



# **Risk Assessment & Management when working with those who use Violence & Abuse**

**Norfolk Safeguarding Children Partnership**

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20<sup>th</sup> March 2025

## Introduction

- Principles.
- Contributing External & Contextual Factors leading to NAI and Harm.
- Profile to Inform Risk Assessment & Risk Management.
- The Challenge in Assessment & Risk Management.
- Interplay across Multiple Vulnerabilities Escalating Risk.
- Triangulating Multi-Agency input in Risk Assessments.
- Supervision in Risk Assessment.
- Safety Planning with Fathers & Coercive Control.
- Boundaries & Frameworks to Maltreating Fathers.
- Systemic Factors.
- A Note on Cannabis.
- Learning from Domestic Homicide
- Services.
- Conclusions, Questions and Feedback.

Thank you for this opportunity. This slide describes the structure of the presentation. I'll take questions and or points of clarification at the end of each slide.

The focus of our discussion is on Risk – combined risk to children / risk to women. A whole system assessment approach to inform planning and potentially thresholds.

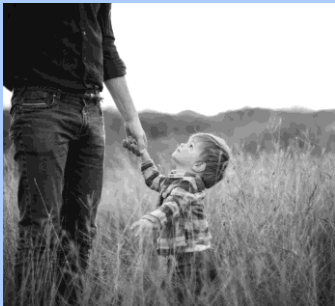
I am referring much more to men as a risk to children and their partners / former partners because I am mirroring the data and experience.

We are developing this field of practice, there is not enough research or support to practitioners which is why we are presenting this with the intention of working towards publication.

I have referenced research in the notes in various slides where you will also find links to different risk assessment frameworks and practice guidance. There is an over-representation of Kent guidance as an FYI.

I am speaking to you with an assumption that you are an audience mature in your understanding of the importance of father inclusive practice and awareness as to the historic and current barriers to including men.

I do not plan to take you through one specific risk assessment plan.



## Principals

- Emotive & Personal
- Reflecting psychodynamically
- Practice is continually evolving
- A Strengths-based approach: Fathers can play a hugely constructive role in a range of child and family outcomes
- Intersectionality.
- Integration / Collaboration / Multi-Agency
- Work creatively and effectively with men
- Know about local services and groups

I want to forewarn you that we are going to reference some difficult topics relating to child and domestic homicide.

I consistently refer to histories, chronologies and apply a psychodynamic approach to risk assessment.

As we know from these series of conferences and the Father Inclusive work completed here in Norfolk Fathers can play a hugely constructive role in a range of child and family outcomes. Here is a powerful example:

Fathers & Child Development - It is now recognised that, in most cases, child centred and sensitive care giving by both parents through complimentary parenting, (where parents agree role differentiation), contributes to a wide variety of positive child outcomes. (Allen: 2011, Field: 2010, Hauari & Hollingworth: 2009, Lamb and Tamis-Lemonda: 2004).

Intersectionality may increase risk: structural racism, impacting quality of assessment and limiting access to services alternatively, it may offset risk. It is critical we are cultural curious in risk assessments: how does he understand his masculinity? What has influenced his concept of masculinity? How does he

define his role as a father? As a partner? Why ask?

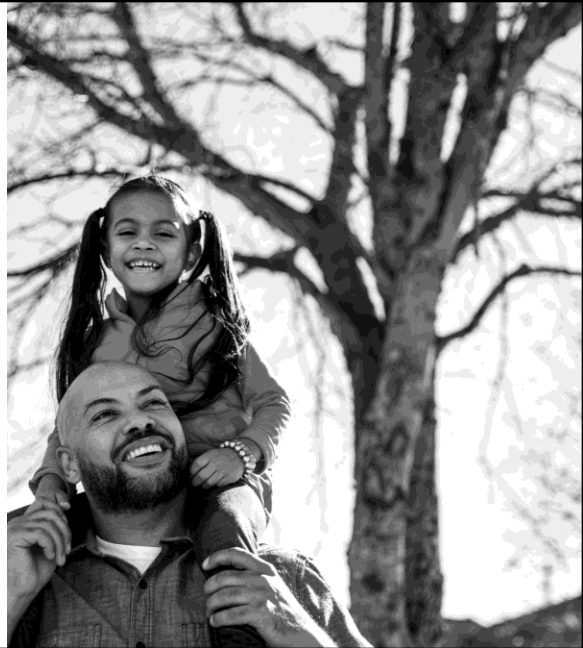
We are seeing engagement, and this is evident in my own Local Authority but it is what next – the quality of the assessment and the intervention.  
Its reduction

