

WHAT WORKS: CRIME REDUCTION RESEARCH

Risk-led policing of domestic abuse and the DASH risk model

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Executive summary

Key findings and implications

- There was widespread support for risk assessment from both police and partners.
- The DASH risk tool was not applied consistently at the frontline. Officers sometimes used discretion not to submit a form, specific questions were altered or omitted, and information was sometimes recorded in an inconsistent or incomplete way.
- Police officers and staff appeared to prioritise criminal offences and especially physical violence and injury at the current incident at both the initial and secondary stages of risk assessment.
- An evidence-based approach to risk-led policing is needed.
- An understanding of coercive control needs to be embedded within a risk-led approach.
- A revised risk tool for frontline officers should place a greater emphasis on patterns of abusive behaviour.
- A more thorough risk/needs assessment is best undertaken by those with specialist training.

Introduction

In 2009, National Policing leads endorsed a risk model to support and improve the police response to cases of domestic abuse: the Domestic Abuse, Stalking and Harassment and Honour-based violence risk identification, assessment and management model (DASH). The DASH model has not been subject to systematic empirical evaluation since its implementation. In 2014, under the auspices of the What Works Centre for Crime Reduction, and following a recommendation in a review of police response to domestic abuse by Her Majesty's Inspectorate of Constabulary (HMIC), a research project was commissioned to investigate the ways in which risk-led policing of domestic abuse takes place across England and Wales.

Research methods

The research consisted of a national mapping exercise followed by in-depth fieldwork in three police force areas. The fieldwork was wide ranging and included face-to-face interviews with police and partner agencies (n=61 interviews), observations of frontline responses to incidents (n=120 hours), force-wide surveys (n=1296 responses), and case files retrieved from force IT systems (n=2180).

Findings

A majority of forces in England and Wales were using the DASH risk model for domestic abuse either in its original form (n=28) or in an altered form (n=10) at the time of an inspection by HMIC in 2014 (HMIC, 2014: 68). The national mapping exercise enabled the identification of three different models of risk-led policing of domestic abuse:

1. Frontline officers identify risk factors via the DASH interview at the time of an incident, but

do not apply a risk grading; a risk grading is applied in all cases by a specialist officer or member of police staff.

2. Frontline officers attending an incident both identify risk and apply an initial risk grade and a secondary risk assessor reviews a subset of cases (those graded as 'medium' and 'high' risk by the frontline officer, or in some cases only those graded as 'high').
3. Frontline officers attending an incident both identify risk and apply an initial risk grade of 'standard', 'medium' or 'high' risk. A secondary risk assessor reviews the initial risk grading in all cases.

The key distinction between the models is the degree of responsibility placed on frontline officers in terms of the assessment of risk. In model 2, officers' initial assessments are only reviewed at a second stage risk assessment in a subset of cases. Although this model reduces the burden on specialists and central units, there is a greater likelihood that cases involving significant risks that have not been identified by the attending officer(s) will not be subject to a full risk assessment. In models 1 and 3, all cases are, in theory, subject to a full risk assessment. The volume of cases means, however, that the likelihood of a delay between the incident and the full risk assessment is increased, or that the time devoted to each case is not consistent with that required for a robust assessment of risk. As there are significant drawbacks to each model, none can be recommended as best practice.

Observations of officers responding to domestic abuse incidents showed variations in the way the DASH interview was conducted and an inconsistent approach to recording data derived from the DASH questions. Interviews with partner agencies as well as the police revealed that the quality and completeness of the DASH forms were common sources of concern.

Consistent with previous research, this study also found that:

- A lack of understanding of coercive and controlling patterns of abusive behaviour can have implications for what is classified as domestic abuse and therefore subject to risk assessment.
- A tendency for the police to focus on physical violence and what has occurred at the current incident can result in them missing abuse which is characterised not by physical violence and injury but by continuous coercion and control in other forms.

A lack of understanding of coercive control, and the absence of a working knowledge of coercive control underpinning judgements of risk, was observed not only at the frontline, but also to some degree at the secondary risk assessment stage.

Overall, and in accordance with HMIC's recent inspections, we observed an often process-driven approach to domestic abuse, which was of variable and inconsistent quality and often not fully understood or properly implemented by the officers involved. Despite acknowledged operational challenges, however, there was widespread support across police and partner agencies for a risk-led response to domestic abuse and belief that the DASH risk tool had added value in achieving this.

