Family Intervention Projects (FIPs)  
– Domestic abuse toolkit

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Client name:

Address:

Date of Birth:

This toolkit includes the practical tools referred to in the CAADA FIPs Domestic Abuse training. We hope that you can use it whenever you become aware of domestic abuse within a family. The toolkit contains tools to use with victims of domestic abuse to assist them in recognising the dynamics of power and control, some reminders around improving safety as you work with perpetrators, a Risk Identification Checklist to assist you in recognising high risk domestic abuse and tools to use as you work with clients who need to go through the MARAC process.

Domestic abuse may be one of several issues involved in complex cases. We suggest that you consider using the Risk Identification Checklist with every victim of domestic abuse you work with. However, as FIP key workers you will need to consider carefully which tools are relevant for your families and consider the victim’s safety as and when you use them.

Please consider the following points as you use this toolkit:

1. **Child protection**  
   Always consider your child protection procedure as you work with domestic abuse.

2. **The safety of the victim of domestic abuse**  
   Always ask yourself if your planned course of action could put somebody at further risk.

3. **The safety of the professional**  
   Keep yourself safe and consider the risks posed to you as you work in homes where domestic abuse is ongoing.

4. **The risks of working with perpetrators**  
   It is easy to be manipulated by perpetrators of abuse, be careful not to collude.

5. **Use of resources**  
   There will be experts in domestic abuse in your area. Locate them and work in partnership with them when you identify domestic abuse.
1. FIPs and domestic abuse: A care pathway

**The FIP referral process**

1. **Referral Received**
   - Consider the safety of the adult victim and their children as you use these tools.

2. **Referral Meeting**

3. **Assessment**
   - If domestic abuse is disclosed use the Risk Identification Checklist

4. **Assessment Review Meeting**
   - Should this case go to MARAC? Use your MARAC toolkit.

5. **Service Delivery**
   - Use the Power and Control wheels to assist your clients in recognising the dynamics of domestic abuse.

6. **Review**
   - Be aware of the risks and safety implications of working with victims and perpetrators of domestic abuse together. Remember the Dos and Don’ts of perpetrator work.

7. **Closure of Case**

8. **Monitoring**

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1 To see the FIP Referral Process in more detail please refer to the FIP’s Training Manual (page 6)
2. Power and Control wheels

Tactics of men who abuse their partners

- **Using coercion and threats**
  - Making or carrying out threats to do something to hurt her
  - Threatening to leave her
  - Threatening to report to Benefits agencies
  - Making her withdraw her statement to the police
  - Making her do illegal things

- **Using intimidation**
  - Making her afraid by using looks, actions, and gestures
  - Smashing things
  - Destroying her property
  - Abusing pets
  - Displaying weapons

- **Using economic abuse**
  - Preventing her from getting or keeping a job
  - Making her ask for money
  - Giving her an allowance
  - Taking her money
  - Not letting her know about or have access to family income

- **Using emotional abuse**
  - Putting her down
  - Making her feel bad about herself
  - Calling her names
  - Making her think she’s crazy
  - Playing mind games
  - Humiliating her
  - Making her feel guilty

- **Using male privilege**
  - Treating her like a servant
  - Making all the big decisions
  - Acting like the “master of the castle”
  - Being the one to define men’s and women’s roles

- **Using children**
  - Making her feel guilty about the children
  - Using the children to relay messages
  - Using contact visits to harass her
  - Threatening to take the children away

- **Minimising, denying, and blaming**
  - Making light of the abuse and not taking her concerns about it seriously
  - Saying the abuse didn’t happen
  - Shifting responsibility for abusive behavior
  - Saying she caused it

- **Using isolation**
  - Controlling what she does
  - Who she sees and talks to
  - What she reads
  - Where she goes
  - Limiting her outside involvement
  - Using jealousy to justify actions

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2 See [www.duluth-model.org](http://www.duluth-model.org)
The Equality wheel