The risk assessment takes best practice in the management of offenders or potential offenders who pose risks to children and women. It is written to inform a Family First assessment approach, to inform s.17, s.47, child protection reporting, s.31 reporting, parenting assessments and forensic assessments.


We take a Multi-Agency approach throughout. It is critical all relevant partner agencies contribute to the assessment, analysis and planning.  
We must individual and organisationally, (at every level) commit to working with fathers / men.  
We must learn what services there are for men in our communities.

## Contributing External & Contextual Factors leading to NAI and Harm.

- The perennial challenge of poor information sharing
- Poor service provision
- A Lack of Research meaning limited practice knowledge
- (Ironically) An invisibility of men extends beyond service design and delivery to the completion of both SCRs and LCSPRs



1. Fathers or those in the father role are not provided with the information or education provided to mothers on the needs and impact of infants within families.
2. This means, as an example, they may not always develop an awareness of the impact of crying and how to feed and handle babies safely.
3. Fathers not being at appointments does not generate the same level of response that would apply to mothers.
4. There is little evidence that the importance of engaging fathers is reflected in health visitor training or that primary care services are wholly embracing father-inclusive practice'
5. Family Hub - historic multiple barriers in Sure Start / Children's Centres – female environment, opening hours and culture, no male staff and few services for men. This should be changing with the new FH agenda.
6. Austerity and cuts to services.
7. Engagement with fathers is characterised by shallow assessments and weak engagement – services do not know who they are nor the risks they present with nearly enough regularity.
8. This finding is supported by research – fathers are invited to child protection conferences only 55% of the time. Known violent fathers are not contacted by social workers prior to meetings 38% of the time and only 68% of completed assessments included contact with the father however it is incrementally improving.



**Profile to Inform Risk Assessment & Risk Management**

Multiple disadvantages coalesced to create behaviour that is dangerous to the safety of babies and women.

- Who is more likely to harm?
- What type of harm?
- Perinatal Neonaticides
- Infants more likely to be killed by their father 2:1
- stepfathers are associated with greater risk.
- Birth fathers are more likely to be the perpetrator.

Why do we need a risk assessment?

The headline data from a Safeguarding perspective:

1. Perinatal neonaticides (homicides within 24hrs of birth) are almost exclusively perpetrated by birth mothers.
2. Between 2000 and 2015 in England and Wales, 122 babies were killed by fathers (11 of these by step-fathers) giving an average of eight infants per year killed. Of these, 31 died as a consequence of shaking.
3. Infants were more likely to be killed by a father (as the main perpetrator) than by a mother in the approximate ratio 2:1.
4. Biological fathers are more likely to kill infants than stepfathers in ratios ranging from 5:1 to 26.1 in the first year of life. The ratio of biological fathers to 'stepfathers' where babies have been killed in England and Wales is 10:1. This

increases to 15:1 when shaking is the cause of death.