Conclusions

Given that domestic abuse represents a core component of frontline officers' work, it is imperative that they understand the rationale for risk identification and assessment, and are able to identify indicators of risk and record that information accurately. Secondary risk assessors in the three forces generally did not make direct contact with victims, so it is crucial that initial assessments conducted by attending officers are accurate and consistent.

Police officers and staff acknowledged the value of risk identification and assessment, but there was also frustration at a perceived mismatch between the current tool and the practical realities of frontline policing. The DASH tool in its current form seems better suited to a domestic abuse specialist who may be able to build a better rapport with the victim and devote greater time to providing detailed context for the responses to questions. A revised risk tool for the frontline could encourage officers to collect the most salient information in a more complete and consistent way, while 'nudging' them towards a focus on coercive control and dangerous patterns of behaviour.

Consideration should be given to how a more complete risk/needs assessment is best undertaken in cases where it is identified that there is ongoing threat of harm. If the police secondary risk assessment stage is process driven, or if secondary assessors lack the comprehensive training of specialist support workers, as was the case in the three forces in this study, then a better approach might be for the police to focus on criminal justice responses to the threat posed by the perpetrator whilst ensuring that relevant cases are referred to support services in a timely manner.

Summary of key implications

This research on risk-led policing of domestic abuse and the DASH risk tool suggests the following key implications for police practice in this area:

- 1) **An evidence-based approach to risk-led policing is needed.** Very few police respondents in the three forces could recall receiving training relating specifically to risk assessment. Even amongst those occupying more specialist roles (e.g. risk assessors), informal on-the-job learning took place in the absence of training. Supervision and feedback that could reinforce any learning was also largely absent in the three study forces.
- 2) **An understanding of coercive control needs to be embedded within a risk-led approach.** Some aspects of domestic abuse were not well recognised by many response officers attending incidents. In particular, previous research has found that coercive control comprises an important risk factor for domestic homicide. The current study has revealed that the police often do not fully recognise the significance of coercive control when assessing risk.
- 3) **A revised risk tool for frontline officers should place a greater emphasis on patterns of abusive behaviour.** Our research suggests it is not necessary to ask for all of the information contained currently in the 27-item DASH tool during the initial response. In its present form, the DASH is being circumvented in practice and is providing inconsistent data to secondary risk assessors. A more focused frontline tool could more effectively nudge officers out of an incident-driven mind set, towards identifying patterns of abusive behaviour, including coercive control.
- 4) **Domestic abuse specialists are needed to situate potentially high risk factors (such as separation from the perpetrator) in the context of a highly controlling perpetrator.** They are better placed to conduct a more thorough risk/needs assessment as an adequate basis for deciding follow-up action in cases where there is ongoing abuse. Police roles and structures must support timely and robust reviews of initial risk assessments and timely referrals to specialist support services.

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1. Introduction

In 2009, National Policing leads endorsed a risk model to support and improve the police response to cases of domestic abuse: the Domestic Abuse, Stalking and Harassment and Honour-based violence risk identification, assessment and management model (DASH). Though it is used by the majority of police forces in England and Wales, DASH has not been subject to systematic empirical evaluation in relation to implementation or impact on victim safety, or accuracy in identifying future risks of offending or victimisation.

In 2014, under the auspices of the What Works Centre for Crime Reduction¹, and following a recommendation in a review of police response to domestic abuse by Her Majesty's Inspectorate of Constabulary (HMIC), a research project was commissioned to investigate the ways in which risk-led policing of domestic abuse takes place across England and Wales. Specifically, it was suggested that:

"The [College of Policing] should urgently consider the current approach to risk assessment with others, such as practitioners in forces, academic experts and organisations supporting practitioners and victims. It should make an assessment of the sufficiency of the tools that frontline officers are given to assess risk, and of the training they receive in connection with risk assessment" (HMIC, 2014: 22).

Background

'Risk-led' approaches to domestic abuse have been adopted widely over the past decade. The police, as a leading agency in responding to domestic abuse, along with a number of partner organisations, have changed their practices in an attempt to gauge differing levels of risk. This assessment is used as a basis a) for allocating scarce resources to cases and b) for determining what the response should be to try to prevent further violence and abuse. The key measure of success is thus improved victim safety. The aim of this study is to investigate how these risk-led approaches to domestic abuse are implemented and delivered across England and Wales; it is an evaluation of agency processes rather than an evaluation of victim outcomes. The focus of the study is on the police, but partner agencies that work with the police in the delivery of these approaches are also included.