- **Non-violence**
- **Negotiation and fairness**
  - Seeking mutually satisfying resolutions to conflict
  - Accepting changes
  - Being willing to compromise.
- **Non-threatening behaviour**
  - Talking and acting so that she feels safe and comfortable expressing herself and doing things.
- **Economic Partnership**
  - Making money decisions together
  - Making sure both partners benefit from financial arrangements.
- **Respect**
  - Listening to her non-judgmentally
  - Being emotionally affirming and understanding
  - Valuing her opinions.
- **Shared responsibility**
  - Mutually agreeing on a fair distribution of work
  - Making family decisions together.
- **Trust and support**
  - Supporting her goals in life
  - Respecting her right to her own feelings, friends, activities, and opinions.
- **Responsible parenting**
  - Sharing parental responsibilities
  - Being a positive non-violent role model for the children.
- **Honesty and accountability**
  - Accepting responsibility for self
  - Acknowledging past use of violence
  - Admitting being wrong
  - Communicating openly and truthfully.
**Power and Control wheel**

The figure below was developed by Dr Sharifa Alkahteeb at the Centre for Children and Families in the Justice System, London, Ontario and is designed for use with Muslim survivors of domestic abuse.

![Power and Control wheel image](image)
LESLIE/GAY POWER AND CONTROL WHEEL

HETEROSEXISM

USING ECONOMIC ABUSE:
Preventing you from getting or keeping a job. Making you ask for money. Interfering with work or education. Using your credit cards without permission. Not working and requiring you to support her/him. Putting assets in partner’s name only.

USING PRIVILEGE:
Treating you like a servant. Making all the big decisions. Acting like the “lord of the castle.” Being the one to define each partner’s place or duties in the relationship.

USING CHILDREN:
Making you feel guilty about the children. Using children to relay messages. Threatening to take the children. Threatening to tell your ex-spouse or authorities that you are lesbian or gay so they will take the children.

MINIMIZING, DENYING, & BLAMING:

USING ISOLATION:
Controlling what you do, who you see or talk to. Limiting your outside activities. Using jealousy to control you. Making you account for your whereabouts. Saying no one will believe you because you’re lesbian or gay.

USING EMOTIONAL ABUSE:

USING INTIMIDATION:

USING COERCION & THREATS:
Making and/or carrying out threats to do something to harm you. Threatening to leave or commit suicide. Driving recklessly to frighten you. Threatening to “out” you. Threatening others who are important to you. Stalking.

VICTIM & ABUSER

INTERNALIZED HOMOPHOBIA

PHYSICAL VIOLENCE

SEXUAL VIOLENCE

HETEROSEXISM

EXTERNAL HOMOPHOBIA

EXTRODINARY VIOLENCE

INTERNALIZED HOMOPHOBIA

POWER AND CONTROL

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3. Working with perpetrators

As a FIP key worker there will be occasions where you will be working with perpetrators of abuse and their victims as you manage one family.

Although key to the work of the Family Intervention Project this practice can include additional risks, both to the victim of abuse and to the safety of the worker. You should be aware of these risks as you work with your families.

Consider the following points:\(^3\)

- There is no culture that condones domestic abuse.

If an abuser discloses their behaviour:

**DO**

- Acknowledge that any form of domestic abuse is wrong and ensure that this message is clear and consistent. Remember that domestic abuse is a crime.
- Acknowledge that the disclosure is an important first step towards stopping their abusive behaviour.
- Affirm any accountability shown by them. Their behaviour is a choice and they can choose to stop.
- Be respectful and empathic but do not collude. Affirm that the use of violence is wrong.
- Identify the perpetrator programs running in your area and identify them as an option for the abuser. Where programmes aren't available consider using other services such as Relate or Respect.
- Consider seeking specialist advice from the Probation Service.
- Seek out specialist support for the victim of abuse if their partner is accessing a perpetrator programme.
- Be aware that perpetrators minimise, deny and blame.