5. Factoring in the very small proportion of infants with a stepfather, the evidence suggests that stepfathers are associated with greater risk than birth fathers. The numbers are lower, but the risks are greater.
6. The ratio of biological fathers to 'stepfathers' evened out or reversed for father perpetrated homicide of older babies and pre-school children aged 1 to 5 years in England and Wales.
7. The data shows that men are more likely to be perpetrators of physical abuse and harm to babies than women.
8. Birth fathers are much more likely to be the perpetrator than other male figures

And then just same data about DARDRs / DHRs

A total of 242 domestic abuse related deaths were recorded between April 2022 to March 2023, including:

- 93 suspected victim suicide following domestic abuse (SVSDA)
- 80 intimate partner homicides (IPH)
- 31 adult family homicides (AFH)

Victim and suspect demographics remained consistent with previous years, with the majority of victims being female aged 25-54 years old, and majority of perpetrators being male and of the same age bracket.

The number of victims and perpetrators of global majority heritages remain slightly over-represented compared with the general population.

Four in five perpetrators were known to police before the homicide occurred, three in five for domestic abuse, and over a third were known to other agencies, demonstrating the need for a multi-agency approach to effectively

safeguard victims.

Key indicators of risk present in the perpetrator's history consistently include:

- controlling and coercive behaviour
- mental ill health
- alcohol use
- drug use and
- separation/ending of the relationship



## The Challenge in Assessment and Risk Management

'Normal' parenting activities, (dealing with crying, babies being unwell, not sleeping), were being responded to within an abnormal context and behaviour.

No one particular "identifier" that could safely be used as a predictor of risk to babies.



1. No one particular "identifier" instead there are a range of factors, which when they combine present what should be recognisable warning signs that indicate risk.
2. There is also the element of chance – what happens in the moment and cannot be predicted.
3. Injuries inflicted on infants are abnormal and abusive responses to the normal and everyday behaviour of babies (crying, vomiting, poor sleeping). Injuries occur within the context of the man's life history together with more recent life stresses.
4. It is in the combination of factors described in this workshop that risk occurs and the fact that too many men are not well engaged by services means that those risks go unidentified or unaddressed.
5. Assessments of risks need to be realistic about the potential for change.



## **Interplay between Multiple Vulnerabilities Escalating Risk**

1. We must think systemically in the management of risk as individual vulnerabilities or factors intersect and escalate risk.
2. The next 2 slides are the critical information you need when undertaking a risk assessment.

## What to Include in Risk Assessments

The safeguarding system, and professionals working within it, need to assess and be alert to multiple vulnerabilities and the interplay between vulnerabilities.

<b>1</b>	Men who have had a background of abusive, neglectful or inconsistent parenting themselves
<b>2</b>	Poor coping skills.
<b>3</b>	Histories of poor attachment patterns leading to inappropriate responses to the needs of children, resulting in anger and harm
<b>4</b>	Impulsive behaviour and low frustration thresholds, (anger evident in childhood)
<b>5</b>	Where there are no histories of violence there will be reports of punching walls or smashing or throwing things in frustration
<b>6</b>	Men who abuse substances, especially drugs, to a degree that encourages increased levels of stress and anxiety, sleeplessness, lowered levels of frustration tolerance, heightened impulsivity, poor emotional and behavioural regulation and poor decision making
<b>7</b>	Men who mitigate their difficulties with others through an easy default to violence and controlling and angry behaviour
<b>8</b>	Mental Illness

The safeguarding system, and professionals working within it, need to assess and be alert to multiple vulnerabilities and interplay between vulnerabilities. You need to have these issues in mind when writing your chronology. The Chronology is critical – think intergenerational transmission of abuse.

1. Men who have had a background of abusive, neglectful or inconsistent parenting themselves.
2. Poor coping skills.
3. Histories of poor attachment patterns leading to inappropriate responses to the needs of children, resulting in anger and harm.
4. Impulsive behaviour and low frustration thresholds (anger evident in childhood).
5. Where there are no histories of violence then look out for reports of punching walls or smashing or throwing things in frustration.
6. Men who abuse substances, especially drugs, to a degree that encourages increased levels of stress and anxiety, sleeplessness, lowered levels of frustration tolerance, heightened impulsivity, poor emotional and behavioural regulation and poor decision making.
7. Men who mitigate their difficulties with others through an easy default to

- violence, controlling and angry behaviour.
8. Men with a history of mental health difficulties.

