- d. Risk assessment and management are **dynamic processes**. Information about risk factors (**along with the date collected and source**) can be useful at all stages in the risk assessment and risk management processes. Any formal risk assessment in individual cases must be **reviewed and updated** regularly in order to increase safety and comply with positive obligations to protect in the Human Rights Act and the requirements of the Data Protection Act 1998. For example, **one piece of information could alter the level of risk in a particular case**.
- e. Any specialist domestic violence officers who are required to **categorise risk using information gathered must have full understanding and knowledge of how such decisions are made and how to justify a particular categorisation of risk**.
- f. Simplification of the complex issue of risk in the context of policing domestic violence by assigning categories of risk (e.g. 'high', 'medium', 'standard') may be misleading and potentially unsafe, particularly if it is not accompanied by **detailed supporting training, information about the nature of the risk, guidance as to how to categorise risk and the consequences/meaning of different categories of risk**. **It is important to remember that risk can always change**.
- g. All risk assessment tools/models should be **in accessible language** to both staff and victims with clear information about why certain issues are relevant.
- h. Staff should have access to **specialist advice and training relating to matters of diversity**, including gender, culture, age, religion and sexuality, which may impact on the needs of victims and matters of risk assessment and management.
- i. Mechanisms should exist to **inform victims** of the nature of risk, of risk identification, assessment and management systems and any assessments that relate to their particular situation. It is not uncommon for victims to underestimate the level of danger that they face. There is an obligation to share information with victims that could increase their safety and failure to do so could leave a force vulnerable to challenge. Bearing in mind that risk categorisation in any system may change overnight, **communication with victims must be regularly updated**.
- j. Appropriate **support should be available to all staff** involved in policing domestic violence and assessing risk in order to safeguard the welfare of staff in a particularly stressful area of work.
- k. There is a need for all models/tools/systems and their implementation to be kept under a **constant process of review**.

Glossary of Terms

Aide Memoir: Document for officers dealing with incidents and offences, incorporating relevant definitions, policies and guidance, to promote and encourage thorough investigation and provide knowledge about established risk factors.

Checklists: Structured guidelines used by all officers to ensure uniformity in the initial reporting process of domestic violence incidents which forms a standard means of testing to ensure and verify accuracy of detail.

Domestic Violence:

ACPO/ Home Office /CPS Definition: “threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (aged 18 or over) who are or have been intimate partners or are family members, regardless of gender or sexuality.”

CPS Working Definition: “*any criminal offence* arising out of physical, sexual, psychological, emotional or financial abuse by one person against a current or former partner in a close relationship, or against a current or former family member.”

NB: This definition is not restricted to adults

Domestic homicide: The killing (including murder, manslaughter and infanticide) by one family member of another (including killings by and of children) or by a current/former partner.

Effective evidence gathering: This term is preferred to ‘enhanced evidence gathering’ and refers to methods of good practice in proactively gathering evidence in relation to a particular domestic violence incident.

Guidance: Detailed information to supplement aide memoirs and check lists which explains the evidence-base for particular risk factors, and gives advice about putting particular risk assessment and risk management systems into operation. This outlines a flexible procedure which allows variation - within set limits - in actions taken to achieve the purpose of a policy.

Intimate partner homicide: A sub category of domestic homicide which includes homicide by a current or former partner of the victim.

Operational support: Support and guidance available to officers on a case-by-case basis relating to crime prevention, investigation (including interviewing, evidence gathering, crime scene management and forensic medical evidence) and other aspects of policing domestic violence.

Repeat Victimization: Where a person experiences more than one incident of domestic violence in a rolling 12 month period following the date when the incident was first reported to the police.

Risk includes risk of future harm (including psychological and physical injury and homicide) to the adult victim, children, family members, agency staff or any other person.

Kemshall (1996): “uncertain prediction about future behaviour, with a chance that the future outcome of the behaviour will be harmful or negative”.

Risk assessment: Estimating and regularly reviewing the likelihood and nature of the risk posed by the suspect to particular adult and child victims and more generally.

Kemshall (1996): “probability calculation that a harmful behaviour or event will occur, and involves an assessment about the frequency of the behaviour/event, its likely impact and who it will affect”.