What is risk-led policing of domestic abuse?

In the context of policing domestic abuse, 'risk' has been defined according to the Probation and Prison service definition of risk of serious harm: an event 'which is life-threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible' (Richards et al., 2008: 112). The conceptualisation, definition, and measurement of 'risk' in relation to domestic abuse poses a number of challenges (Robinson, 2010). A multi-staged approach that incorporates risk into the response and investigation of domestic abuse has been endorsed in guidance for police in England and Wales for a number of years (ACPO, 2005; NPIA, 2008). For the purposes of this research, 'risk-led policing' of domestic abuse is deemed to include four distinct stages. Briefly, these are:

¹ The What Works Centre for Crime Reduction is supported by a commissioned partnership consortium of universities (<http://whatworks.college.police.uk/About/pages/cpp.aspx>).

- **Classification:** to recognise a particular incident as constituting 'domestic abuse' according to the official definition.
- **Identification:** to use a risk identification tool to determine whether certain risk factors are present.
- **Assessment:** to translate these risk factors into a risk level or grade (standard, medium or high risk). This stage can be further divided into an initial (frontline) stage where a preliminary risk grade is given, and a secondary stage where it is reviewed, and possibly changed.
- **Management:** to enforce the law and pursue criminal justice sanctions against the perpetrator, and undertake safety planning with the victim, informed by risk assessment, to try and reduce the threat posed by the perpetrator and protect the victim from further violence and abuse.

In the UK, the most widely used model in risk-led policing of domestic abuse is the DASH. The risk identification and assessment tool that forms the basis of the DASH model was developed for police use by a multi-agency expert panel during 2008. A complementary version for non-police partners, known as CAADA-DASH, was simultaneously developed by the panel. The police version of the DASH tool (see Appendix A) contains twenty-seven questions that aim to capture risk factors for domestic abuse that appear consistently in the academic literature (Robinson, 2010). These questions are asked of victims usually by first responding officers at the scene of a domestic abuse incident. As well as recording whether a specific risk factor is present or absent, officers are supposed to provide contextual data in free text sections below each question on the DASH.

The DASH tool was created to assist police and partners working with victims of domestic abuse, as well as to consolidate what had been included in a number of different risk tools that were in use across England and Wales at that time. DASH was implemented as a 'structured professional judgement' approach that requires the use of discretion: scores from the DASH (the number of risk factors present) are supposed to inform the grading of risk as 'standard', 'medium' or 'high'. Assessors can use their professional judgement to alter the risk level of a case if they feel it presents a higher risk than the numerical score suggests. In most police forces, the risk level dictates the type and degree of intervention and safety planning with victims. Structured professional judgement approaches contrast with actuarial approaches in which the level of risk is determined solely by scores on the risk tool.

Following the work of the 2008 expert panel, DASH was endorsed by National Policing leads and rolled out nationally to police forces in England and Wales during 2009. Likewise, CAADA (now SafeLives) promoted the use of the CAADA-DASH through its accredited training of Independent Domestic Violence Advisors (IDVAs) and the national Multi Agency Risk Assessment Conference (MARAC) implementation programme. Since then, the DASH tool has been an integral part of the police and criminal justice response to domestic abuse. It has been used to target resources and effort towards some cases and away from others.

The need for research

Although the expert panel recommended further research, to date there has been no rigorous, independent, critical assessment of the use of DASH for risk-led policing in cases of domestic abuse (see Wheller and Wire, 2014: 6). For several reasons, this gap in the evidence base is problematic. The 2014 HMIC inspection into the police response to domestic abuse highlighted widespread performance issues relating to risk identification and assessment. These included variability in practice across forces and also evidence that some officers understand the rationale neither of the DASH tool nor of adopting a risk-led

approach to domestic abuse. HMIC (2014: 69) also observed that some officers approached DASH as 'a 'tick box' process rather than as an activity designed to help officers take the right decisions to support the effective safeguarding of victims. Officers were said on occasion to have 'cut and pasted' information from previous assessments, or undertaken a risk assessment only if they thought a prosecution was likely. Accurate and consistent risk identification and assessment processes are vital for making appropriate referrals to established interventions to manage and reduce risk, such as IDVAs and MARACs. Accurate police information about risk in cases of domestic violence is also necessary for newer initiatives such as the National Domestic Abuse Disclosure Scheme (Clare's Law).