## Include in your Assessment

- 9** Lower self-esteem, anxious attachment styles and disengaged coping strategies
- 10** Misinterpretation of their child's behaviour, feelings of rejection by their child, and situation-specific issues override victim empathy at the time of the father's physical child abuse"
- 11** Adverse childhood experiences' (ACEs) can manifest in adulthood as attachment disorders
- 12** These men have normally experienced childhoods where there is abuse or trauma, and when their caregiver is seen and experienced as dangerous, harmful, unpredictable, rejecting, cold or inconsistent. This can shape and affect other relationships, especially those of a very personal or intimate nature in adulthood
- 13** A poor sense of identity in relationships with others. Disturbed, chaotic and disorganised relationships can then feature prominently in the lives of these adults
- 14** Poor decision-making, even poorer emotional and behavioural regulation leading to irritability and volatility
- 15** Not all violence means he will be violent to the baby
- 16** External pressures; racism, poverty, debt, deprivation, worklessness and poor relationships with the mother
- 17** Young Carers and Care Leavers

1. Lower self-esteem, anxious attachment styles and disengaged coping strategies
2. Misinterpretation of their child's behaviour, feelings of rejection by their child, and situation-specific issues override victim empathy at the time of the father's physical child abuse"

However, these factors do not have a direct causal relationship, so it is vital that practitioners and services better assess and understand these potential connections. We need to explore them in-depth with parents, both mothers and fathers, to better understand and appraise how they manifest in particular situations and, crucially, how possible risks to babies can be mitigated and addressed.

## Triangulating Multi-Agency input in Risk Assessments

<b>1</b>	With Survivor	<b>8</b>	EH / C&F / FF Assessment / Chronology / Parenting
<b>2</b>	With Children – impact i.e. Significant Harm Criteria	<b>9</b>	CARA-DASH / DAN / DARA / MARAC
<b>3</b>	Previous partners	<b>10</b>	Any Forensic assessment / Probation
<b>4</b>	Extended family	<b>11</b>	Any health / MH assessment / Learning Needs
<b>5</b>	Housing	<b>12</b>	Completion & response to any individual or group work e.g. BBR or Caring Dads.
<b>6</b>	GP	<b>13</b>	MAPPA / JIGSAW / VISOR
<b>7</b>	Good vs Bad / personal insight	<b>14</b>	Care proceedings

1. Its not exhaustive list and it can be added too.

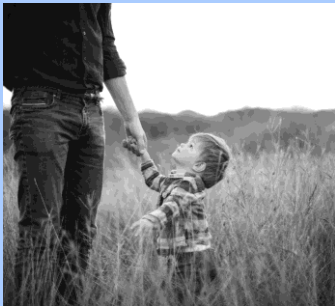
Too often men are either seen as ‘good’ and therefore to be actively engaged and entrusted with the care of their children, or they are deemed to be ‘bad’, to be kept at arms-length and, if possible, excluded from the family’s life because of the safeguarding risks they present.

2. Mothers are more likely to be seen in a more rounded, holistic way, with their strengths identified and built on, areas of concern addressed, and attention given to enhancing their support systems. In short, greater proportionate effort and attention is given to enable mothers to be the best parents they can be. This more nuanced approach does not generally underpin practice when engaging fathers. This has a catastrophic impact on some babies and was a key driver behind our decision to conduct this review.

What are the barriers to including the men, fear of disclosing information to the perpetrator which may make the victim more vulnerable? How do we support practitioners to get around those barriers?



## Supervision / Group Supervision



- Understand how the fear of violence influences multiple systems
- The psychoanalytical contribution
- Empowering professionals to be confident

Supervision needs to understand and encourage reflection on the following:

Understanding how Violence Influences the Social Work System – how must the child / partner / mother be feeling?