Risk factors (described in the Appendix) are behaviour and characteristics of the suspect, environment or victim which assist in understanding the nature of risk posed by a particular domestic violence suspect.

Risk identification: Identifying, in individual cases, the existence of particular established risk factors.

Risk management: Managing responses to risk identification and risk assessment to ensure that risk of harm by the suspect is minimised. This will often include guidance to direct appropriate police and multi agency interventions/action plans as the result of risk identification and risk assessment focussing on reducing risk posed by the suspect.

Safety Planning: A process (sometimes semi structured) by which the victim may consult with an appropriate agency to discuss increasing personal safety and the safety of children. This may include an assessment of risk level, developing a crisis plan and a plan for the future, both short and longer term.

SARA (Spousal Assault Risk Assessment): An assessment guide or framework developed as a screening tool for risk factors in domestic violence as a means of ensuring that pertinent information is considered and weighed by the assessor. It is an aide to assessment not an assessment tool. SARA is subject to copyright. Unless a licence has been purchased, or accredited training received, its use is prohibited.

Appendix

Established Risk Factors

Current knowledge about risk factors to identify domestic violence cases in which there is a high risk of future harm (including repeat victimisation, serious harm and homicide to adults and children) is relatively weak and it is generally accepted that a scientific “predictive formula” is not possible.¹ Most published research focuses on risk in the context of male perpetrators and female victims. Some risk factors, such as separation, are not the same if sex of victim and suspect change; for others, evidence is not available.

There are many issues that may be relevant in assessing risk in domestic violence cases. For example, research from different countries suggests that there are a number of socio-demographic factors associated with domestic homicide including “the age of offender and victim, age disparity, poverty, socio-economic class, ethnicity and type of relationship”.² The current information we have about each of these socio-demographic factors generally and in the specific context of domestic violence in Britain makes it difficult to incorporate such knowledge into police decision-making in relation to individual cases.

The focus of the list below and on most existing police risk assessment is on contextual and situational factors which may apply in a particular domestic violence case and which may assist in indicating the likelihood of future harm (including serious injury and homicide) by a particular suspect to a particular victim or more generally. The factors listed below are particularly relevant to assessing and managing risk in the context of policing domestic violence. Some correlate with risk of general criminality and violence and future research studies, such as the *Murder in Britain* study should provide more information about the differences between those who murder intimate partners and those who kill strangers.³ Some of the factors listed below may appear to be obvious. However, the evidence suggests that these factors are not routinely identified or recorded in the context of policing domestic violence. The factors are divided into two parts, (A) behaviour and circumstances of the suspect and (B) circumstances of the victim.

¹ Websdale, N. (1999) *Understanding Domestic Homicide* (North Eastern University Press) at 19 at 204. Also see Department of Health (2002) *Learning from Past Experiences: A Review of Serious Case Reviews* (London: HMSO) at 60 and 62

² Dobash, R.E., Dobash, R.P., Cavanagh, K. and Lewis, R. (forthcoming) ‘Not an ordinary killer – Just an ordinary guy: When men murder an intimate woman partner’, (Submitted to *Violence Against Women*, June 2003); Also, Brookman, F. and Maguire, M. (2000) *Reducing Homicide: A Review of the Possibilities*

³ Dobash *et al* (forthcoming) *op. cit.*

A. Behaviour and circumstances of the suspect

Future research may assist us in understanding the risk posed by a domestic violence suspect in the context of, for example, their age, religion, culture and whether they experienced/witnessed violence as a child. However, for the purposes of the current policing of domestic violence the focus is on the actual behaviour and circumstances of the suspect that provides information about risk factors. This information can come from police or other agency records, from the suspect, from other people and from the victim.