Since the initial implementation of DASH, recognition of the role of coercive control in domestic abuse and homicide has been growing. Although research on domestic violence has long established that physical violence is but one of many tools used by perpetrators, development of the concept of 'coercive control' is more recent (Stark, 2007). There are now a number of UK-based sources that emphasise that coercive control should be considered a highly important risk factor for domestic homicide. Echoing academic research (see for example Monckton Smith et al., 2014), a synthesis of domestic homicide reviews uncovered a lack of understanding amongst professionals of the power and control dynamics involved in abusive relationships (Home Office, 2013). Re-analysis of the Crime Survey for England and Wales found that women who experienced coercive control suffered significantly more physical assaults, physical and emotional injuries, and disruption to working lives compared to women who did not (Myhill, 2015). A course of coercive and controlling conduct within an intimate or family relationship is now a criminal offence², and such patterns of abusive behaviour therefore should inform how police identify and investigate domestic abuse. Speaking to the Police Federation in May 2015, Home Secretary Teresa May said new powers to tackle domestic abuse, including coercive or controlling behaviour, were effective but were 'not being used anywhere near as systematically as they could be.'

The scope of the problems identified by HMIC (2014), together with new research, policy and legislation on coercive controlling behaviour, reinforce the need for fresh empirical evidence on risk-led policing of domestic abuse and the DASH risk tool.

Structure of the report

Chapter 2 of this report provides an overview of the research methods that were used. Chapter 3 reports on the findings from a national mapping exercise. The subsequent chapters synthesize data collected from the fieldwork and discuss the main findings structured along the stages of the risk-led approach: Chapter 4 (classification), Chapter 5 (identification), Chapter 6 (assessment) and Chapter 7 (management). Chapter 8 discusses the main findings and implications for future practice in this area.

² Section 76 of the Serious Crime Act 2015 - Controlling or Coercive Behaviour in an Intimate or Family Relationship, see <http://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted>

2. Research Methods

The research was carried out in two stages during 2015/16: a national mapping exercise followed by in-depth fieldwork.³ Each stage is discussed in more detail below. The research questions guiding the project are listed below.

Research Questions

- 1) What does risk-led policing of domestic abuse look like in England and Wales?
 - How do the different stages of risk-led policing take place across the 43 forces?
 - How is the DASH tool currently being used by police? What are the barriers to the consistent and reliable use of DASH by police and how might these be addressed?
- 2) What are police and partner views on risk-led policing and the DASH?
 - What are officers' perceptions and understanding of risk-led policing? What do they see as the particular benefits and challenges of these arrangements, and how does the force undertake them?
 - How do partner agencies perceive risk-led policing and the use of DASH?
- 3) What changes or refinements are needed to improve risk-led policing of domestic abuse?
 - Should certain processes or ways of working be avoided?
 - What changes or refinements might need to be made in order to have a viable, accurate model of risk identification, assessment and management?

Stage 1: National Mapping

This stage involved the analysis of existing data sources in order to gain perspective and understanding about how risk-led policing takes place across English and Welsh police forces, and the role of DASH within this. Sources of data used during this stage included: HMIC force inspection reports; force-level domestic abuse statistics gathered by HMIC; MARAC performance data and start dates provided by SafeLives; and force value for money profiles.

Initially, the HMIC force level inspection reports for each of the 43 forces were reviewed and key details about each force's response to domestic abuse were recorded in a coding template. The coding template was structured around risk identification, risk assessment and risk management and so covered details such as: the initial response; the risk grading

³ The project was approved by the School of Social Sciences Research Ethics Committee of Cardiff University (ref: SREC/1479).

process (e.g. who made the initial grading decision and which cases were subject to some form of secondary assessment); and the response to the different levels of risk (i.e. standard, medium and high). Any concerns or issues identified by HMIC, such as a high proportion of missing risk assessment forms or the robustness of supervision, were also recorded.