Defended Organisations and professionals

Fear of Violence / Health & Safety

Impact of Child abuse and / or domestic violence experienced by social workers in their childhood or adult lives on their social work practice (he reminds me of my ex-husband / father).

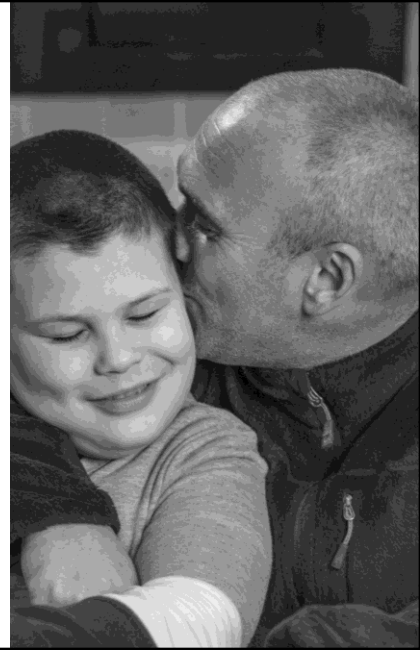
The helping professions attract a disproportionately high number of people who have suffered abuse and the impact this may have on their ability to manage violent and abusive clients

Staff are fearful of assault, of violence etc. It is critical organisations / managers are aware and have a robust Health & Safety process and are trained to work with different types of masculinity.

Supervision – analysis, reflection, empowered,

## Safety Planning with Fathers & Coercive Control

- Invisible / Visible
- Quality Assessment considers bias, masculinity, intersectionality, fatherhood from an individual and cultural perspective
- Statement of concern
- Bottom Line
- Description of Relationships
- Risk factors & behaviours
- Safety Circles and how to raise an alarm
- Support





## **Boundaries & Frameworks to Maltreating Fathers**

- **Clare's Law / Sarah's Law**
- **Risk assessment (DASH or Barnardos Risk Assessment Matrix)**
- **Injunctive relief (stalking, harassment, social media). Non-Molestation Orders**
- **Domestic Abuse Protection Notices**
- **Joint work with the Criminal Courts and Probation Services; (in terms of injunctions, community orders, and IDAP)**
- **Joint work with the family courts, (in private proceedings), in relation to s.7 reports, injunctions, contact orders and Prohibitive Steps Orders**
- **Application of the MARAC and MAPPA processes**
- **Joint work with the voluntary sector to support survivors escape the violence and maintain separation**
- **Joint work with the Police's Community Safety team and the Child Abuse Investigation Teams in the identification and protection of survivors and in the arrest and conviction of abusers**
- **Application CIN, CP & PLO**
- **Perpetrator Programmes.**

### **1. Domestic Abuse Bill**

- **Statutory definition**
- **Domestic Abuse Protection Notices/Orders**
- **Extraterritorial jurisdiction factsheet**
- **Domestic Violence Disclosure Scheme**
- **Cross-examination in the family court's factsheet**
- **Mandatory polygraph tests fact sheet**
- **Special measures in the criminal court's factsheet**
- **Secure tenancies and victims of domestic abuse factsheet**
- **Local Authority support for victims of domestic abuse and their children within safe accommodation fact sheet**
- **Special measures in civil proceedings & family proceedings**
- **Cross examination in the family court fact sheet**
- **Cross examination in civil proceedings fact sheet**
- **Consent to serious sexual gratification**

## **•Victim and Prisoner Act 2024 – Controlling and Coercive Behaviour**

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- In June 2024 the Victims and Prisoners Act added Controlling and Coercive Behaviour to the list of MAPPA eligible offences. This offence will be added to Section 327 (4A) of the Criminal Justice Act 2003, meaning anyone receiving a qualifying sentence for this offence, will automatically qualify for MAPPA management under Category 2.
- This includes those who are currently serving a qualifying sentence. Qualifying sentences include
  - Imprisonment for a term of 12 months or more (including indeterminate sentences).
  - Detention in youth detention accommodation for a term of 12 months or more (including indeterminate sentences).
  - Suspended Sentences with a term of imprisonment of 12 months or more.
  - A Hospital Order (with or without restrictions) or Guardianship Order under the Mental Health Act 1983 (MHA 1983).
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- This change came into effect on Monday 3rd February 2025.