1. Previous physical assault by the suspect

In one review of research relating to risk in domestic violence cases, previous assault has been described as “one of the most robust, simple and straightforward risk factors for domestic violence.”⁴ The British Crime Survey 2000 found that 57% of domestic violence victims were repeat victims and that “no other type of crime has a rate of repeat victimisation as high as that for domestic violence.”⁵ The SARA risk assessment tool recognises past assault of family members or strangers or acquaintances as well as of a current/former partner as a risk factor for future domestic violence. Specialising in violence against women may also be an important risk factor for the murder of an intimate partner.⁶ Abuse of animals by the suspect may also indicate a risk of future harm.⁷

2. Previous sexual assault by the suspect

Studies suggest that rape by a partner often involves extreme violence.⁸ The Understanding and Responding to Hate Crime Project, which analysed domestic sexual assault cases in the Metropolitan police area for three months in 2001 found that the injuries experienced by victims were more serious than those experienced in assaults by strangers.⁹ Previous sexual assault is a risk factor for future violence.¹⁰

⁴ Walby, S. and Myhill, A. (2001b) ‘Assessing and managing risk’, in, Taylor-Browne, J. (2001) *What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals* (London: Whiting Birch). Also see Hanmer, J., Griffiths, S., & Jerwood, D. (1999) *Arresting Evidence: Domestic Violence and Repeat Victimisation*, Police Research Series, Paper 104 (London: Home Office)

⁵ Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000) *The 2000 British Crime Survey England and Wales*, Home Office Statistical Bulletin 18/00 (London: Home Office)

⁶ Dobash *et al* (2003) *op. cit.*

⁷ NSPCC (2003) *Making the Links: Child Abuse, Animal Abuse and Domestic Violence* (London: NSPCC)

⁸ Bergen, R. (1995) ‘Surviving wife rape: How women define and cope with the violence’ 1(2) *Violence Against Women* 117-138; Gregory, J. and Lees, S. (1999) *Policing Sexual Assault* (London: Routledge); Stermec, L., Del Bove, G. and Addison, M. (2001) ‘Violence, injury, and presentation patterns in spousal sexual assaults’, 7(11) *Violence Against Women* 1218-1233

⁹ Kielinger, V. and Stanko, B. (2002) ‘What can we learn from people’s use of the police?’ 48 *Criminal Justice Matters* 4-5 at 5.

¹⁰ Stuart, E. and Campbell, J. (1989) ‘Assessment of patterns of dangerousness with battered women’, 10 *Issues in Mental Health Nursing* 245-260

3. Escalation and severity of violence, including use of weapons and attempts at strangulation

One review of the literature states that “assaults are likely to increase in severity unless there is a change of circumstances”¹¹ and in US research on domestic homicide, one antecedent to the killings is listed as escalating domestic violence.¹² However, this may not always be the case and violence may previously have remained at a constant level and yet then resulted in homicide. It is important that escalating violence, including the use of weapons and attempts at strangulation are recorded for the purposes of assessing risk.¹³ Strangulation or ‘choking’ is a common method of killing by male perpetrators of female victims.¹⁴

5. Child abuse by the suspect

Walby and Myhill conclude that there is “robust evidence” of co-occurrence of child abuse and adult domestic violence.¹⁵ Websdale outlines three antecedents to child homicide: prior history of child abuse; prior agency contact; and a history of adult domestic violence in the family.¹⁶ In a recent analysis of serious review cases of child deaths, one of the commonly reoccurring features was the existence of domestic violence.¹⁷ Research has suggested links between domestic violence and child physical and sexual abuse¹⁸ and there is evidence that living with violence has psychological, behavioural and emotional effects on children.¹⁹ The NCH Action for Children study notes that children living with domestic violence often experienced direct physical and sexual assault and that 10% had witnessed their mother being sexually assaulted.²⁰ One study found that in 90% of domestic violence cases involving parents, children had been in the same or an adjacent room when a violent assault took place.²¹ It is for this reason that automatic screening for domestic violence in all child abuse cases and vice versa is advisable.