**DON'T**

- Make assumptions. Anyone can be a victim of domestic abuse and anyone can be a perpetrator. Be careful not to stereotype. Domestic abuse occurs across all areas of society, regardless of culture, religion or class.
- Meet the abuser alone. Do make use of any specialist perpetrator services in your area and risk assess before attending an address.
- Discuss the abuse with the couple, try to speak with each party alone.
- Assume that perpetrator programmes will “fix” things. They cannot work in all cases.
- Assume that alcohol and drugs are the cause of domestic abuse, they may escalate situations but will not be the underlying cause.
- Assume that accessing help for alcohol or drug difficulties will stop someone’s violence or abuse. They may need to get help for their substance misuse alongside help for their abusive behaviour.
- Automatically refer to anger management. Remember domestic abuse is not about any loss of control or anger issues.
- Automatically refer to mediation or couples counselling. These can be dangerous. They may not be appropriate if there is inequality in the balance of power between a couple.

[^3]: [www.respect.uk.net/data/files/dv_guide_for_healthcare_professionals.pdf](http://www.respect.uk.net/data/files/dv_guide_for_healthcare_professionals.pdf)
4. What is a Multi-Agency Risk Assessment Conference (MARAC)?

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

MARACs and FIPs
The MARAC will help you ensure that domestic abuse victims in families that you support are better protected from further abuse by a coordinated effort from all agencies and organisations. The FIP representative’s role at MARAC is to represent the views of your family members at the meeting, to share information relating to the safety of family members and to liaise with partner agencies to ensure that the right services coordinate a response to a family. The MARAC helps high risk victims access more resources locally and helps you build relationships with local agencies.

Frequently Asked Questions

Why does a representative from my agency attend?
The MARAC will aid you in achieving a joined-up and structured approach to addressing the safety needs of victims of high risk domestic abuse using your service. The kind of partnership working and efficient and effective information sharing that is facilitated by the MARAC process would not be achievable if it were not for the meeting. It is therefore important that you attend to provide a realistic overview to action planning and assist the MARAC by taking actions to improve the safety of the victim of domestic abuse.

What cases are discussed?
The highest risk cases of domestic abuse are discussed in your MARAC. These will have been identified by a practitioner from any agency using an evaluated risk assessment tool (see attached for CAADA recommended risk indicator checklist). It is recommended that the MARAC should initially see the top 10% of cases in your area in terms of risk profile. This may include cases of extended family violence including so-called ‘honour’ based violence.

What information should my agency bring?
All information shared at the MARAC should be relevant and proportionate to the risks faced by the victim of domestic abuse. FIPs will be able to provide information as to the position of the victim and offer advice as to the risks posed to other family members. It may be that the FIP representative will be able to provide safe contact and visit times to partner agencies to improve the safety of intervention with clients.

What actions can we offer?
The actions offered by the FIP representative will usually reflect the work the FIP is already doing with a family. This might involve discussing options, assisting with housing options, risk assessing and signposting on to other services.
What are the legal grounds for sharing information where consent is not given?
Disclosures to MARAC are made under the Data Protection Act and the Human Rights Act. Information can be shared when it is necessary to prevent a crime, protect the health and/or safety of the victim and/or the rights and freedoms of those who are victims of violence and/or their children. It must be proportionate to the level of risk of harm to a named individual or known household. For further information see the FAQs on disclosure of information at MARAC available at www.caada.org.uk. The principle that underpins MARAC is that the threshold of risk is so high that consent is not legally necessary from the victim to share information. In practice having the victim’s support for the process will almost always lead to a more successful outcome.

Does the victim need to know that they are being discussed at MARAC?
Whether you discuss the MARAC with your client will depend on whether you believe it is safe to do so, or whether it would put the victim or any other party at greater risk. It is good practice to contact the victim before the MARAC to gather information on what the current situation is and what the victim wants.

5. Contact details for your MARAC

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<th>MARAC Coordinator contact details</th>
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<td>Key Worker contact details</td>
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List of local contacts:

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<th>AGENCY</th>
<th>NAME OF MARAC REP &amp; DEPUTY</th>
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6. Flowcharts

Researching for the MARAC
Practice in your agency will differ according to local policy and organisational structure, but below is an outline of the research process for MARAC. All the cells in white should be completed by your MARAC representative.