## A Note on Cannabis



1. Some of the mental health difficulties experienced by men, as described in case reviews, are rooted in substance misuse. High levels of anxiety, depression and restlessness caused by a lack of sleep can be attributed to substance misuse.
2. It is also possible that weak service engagement with men generally means that details about their levels of misuse are simply not being asked about or captured. Some men interviewed spoke powerfully about the impact of drink and (mostly) drug use on them and their lives.
3. Cannabis use normalised by professionals
4. Some described many years of routine cannabis use; with some having smoked cannabis since childhood.
5. The use of modern cannabis in the form of 'skunk' can be very toxic, can have a very negative impact on emotional and psychological well-being and can also induce psychosis.
6. Limited assessment frameworks across Children Services.



## Domestic Abuse Related Death Reviews (DHRs)

- IPH Intimate Partner Homicide / AFH Adult Family Homicide / Suicide /
- Coercion & Control
- Economic Abuse
- Stalking & Harassment.
- Non-fatal Strangulation
- Adolescent to Parent & Adult Family Abuse
- Typologies of Abuse
- Understanding the Dynamics of Counter Allegations
- Respect Toolkit for Work with male Victims of DA.
- Invisible / Unaccountable Men

This group of learning themes relates to improving knowledge of domestic abuse to support the appropriate recognition and response:

[Coercion and control](#). Published cases: Connie 2018, Beth 2018, Diana 2020.  
Key learning: Fully appreciating the ways and extent to which this impacts the victim.

[Economic abuse](#). Leanne 2019, Diana 2020.

Key Learning: This form of control may not be obvious to victims or professionals without exploration.

[Stalking and harassment](#). Rosemary 2017, Ann 2018.

Key learning: Recognising the heightened risk as seen in the [Homicide Timeline](#), and its prevalence in cases of suspected victim [suicides following DA \(fig. 26, page 48.\)](#)

[Non-fatal strangulation](#). Leanne 2019, Kitty 2020.

Key learning: Recognising when this has occurred and the heightened risk.

[Adolescent to parent violence & adult family abuse](#). Martin 2018, Leanne 2019. Key learning: Mental health, substance misuse and caring dynamics are often present for the perpetrator. Assessing risks across the family unit is needed.

[Typologies of abuse](#). George 2019, Louise 2020, Salome 2021.

Key learning: [Understanding the dynamics](#) with respect to alleged abuse, and ‘who is doing what to whom with what effect?’ can help to correctly identify if there is a perpetrator of DA, and who it is. This is important, particularly if there are [counter allegations](#) or a [caring dynamic](#), to establish the most appropriate response. The [Respect Toolkit for work with male victims of domestic abuse | Respect](#) can support frontline workers to appropriately identify male victims of DA, perpetrators presenting as victims or service users in an unhappy relationship, but not in a domestic abuse context, and respond appropriately.

Further guidance on typologies of abuse are found here in section 6: [multi-agency protocol to safeguard adults with care and support needs who are impacted by domestic abuse](#)

“[Understanding gender dynamics and DA perpetrators’ behaviour](#)” (24mins). Video of presentation by Respect.

### **Invisible / Unaccountable men**

Sometimes when there are fathers and father figures present in reviews, it is found that they are overlooked by agencies in a number of ways. May be they were invisible to processes such as family assessments. Other agency engagement may not have fully applied a Think Family approach when engaging with the mother or children. Agency records may link mother and child, but not a father.

Previous learning from Kent and Medway reviews highlighted a need to provide safeguarding for victims by holding the perpetrator to account. Perpetrator programmes have since been introduced to help change behaviours instead of solely relying on putting in place measures around the victim. Linked to, and as an extension of this issue is invisible fathers/father figures.