¹¹ Walby and Myhill (2001) *op. cit.*

¹² Websdale (1999) *op. cit.* at 19

¹³ Richards, R. (2003) *Findings from the Multi-agency Domestic Violence Murder Reviews in London* (London: Metropolitan Police)

¹⁴ Dobash *et al* (2003) *op. cit.*

¹⁵ Walby and Myhill (2001) *op. cit.*

¹⁶ Websdale (1999) *op. cit.* at 23

¹⁷ Department of Health (2002) *op. cit.* at 7. For one example see, Newham Area Child Protection Committee (2002) *Report of Chapter 8 Review of Death of Ainlee Labonte* (Newham Area Child Protection Committee)

¹⁸ Mullender, A. (2001) ‘Meeting the Needs of Children’, in, Taylor-Browne (2001) *op. cit.*

¹⁹ Brandon, M. and Lewis, A. (1996) ‘Significant harm and children’s experiences of domestic violence’, 1 *Child and Family Social Work* 33-42; Hester, M., Pearson, C. and Harwin, N. (1998) *Making an Impact: Children and Domestic Violence: A Reader* (London: Banardos/Department of Health); McGee, S. (1997) ‘Children’s experiences of domestic violence,’ 2 *Child and Family Social Work* 13-23

²⁰ NCH Action for Children (1994) *The Hidden Victims: Children and Domestic Abuse* (London: NCH Action for Children)

²¹ Hughes, H. (1992) ‘Impact of spouse abuse on children of battered women’ *Violence Update* 1st August 9-11

5. Suspect’s possessiveness, jealousy or ‘stalking’ behaviour

A suspect’s obsessive possessiveness and morbid jealousy, has been listed as one antecedent to domestic homicide.²² Possessiveness, jealousy and ‘stalking’ behaviour include following the victim, persistent telephone calls, visits, texting, and sending letters. Across all jurisdictions studied, a large proportion of harassment and ‘stalking’ cases involve former partners and there are clear links between this behaviour and domestic violence and domestic homicide by men against women.²³

6. Threats/attempts to commit suicide by the suspect

Threats from a suspect to commit suicide have been highlighted as a factor in domestic homicide and one researcher recommends that in the context of domestic violence “a person who is suicidal should also be considered homicidal.”²⁴

7. Threats/fantasies of committing homicide by the suspect

One British review of the criminal histories of murders found that offences of threats/incitement to murder were a risk factor for a subsequent violence conviction including murder of a family member.²⁵ US research has also highlighted threats to commit homicide as an antecedent to domestic homicide.²⁶

8. Previous criminality and /or breach of civil/criminal court order/bail conditions by the suspect

The SARA risk assessment aide recognises past breach of a probation order, of licence upon release from prison or other court order as a risk factor for future violence. In the US the existence of a protective civil court order and/or history of criminal behaviour has been listed as one antecedent to domestic murder.²⁷ One US study demonstrated that suspects who left the scene of a domestic violence incident before the police arrived had twice the recidivism rate of those who were still present.²⁸

²² Websdale (1999) *op. cit.* at 19

²³ Morris, S., Anderson, S. and Murray, L. (2002) *Stalking and harassment in Scotland* (Edinburgh: Scottish Executive Social Research) at i.; Johnson, H. and Hotton, T. (2003) ‘Losing control: Homicide risk in estranged and intact intimate relationships’, 7(1) *Homicide Studies* 58-84 at 60-61; McFarlane, J., Campbell J, Wilt, S., Sachs, C., Ulrich, Y. and Xu, X. (1999) ‘Stalking and intimate partner femicide’, 3 *Homicide Studies* 300-316

²⁴ Websdale (1999) *op. cit.* at 47

²⁵ Soothill, K., Francis, B., Ackerley, E. and Fligelstone, R. (2002) ‘Murder and serious sexual assault: What criminal histories can reveal about future serious offending’, *Police Research Series Paper 144* (London: Home Office) at vii

²⁶ Websdale (1999) *op. cit.* at 19

²⁷ Websdale (1999) *op. cit.* at 19

²⁸ Buzawa, E., Hotaling, G., Klein, A. and Byrne, J. (2000) *Response to Domestic Violence in a Proactive Court Setting: Executive Summary* (US Department of Justice)

9. Suspect's psychological and emotional abuse of the victim (including denial/minimisation of violence)

Studies of perpetrators suggest that psychological and emotional abuse, in particular dominance and isolation, is a useful variable in predicting repeat and severe violence.²⁹ Men who also sexually and physically assault their partners have been found to be particularly dangerous.³⁰