List of names to be discussed at MARAC received from the MARAC coordinator approx eight working days prior to the meeting (the MARAC coordinator usually sits within the police, or whichever agency is the lead agency).

Check all addresses you have for victim, perpetrator(s) and children, including any on the agenda.

Check information systems for up-to-date information and flag files as MARAC case with date.

Contact Key worker involved if necessary to get up-to-date information and complete any appropriate actions in line with domestic abuse policy.

Complete research form with any relevant information. This can be done from the files or during contact with the victim if they are engaging with the service.

Put flag on file if not already done or make a note that MARAC took place, the date, and who to contact with queries.

MARAC representative attends MARAC, shares relevant information and agrees actions.

MARAC representative inputs any relevant information received onto information systems/contacts relevant Key worker involved in case. Passes on any actions to the Key worker.

Key worker completes actions and lets MARAC representative know when completed.
Referring a case to the MARAC
Policies on referring to your particular MARAC will be available locally but here is an outline of the process.

Disclosure of domestic abuse is made to key worker. At this point the key worker will check with domestic abuse policy and complete appropriate actions.

Key worker completes risk identification checklist (see attached) or makes a professional judgement on level of risk faced by client or passes to MARAC representative to do so.

If risk level meets MARAC threshold, refer to manager to discuss safety options to put in place now. Fill out referral form and hand to MARAC representative. Refer case to IDVA or appropriate Domestic Abuse Service. If does not meet the threshold: continue to complete appropriate actions and refer to local specialist domestic abuse services. END

REFERRAL MADE TO MARAC
MARAC representative/key worker fills out as much of the research form (attached) as possible and takes it to the meeting.

MARAC MEETING
Following the MARAC meeting the MARAC representative will inform you of any information that was shared which could have an impact on your response to the victim/perpetrator(s). Also you might have been assigned actions to help improve the safety of the victim and children.

Notify MARAC Coordinator once those actions are completed.
MARAC flowchart 1 - the steps to the process

Step 1
- IDENTIFY
  - MARAC agencies should have systems in place to identify victims of domestic abuse
  - Many services now have some form of routine enquiry questions that are agreed for use with all service users

Step 2
- RISK ASSESS
  - Once identified as suffering domestic abuse, the CAADA-DASH Risk Identification Checklist should be used to establish if the victim is at high risk of harm
  - Carry out immediate safety measures for victim, children and perpetrator. The police will carry out target hardening, child protection agencies will act to safeguard children
  - If high risk refer to IDVA service

Step 3
- REFERRAL
  - Whichever agency identified the case completes the Referral form and sends to MARAC Co-ordinator
  - Inform colleagues that a referral has been made
  - IDVA service contacts victim to offer support and identify key risks and fears

Step 4
- RESEARCH
  - All agencies receive MARAC meeting agenda from MARAC Co-ordinator
  - All agencies research all cases on the agenda
  - Contact colleagues for information, explain purpose of the meeting
  - IDVA gathers background information from the victim and other agencies not represented at MARAC about the abuse

Step 5
- MEETING AND INFORMATION SHARING
  - MARAC representative presents information at the meeting on their agency’s referrals
  - Present information relating to other cases with an agency involvement
  - Identify risks for the victim, children, perpetrator and agency staff
  - IDVA service presents information on behalf of the victim

Step 6
- ACTION PLANNING
  - Volunteer actions on behalf of your own agency and offer what you could do that would increase safety
  - Ensure actions are SMART
  - Identify opportunities to co-ordinate actions with other partners
  - IDVA service confirms that in their opinion the proposed actions are as safe as possible

Step 7
- FOLLOW UP
  - Inform colleagues of actions and complete in time agreed
  - Confirm when actions are completed with MARAC Co-ordinator
  - Keep IDVA informed of relevant information
  - IDVA service keeps victim informed of plan where safe to do so
  - IDVA service liaises with partner agencies to co-ordinate action plan
MARAC process 2 - some common pitfalls

Step 1
- IDENTIFY
  - No effective systems in place for routine enquiry or screening for domestic abuse