- [Kitty 2020](#) – The perpetrator was invisible as a father in relation to agency involvement with his children, and also invisible as a perpetrator in respect of his previous offending.
- [Connie 2018](#) – Assaulted by the father of her second child for which he received a suspended sentence with restraining order. *In this scenario, children’s services were aware of the perpetrator’s abusive behaviour. However, engagement with him proved very challenging.*
- [Jean 2018](#) – Children’s services were involved for Jean’s two children due to abuse she suffered from her most recent partner. Jean requested that he be

involved in the proceedings, but this was turned down.

- [Beth 2018](#) – ‘Parental disputes’, and the effects on the children masked the coercive control that Beth was subject to by her ex-partner. He was the parent who presented in the best light to some agencies.

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- Such circumstances may have benefitted from the Safe and Together model with its three principles; to keep children safe and together with their non-abusive parent, for practitioners to partner with the non-offending parent as a default position, and to interview with the perpetrator to encourage engagement and accountability.

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- [KSCMP Father Inclusive Guidance](#)

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- [The Myth of Invisible Men](#)

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- [The Myth That Coercive and Controlling Domestic Abusers Can Be Adequate Parents - Dr Emma Katz](#)

- [VKPP](#)**

- [Domestic Homicide Project - VKPP Work](#)

- In 2020 the Domestic Homicide Project was established by police and government in England and Wales to collect, review, and share quick-time learning from all police recorded domestic homicides, unexpected deaths and suspected suicides of individuals with a history of domestic abuse victimisation. Reports have been published annually with the most recent being published in March 2024.

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- This 2 minute video summarises the most recent report’s key findings [Domestic Abuse 2023 Report Animation \(youtube.com\)](#)

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- [Home Office](#)**

- The Home Office have released a further analysis of DHRs for those submitted between October 2022 and September 2023. Analysis focussed on characteristics of the victim, perpetrator, circumstances and family involvement in the review. <https://www.gov.uk/government/publications/key-findings-from-analysis-of-domestic-homicide-reviews>

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- [Domestic Abuse Commissioner](#)**

- The vast majority of victims of domestic homicide were in touch with the police, health services and other public agencies before their death, according to

research published in December 2023 by the Domestic Abuse Commissioner and Manchester Metropolitan University. [Four thematic reports](#) are drawn from a sample of 302 reviews following domestic abuse related deaths between 2012 and 2019. They focus on recommendations for four types of agencies: criminal justice agencies like police and probation, physical and mental health services, children’s services, and adult social care.

- The Home Office DHR library. [Search DHRs: Search the Domestic Homicide Review Library – GOV.UK \(homeoffice.gov.uk\)](#)

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- 5.3 The HALT research project’s repository of DHRs which utilises helpful categories to support searching. [REPOSITORY LANDING – Halt \(domestichomicide-halt.co.uk\)](#)

## Domestic Abuse Related Death Reviews (DHRs) & Suicide

Suicide is a common theme in DARDRs particularly in two aspects.



Vulnerable women, children placed elsewhere, escalating of co-occurring conditions alcohol / intersectionality / limited contact with children led to feelings & acts of suicide



Homicide / Suicide

Suicide is a common theme in DARDRs particularly in two aspects. The first is when mothers, who often have alcohol and substance misuse difficulties, are unsuccessful in predominately private family court proceedings. It is noted in these DARDRs that the children have been subject to CP Plans in Kent prior to any s.7 process. It is also noted the children are placed with their respective fathers. Subsequently, these vulnerable women, who often have unsettled housing arrangements, diagnoses of anxiety and depression, enter new, coercively controlling, isolating, and domestic abusive relationships. These factors then coalesce, with escalating alcohol and drug use, compounded by a failure in contact / family time arrangements all then contribute to feelings of and acts of suicide.