These data were then used to see if it was possible to 'map' the high level approach a force took to risk-led policing of domestic abuse. As a result of the national mapping exercise, commonalities and differences in approaches across the forces were identified, which for the purposes of this research were considered 'models' of risk-led policing of domestic abuse. Additional statistical and performance data were analysed to see whether the forces in each of the models shared other similar characteristics. These models were used to guide the selection of forces for in-depth fieldwork during stage 2.

Stage 2: Fieldwork in Three Forces

Fieldwork Sample

Following the national mapping exercise, all 43 police forces in England and Wales were categorised into one of three models of risk-led policing. To ensure findings from this research were relevant to the majority of forces, only those forces using DASH were considered as potential fieldwork sites. Using the information collected at the mapping stage, a shortlist of potential forces was drawn up representing each of the three models. The shortlisted forces generally had better evidence about their processes and what they (are intended to) achieve and typically had fewer issues identified by HMIC.

Selection of the final three fieldwork forces was based on:

- The force's declared interest in participating in the research;
- The level and nature of changes introduced since the HMIC Inspection, and changes planned for the coming months (e.g. forces were not considered if they were in transition from one model to another, or planned to make other significant changes to systems or processes);
- Geographic spread;
- IT-related matters (e.g. ability to draw data from the systems for analysis); and,
- Amount of other research on domestic abuse undertaken or planned.

Forces from both England and Wales were represented in the research. Table 1 shows some general characteristics of the three forces.

Table 1. Characteristics of the fieldwork forces

	Force 1	Force 2	Force 3
Multi-Agency Safeguarding Hub (MASH)	No	No	Yes
Ratio of officers to population (approx.)	1:448	1:583	1:473
% calls relating to domestic abuse	4-7%	4-7%	4-7%
Number of domestic abuse calls per year	22,000	25,000	37,000

Data collection

Table 2 provides an overview of the four main sources of data collected as part of the fieldwork. Each of these is discussed in more detail below.

Table 2. Overview of fieldwork data sources

Type	Total Number	Description
Interviews	61	Structured one-to-one interviews with individuals in the fieldwork sites (police officers, staff, and practitioners in partner agencies)
Observations	120	Hours of observation with officers in the fieldwork sites responding to domestic abuse and other types of incidents
Online surveys	1296	Questionnaires returned from police officers and staff of all roles and ranks within the fieldwork forces
Case files	2180	Incidents and crimes from the information management systems in the fieldwork forces

The fieldwork commenced in September 2015 with site visits and interviews arranged in each of the three fieldwork sites. A total of 35 police interviews were completed, divided across the fieldwork sites as follows:

- 10 interviews in Force 1
- 11 interviews in Force 2

- 14 interviews in Force 3

Interviews were completed with a range of both police officers and police staff allowing for the various stages of the risk assessment process to be incorporated into the study. Individuals occupying roles such as frontline/response officers, supervisors, risk assessors, members of the MASH, members of domestic abuse units and public protection units (or equivalent) and those occupying higher-level strategic roles were included in the interviews.

In addition to the police interviews, a total of 26 partner interviews were completed across the three sites as follows:

- 10 interviews in Force 1
- 8 interviews in Force 2
- 8 interviews in Force 3

When the partner interviews were arranged, an attempt was made to ensure that key agencies and organisations working within the area of domestic abuse risk assessment were represented within the research. Consequently, similar agencies/representatives were approached in each site in order to enable comparability across sites. Interviewees were drawn from IDVA service providers, MARAC Coordinators, specialist domestic abuse services, children's/social services, housing representatives, substance misuse organisations, health representatives and the national probation service.

Direct observations of frontline officers began in November 2015. Researchers spent approximately 120 hours observing frontline officers in the fieldwork sites through the course of their shifts. All observations were carried out during the 'late' shift (typically 15:00-23:00) as late shifts tend to yield the highest proportion of domestic abuse incidents. In total, across the three sites, the initial police responses to 24 domestic abuse incidents were observed; in 18 of those incidents, a DASH was completed with the victim.

To complement the qualitative data, an online survey was distributed in the three participating forces during January-February 2016. The survey was open to all police and police staff in the force, and gathered the following information: police force; years of service; rank/role; currently or ever a domestic abuse specialist; frequency undertaking domestic abuse-related activities such as attending incidents, risk identification, risk assessment, going to court; perceptions of training and guidance received about domestic abuse as well as DASH; general views about the use of DASH within policing; ratings of importance for each of the 27 DASH items; views on when and by whom the DASH items should be asked; whether the wording of the DASH items should be revised, and how; and any other comments. The survey consisted of both closed and open-ended questions.