Step 2
- RISK ASSESS
  - Once identified, victims are not routinely risk assessed
  - Agencies all use different risk tools
  - Agencies have different criteria for defining risk in relation to domestic abuse - no common language of risk

Step 3
- REFERRAL
  - Referral process not open to non-police agencies
  - Lead agency 'gatekeeps' other referrals
  - Referral criteria not clearly agreed and understood by all agencies
  - Use of threshold meetings to identify 'appropriate' cases for MARAC can lose focus and effectiveness of meeting

Step 4
- RESEARCH
  - Agenda received too late to do research ahead of meeting
  - Own colleagues unclear of purpose of MARAC and do not provide information
  - Information sharing protocol not agreed
  - Lead agency asks information to be submitted before the meeting in writing
  - IDVA service not given information in time to contact victim

Step 5
- MEETING AND INFORMATION SHARING
  - Lead agency presents all information on behalf of others
  - Risks not clearly identified
  - IDVA service has not contacted victim
  - Few agencies have prepared for the meeting and bring information
  - Agency representatives are inconsistent; case workers sent to present cases

Step 6
- ACTION PLANNING
  - Agencies 'tasked' to do actions that they do not have capacity to do
  - Actions are not timed
  - No one identified to liaise with the victim after the meeting
  - Agencies do not make links to other safeguarding procedures for children and vulnerable adults or to MAPPA

Step 7
- FOLLOW UP
  - Actions not completed and not confirmed to MARAC Co-ordinator
  - No steering group to manage the performance of the MARAC
  - Victim not informed of action plan if safe to do so
  - No feedback to front line staff about actions and information gained from the meeting
  - Data not held securely
7. Risk Identification Checklist

CAADA Quick Start Guidance for the Domestic Abuse, Stalking and 'Honour'-Based Violence Risk Identification Checklist (RIC)

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

✔ The purpose of the RIC is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

✔ The RIC should be introduced to the victim within the framework of your agency’s:
  - Confidentiality Policy
  - Information Sharing Policy and Protocols
  - MARAC Referral Policies and Protocols

✔ Before you begin to ask the questions in the RIC:
  - Establish how much time the victim has to talk to you? Is it safe to talk now? What are safe contact details?
  - Establish the whereabouts of the perpetrator and children;
  - Explain why you are asking these questions and how it relates to the MARAC

✔ Whilst you are asking the questions in the RIC:
  - Identify early on who the victim is frightened of – ex-partner/partner/family member
  - Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

✔ Revealing the results of the RIC to the victim: Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area’s protocols when referring to MARAC and Children’s Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn’t feel that their situation is being minimised and that they don’t feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

✔ Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

The responsibility for identifying your local referral threshold rests with your local MARAC.
We ask about PHYSICAL ABUSE in questions 1, 10, 11, 13, 15, 18, 19 & 23

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as GP or A&E Nurse.

We ask whether the victim is experiencing any form of SEXUAL ABUSE in question 16

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

Resources: Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may useful to you:

- National Domestic Violence Helpline - 0808 2000 247 - For assistance with refuge accommodation and advice
- ‘Honour’ Helpline - 0800 5999247 - For advice on forced marriage and ‘honour’ based violence
- Sexual Assault Referral Centres- http://www.rapecrisis.org.uk/Referralcentres2.php
- Broken Rainbow - 08452 604460 – www.broken-rainbow.org.uk for advice for LGBT victims

COERCION, THREATS AND INTIMIDATION is covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (i.e. children/siblings). Victims usually know the abusers behaviour better than anyone else which is why this question is significant.
- In cases of ‘Honour’ Based Violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as “If I can’t have you no one else can…”
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim’s home, workplace etc, loitering and destroyed or vandalised property.
- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.

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**ECONOMIC ABUSE** – Question 20

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We ask about **EMOTIONAL ABUSE** and **ISOLATION** in questions 4, 5 & 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of ‘honour’ based violence talk about extreme levels of isolation and being ‘policed’ in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim’s mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won’t understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

**CHILDREN & PREGNANCY** – Questions 7, 9 & 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child’s life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children’s Services.