10. Suspect's misuse of illegal/prescription drugs and/or alcohol or mental health problems

Whilst it is clear from research that misuse of drugs and alcohol are not the cause of domestic violence³¹, as with all violent crime they might be a risk of further harm.³²

²⁹ Bennett, L., Goodman, L. and Dutton, M. (2000) 'Risk assessment among batterers arrested for domestic assault: The salience of psychological abuse', 6(11) *Violence Against Women* 1190-1203; Thompson, M., Saltzman, L. and Johnson, H. (2001) 'Risk factors for physical injury among women assaulted by current or former spouses', 7(8) *Violence Against Women* 886-899

³⁰ Campbell, J. and Soeken, K. (1999) 'Forced sex and intimate partner violence: Effects on women's risk and women's health', 5(9) *Violence Against Women* 1017-1035

³¹ Johnson, H. (2001) 'Contrasting Views of the Role of Alcohol in Cases of Wife Assault', Vol.16/1 *Journal of Interpersonal Violence* 54-72

³² Richardson, A., Budd, T., Engineer, R., Phillips, A., Thompson, J. & Nicholls, J. (2003) *Drinking, Crime and Disorder*, Findings 185 (London: Home Office)

B. The Victim's Circumstances

The factors outlined below can assist police staff and others to understand the victim's circumstances in order to assess the nature of their vulnerability to future harm. Consideration of the victim's vulnerability to harm based on information about, for example, whether they have experienced/witnessed violence as a child or experienced violence from a previous partner, is not relevant as a risk factor. To raise such issues may be to risk being perceived by the victim or others as 'victim blaming'.

1. Victim's perception that they are at risk of future harm

Research supports the use of survivors' perceptions of risk as an important element that should be included in risk assessments.³³ Whilst we know that victims of domestic violence often underestimate their risk of harm from perpetrators of domestic violence, it is important that fears for their own safety are integral in assessing the risk to them.

2. Current or imminent separation from the suspect

Women's attempts to end a relationship are strongly linked to intimate partner homicide and it has been stated that "attempts to leave violent men are one of the most significant correlates with domestic death."³⁴ On the basis of their review of the literature, Browne *et al* conclude that "the greatest risk factor for partner homicide by men appears to be estrangement and prior assaultive and controlling behaviour."³⁵ Despite the common assumption that leaving a violent relationship will end violence, we also know that women who separate from their partner are at a higher risk of physical violence³⁶ and sexual assault³⁷ as well as murder. In the context of a recent Canadian study, researchers concluded that violence that continues after separation tends to be more serious and obsessive, is more likely to involve 'stalking' type behaviour, to involve female victims, and to lead to homicide.³⁸ The early stages of separation (particularly the first three months) are particularly dangerous.³⁹ It is important to note that a child contact dispute can indicate particular risk to both the partner and children.

³³ Weisz, A., Tolman, R. and Saunders, D. (2000) 'Assessing the risk of severe domestic violence: the importance of survivors' predictions', 15(1) *Journal of Interpersonal Violence* 75-90

³⁴ Websdale (1999) *op. cit.* at 21 and 52; Also see Johnson and Hotton (2003) *op. cit.* at 59

³⁵ Browne, A., Williams, K. and Dutton, D. (1999) 'Homicide between intimate partners: A Twenty Year Review', in Dwayne Smith and Zahn (1999) in Dwayne Smith, M. and Zahn, M. (1999) *Homicide: A Sourcebook of Social Research* (California: Sage Publications) at 161.

³⁶ Walby and Myhill (2001) *op. cit.*; Kurz (1996) 'Separation, divorce and woman abuse', 2(1) *Violence Against Women* 63-81; Wilson, M., Johnson, M. and Daly, M. (1995) 'Lethal and non-lethal violence against wives', 37 *Canadian Journal of Criminology* 331-361 at 340-341; Also Hoyle, C. (1998) *Negotiating Domestic Violence: Police, Criminal Justice and Victims* (Oxford: Clarendon Press) at 188; Kelly, L. (1999) *Domestic Violence Matters: An Evaluation of a Development Project*, Home Research Study 193 (London: Home Office) at 17.