The second aspect is murder / suicide where men are killing women then committing suicide. Our work with perpetrators is so unsophisticated and there is a general failure to identify their vulnerabilities.

The issue of suicide remains a theme for mothers when children are removed, and we would welcome your insights as to how early help and social workers, can include in their planning, preventative actions. My experience has been to ensure there is a referral to the GP, details of Samaritans and a safe member of the family who is



willing to take the mother to A&E.

We have recently agreed the following practice changes in the CP Service.

KCC Integrated Children's Services are to remind their staff involved in CP Case Conferences and Core Group meetings to request attendance and reports from all agencies involved in the support planning process surrounding the child and significant family members, including GP and charities supporting the person i.e. substance misuse services.

CP Chairs need to consider these co-morbidities and then include suicide support in CP Plans.

[DA and suicide links](#). Jean 2018, Connie 2018, Simran 2019, Diana 2020  
Key learning: Recognising when and why DA victims attempt suicide and how to better support them.

[Child separation and mothers' suicide risk](#). Connie 2018, Angela 2021.  
Key learning: Child removal increases trauma for both mother and child, and where mothers are also facing domestic abuse and other forms of disadvantage, they need greater support.

[Co-occurring conditions](#). George 2019, Louise 2020.  
Key learning: Due to the interconnections between mental health issues and substance misuse, joint approaches are needed, otherwise barriers to engaging with services for both victims and perpetrators can be created.

[Diversity & inclusion](#). Tamana 2018, Simran 2019, Salome 2021.  
Key learning: Services need to be accessible to those from diverse backgrounds. Professionals should work without bias in relation to gender, religion, ethnicity, age, mental health or disability. They should feel confident to sensitively explore various aspects to improve understanding of issues and establish appropriate responses.

[Addressing perpetration of abuse](#). Patrick 2018, Kitty 2020.  
Key learning: Recognising perpetrators, holding them to account and putting in place [interventions](#) to reduce or prevent them from being abusive should be considered alongside the safeguarding pathways for victims.

[Professional practices](#). Learning themes relating to practice and how professionals go about their work to improve understanding of the dynamics,

assessment of risks, and establishing appropriate responses are:

- Professional curiosity – exploring situations rather than accepting something at face value.
- Information sharing and record keeping – can support professional curiosity through triangulation of information with other sources.
- Risk assessments – will only be meaningful if they: are informed by complete information and wider contextual information; avoid considering incidents in isolation; and are updated and reassessed as things change.

MARAC. Recommendations relating to improvements for MARAC have been highlighted in a number of cases. GP information exchange with the process; protocols around the information to be considered by MARAC, action tracking and minuting; risk of suicide; information relating to the perpetrator; understanding of the referral process; and suitable attendance at meetings have all been raised and are being fed into the development of a new MARAC model. A MARAC Steering Group and three working groups focusing on protocols, training and a case management system, are developing and implementing the recommended improvements.



## Services

- ✓ **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 be 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](http://www.broken-rainbow.org.uk) for advice for LGBT victims

- ✓ New Domestic Abuse Bill  
<https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets>
- ✓ IDVAs in Hospitals and Police Custody
- ✓ <https://www.suzylamplugh.org/Pages/Category/about-stalking>
- ✓ Kent Domestic Abuse & Stalking Perpetrator Programme • Healthy Relationships Intervention (HRI) • Challenging Unhealthy Relationship Behaviours and Beliefs (CURBB) • Compulsive and Obsessive Behaviour Intervention (COBI) • Healthy Emotions and Attitudes in Relationships for Teens programme (HEART) • Young person's Compulsive and Obsessive Behaviour Intervention (COBI).
- ✓ BBR
- ✓ Caring Dads



## **CONCLUSION**

- Risk Assessments must be wholistic and involve a wide range of individuals & organisations.
- The important role of Supervision.
- Health, Safety, & training = empowered workforce.
- Services need to be available to address risk and violence.

# **A time for questions, reflections and problem solving**

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