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If you are a professional working with domestic abuse and would like to know more about the Risk Identification Checklist you can find the following publications on our website:

- **CAADA-DASH MARAC Risk Identification Checklist (RIC) 2009 for the identification of high risk cases of domestic abuse, stalking and honour based violence**
  This is a helpful guide for IDVAs or practitioners new to the RIC and who want to become more familiar and confident in managing the process. It takes you through the process of completing the RIC with your client and provides detail on why and how to ask each question. This guide also provides supplementary questions to gather additional detail about each risk factor and provides general safety planning advice.
  It includes the Severity of Abuse Grid (SAG). The SAG gives practitioners the chance to profile the domestic abuse in more detail and identify significant concerns which may be relevant to include in a safety plan or share at a MARAC.

- **CAADA-DASH Risk Identification Checklist – without guidance**
  http://www.caada.org.uk/marac/RIC_without_guidance.doc
  This is a basic version of the RIC to download and use in everyday practice.

- **CAADA-DASH Risk Identification Checklist – Frequently Asked Questions**
  http://www.caada.org.uk/marac/RIC_FAQs.pdf
  This addresses a number of practical questions relating to the use of the checklist.

- **We also have a library of resources and information about training for frontline practitioners at**
  http://www.caada.org.uk/marac/Information_about_MARACs.html

Other frontline Practitioner Toolkits are also available from http://www.caada.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html. These offer a practical introduction to MARAC within the context of a professional role. Please feel free to signpost colleagues and other agency staff to these toolkits where relevant:

- A&E
- Ambulance Service
- BAMER Services
- Children and Young People’s Services
- Drug and Alcohol
- Education
- Fire and Rescue Services
- Family Intervention Projects
- Health Visitors, School Nurses & Community Midwives
- Housing
- Independent Domestic Violence Advisors
- LGBT Services
- MARAC Chair
- MARAC Coordinator
- Mental Health Services for Adults
- Police Officer
- Probation
- Social Care Services for Adults
- Sexual Violence Services
- Specialist Domestic Violence Services
- Victim Support
- Women’s Safety Officer

For more guidance on the MARAC process see the 10 Principles of an effective MARAC:
http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc. This forms the basis of the MARAC Quality Assurance process and national standards for MARAC.

We also have a library of resources and information about your nearest IDVA training course, Continuing Professional Development for IDVAs and how to develop IDVA Services through our Leading Lights programme at www.caada.org.uk
CAADA-DASH Risk Identification Checklist (RIC)

Aim of the form:
- To help front line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which underpins most recognised models of risk assessment.

How to use the form:
Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers. These can be downloaded from http://www.caada.org.uk/marac/RIC_for_MARAC.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim’s situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. *This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence.* This judgement would be based on the professional’s experience and/or the victim’s perception of their risk even if they do not meet criteria 2 and/or 3 below.

2. **‘Visible High Risk’**: the number of ‘ticks’ on this checklist. If you have ticked 14 or more ‘yes’ boxes the case would normally meet the MARAC referral criteria.

3. **Potential Escalation**: the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way. **The responsibility for identifying your local referral threshold rests with your local MARAC.**

What this form is not: This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children’s situation.

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4 For further information about MARAC please refer to the 10 Principles of an Effective MARAC: http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc

5 For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.
CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies for identification of risks when domestic abuse, ‘honour’-based violence and/or stalking are disclosed

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.
Tick the box if the factor is present ✔. Please use the comment box at the end of the form to expand on any answer.
It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (tick)</th>
<th>No</th>
<th>Don't Know</th>
<th>State source of info if not the victim e.g. police officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you very frightened? Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)... might do and to whom, including children). Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ..........) try to stop you from seeing friends/family/doctor or others? Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you feeling depressed or having suicidal thoughts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is there conflict over child contact?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is the abuse happening more often?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is the abuse getting worse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does (......) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being ‘policing at home’, telling you what to wear for example. Consider ‘honour’-based violence and specify behaviour.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (tick)</th>
<th>No</th>
<th>Don’t Know</th>
<th>State source of info if not the victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has (………) ever used weapons or objects to hurt you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has (………) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You □ Children □ Other (please specify) □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has (………) ever attempted to strangle/choke/suffocate/drown you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does (………) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know if (………) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children □ Another family member □ Someone from a previous relationship □ Other (please specify) □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has (………) ever mistreated an animal or the family pet?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any financial issues? For example, are you dependent on (………) for money/have they recently lost their job/other financial issues?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has (………) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs □ Alcohol □ Mental Health □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has (………) ever threatened or attempted suicide?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has (………) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bail conditions □ Non Molestation/Occupation Order □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Contact arrangements □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forced Marriage Protection Order □ Other □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know if (………) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DV □ Sexual violence □ Other violence □ Other □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total 'yes' responses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Practitioner’s Notes