³⁷ Mahoney, P. and Williams, L. (1998) 'Sexual assault in marriage: Prevalence, consequences, and treatment of wife rape', in Jasinski, J. and Williams, L. (1998) *Partner Violence: A Comprehensive Review of Twenty Years of Research* (California: Sage) at 133. Reference for MPS study?

³⁸ Johnson and Hotton (2003) *op. cit.* at 60

³⁹ Wilson, M. and Daly, M. (1993) 'Spousal homicide risk and estrangement', 8 *Violence and Victims* 3-16

3. Pregnancy of the victim

There appears to be a correlation between pregnancy and domestic violence,⁴⁰ but this may be because youth is a risk factor with women aged 16 to 24 significantly more at risk than women of other ages, rather than indicating a causal link.⁴¹ Pregnancy may increase the isolation and dependency of the victim and poses risks in terms of miscarriage and foetal abnormality as well as additional risks to the lives of women themselves. For example, domestic violence was disclosed as a feature of the lives of women in at least 12% of maternal deaths in the UK during 1997-1999.⁴² One study in London found that one in twenty incidents of domestic violence reported to one police service involved a victim who was pregnant.⁴³ One US study has indicated that homicide was the leading cause of death for pregnant women.⁴⁴ In a UK study of the prevalence of domestic violence in pregnancy, 2.5% of women had experienced domestic violence in their current pregnancy.⁴⁵ Violence during pregnancy and following the recent birth of a child are both indicators of high risk of future harm.

4. Disability and/or mental/physical ill health of the victim

Physical and mental ill health does appear to increase the risk of domestic violence, but again conclusions relating to causation are complex as the health issues may be the results of the violence.⁴⁶ Disability and issues of physical and mental ill health (for example depression and/or suicidal feelings) can be important in assessing the victim's vulnerability to future harm. Alcohol and drugs misuse can also relate to mental and physical ill health and can also be a response to continued abuse.

5. Social isolation and particular vulnerability of the Victim

In one US study the increased entrapment of the victim is included in a list of antecedents to domestic homicide.⁴⁷ Women who are unemployed or housewives have been found to have the highest risk of domestic violence, but there are a number of ways this could link to vulnerability.⁴⁸ These include lack of financial resources to leave, greater social isolation, less access to informal and formal support networks and potentially more forms of abuse available to the suspect.⁴⁹ Victims may also be particularly vulnerable to future harm if they live in a physically isolated community

⁴⁰ Richardson, J., Coid, J. and Detruckevitch, A. (2002) Identifying domestic violence: cross sectional study in primary care', 324 *British Medical Journal* 274-277

⁴¹ Walby and Myhill (2001) *op. cit.*

⁴² The Confidential Inquires into Maternal Deaths in the United Kingdom (2001) *Why Mothers Die 1997-1999* (London: The National Institute for Clinical Excellence)

⁴³ Metropolitan Police Service (2002) *Understanding and Responding to Hate Crime Factsheet: Domestic Violence* (London: Metropolitan Police Service)

⁴⁴ Horon (2003) *Women Murdered due to Pregnancy* (accessed from <http://www.thewbalchannel.com/news/2194083/detail.html> on 24th June 2003)

⁴⁵ Bewley, S., Bacchus, L., Haworth, A., and Mezey, G. (2000) *An exploration of the prevalence, Nature and Effects of Domestic Violence in Pregnancy* (ESRC Violence Research Programme Findings)

⁴⁶ Walby and Myhill (2001) *op. cit.* at 14

⁴⁷ Websdale (1999) *op. cit.* at 19

⁴⁸ *ibid.*

⁴⁹ *ibid.*; Also see Lambert and Firestone (2000) *op. cit.*

(e.g. in a rural area) or socially isolated community (e.g. traveller community or lesbian, gay, bisexual or transgender community). Some victims from minority ethnic groups may experience particular social isolation due to perceived and actual racism, homophobia, language, and cultural, religious or immigration issues that can all be barriers to help seeking and reporting violence. Police officers should be aware of the impact which all of these issues can have on the social isolation and vulnerability to risk of harm of a particular victim.

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