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe:

Consider abuser’s occupation/interests - could this give them unique access to weapons? Describe:

What are the victim’s greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No
If yes, have you made a referral? Yes/No

Signed:  
Date:

Do you believe that there are risks facing the children in the family? Yes / No
If yes, please confirm if you have made a referral to safeguard the children: Yes / No
Date referral made .....................................................

Signed:  
Date:

Name:  

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8. MARAC forms: MARAC referral form

**RESTRICTED WHEN COMPLETE**

*MARAC referrals should be sent by secure email or other secure method to [insert contact details for MARAC]*

<table>
<thead>
<tr>
<th>Referring agency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact name(s)</td>
<td></td>
</tr>
<tr>
<td>Telephone / Email</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Victim name</th>
<th>Victim DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Diversity Data (if known) B&amp;ME □ Disabled □ LGBT □ Gender M / F</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number</th>
<th>Is this number safe to call?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

Please insert any relevant contact information e.g. times to call

<table>
<thead>
<tr>
<th>Perpetrator(s) name</th>
<th>Perpetrator(s) DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrator(s) address</td>
<td>Relationship to victim</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children (please add extra rows if necessary)</th>
<th>DOB</th>
<th>Relationship to victim</th>
<th>Relationship to perpetrator</th>
<th>Address</th>
<th>School (If known)</th>
</tr>
</thead>
</table>

**Reason for Referral / Additional Information**

<table>
<thead>
<tr>
<th>Professional judgement</th>
<th>Visible high risk (14 ticks or more on CAADA - DASH RIC)</th>
<th>Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential escalation (3 or more incidents reported to the Police in the past 12 months)</td>
<td>MARAC repeat (further incident identified within twelve months from the date of the last referral)</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

If Yes, please provide the date listed / case number (if known)

<table>
<thead>
<tr>
<th>Is the victim aware of MARAC referral?</th>
<th>Y / N</th>
<th>If no, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has consent been given?</td>
<td>Y / N</td>
<td></td>
</tr>
<tr>
<td>Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who does the victim believe it safe to talk to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who does the victim believe it not safe to talk to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the victim been referred to any other MARAC previously?</td>
<td>Y / N</td>
<td>If yes where / when?</td>
</tr>
</tbody>
</table>
MARAC research form

RESTRICTED WHEN COMPLETE

<table>
<thead>
<tr>
<th>Name &amp; Agency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone / Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Victim name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Victim name and DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Victim address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MARAC case number (from agenda)</th>
</tr>
</thead>
</table>

Please insert any changes / errors / other information (e.g. aliases or nicknames) below

<table>
<thead>
<tr>
<th>Are the victim details on the MARAC list accurate?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are the children(s) details on the MARAC list accurate?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are the perpetrator details on the MARAC list accurate?</th>
<th>Y / N</th>
</tr>
</thead>
</table>

Note records of last sightings, meetings or phone calls.

Note recent attitude, behaviour and demeanour, including changes.

Highlight any relevant information that relates to any of the risk indicators on the checklist (e.g. the pattern of abuse, isolation, escalation, victim’s greatest fear etc.).

Other information (e.g. actions already taken by agency to address victim’s safety).

What are the victim’s greatest priorities to address their safety?

Who is the victim afraid of? To include all potential threats, and not just primary perpetrator.

Who does the victim believe it safe to talk to?

Who does the victim believe it **not** safe to talk to?