The fourth data source was case-level domestic abuse records drawn from information management systems in each force. The data included details about the incidents available on the system (such as time, date, crime code, narrative summary of the incident) in addition to the answers to the DASH questions and risk grading. We obtained n=600 cases from Force 1, n=200 from Force 2, and n=1380 from Force 3 for this research. The variation in the size of these samples reflects differences in the ease with which forces could retrieve the relevant data from their systems.

This mixed method approach enabled the research team to triangulate findings. Each data source has its limitations (e.g. respondents to on-line surveys are self-selected, there may be observer effects where officers are accompanied by researchers, interviewees may be selective or self-serving in their answers to questions, and case files represent the official

record of events), but collectively the sources used yielded a consistent and complementary account of the use of the DASH, which increases confidence in the validity of the findings.

Limitations of the research

Process evaluation

The current research consisted of a process evaluation, which examined the implementation of the DASH and opinions of it as expressed by respondents to the survey and during interviews. It did not include an outcome evaluation; for example, the research did not examine either the accuracy of the risk assessment or the final outcome of its use in terms of victim safety. A number of important outcomes are likely to be affected by the effectiveness (or otherwise) of risk-led policing practices, and should be included in future research in this area.

Scope of evaluation

Owing to time and resource constraints, a number of decisions were made which reduced the scope of the research to ensure its feasibility. The first was to focus attention primarily on domestic abuse as experienced by partners, ex-partners or family members covered by the core content of the DASH. This meant that the issues of so-called honour-based violence (HBV) and to some degree stalking, are not covered by this research. It is worth noting that data on these issues was not deliberately excluded, rather we did not proactively seek to collect data on these issues (and indeed none of the research sites operated the additional DASH questions on HBV).

The research also focussed more on the front-end of the risk-led policing process (classification, identification, assessment) rather than the last stage (management). The extent to which risk assessment informs specific law enforcement and safeguarding activities, and how, is an important area not covered by the current study. Finally, the research accessed the experiences and perceptions of the providers rather than the recipients (victims of domestic abuse) of police risk identification, assessment and management.

3. National Mapping

In this chapter, results from the national mapping exercise are presented. Coding and interpretation of existing data about the 43 forces revealed three generic models of risk-led policing currently in practice.

Description of the three models

The models are based on distinctions in how forces have implemented two features of a risk-based approach to domestic abuse: initial risk assessment or 'grading' and secondary assessment or review. Table 3 provides an overview of these models and their prevalence across English and Welsh forces at the time of the 2014 HMIC inspection.

Table 3. Models of risk-led policing the fieldwork forces

	Model 1 (n=6 forces)	Model 2 (n=19 forces)	Model 3 (n=21 forces)
Initial risk assessment	Police staff and/or specialist officers in central unit/MASH	Frontline/first responding officer(s)	Frontline/first responding officer(s)
Secondary assessment: What	-	Subset of cases (medium and high, or high)	All cases
Secondary assessment: Who	-	Police staff and/or specialist officers in central unit/MASH	Police staff and/or specialist officers in central unit/MASH

Initial risk assessment or 'grading'

Risk grading is the translation of the identified risk factors on the risk tool into a 'grade'; DASH requires a judgement which estimates the victim to be at 'high', 'medium' or 'standard' risk of 'serious harm' (see Appendix A). Whether or not this initial judgement is made by a responding officer is a point of divergence across forces, with a small number of forces removing this decision from frontline officers and instead giving it to specialists (or, in one force, an IT system). The first risk grading is undertaken by responding officers in the vast majority of forces. It should be noted that, in the original development of the DASH, a distinction was made between 'risk identification' (ticking the risk factors on the checklist that apply to the case and providing free text data as context) and 'risk assessment' (using the information from the checklist along with professional judgement to determine a risk grade). The risk grade is important because it will influence the police response to the case; for

example, if a case is graded 'high risk' it would be eligible for referral to MARAC. Therefore the implication for most areas is that the initial allocation of resources (e.g. the level of support provided) is usually made by frontline officers, at or shortly after the incident.

Secondary assessment

Secondary assessment is another way that forces diverge in how they have implemented a risk-based approach to domestic abuse. Most forces engage in secondary assessment, which is a review of the initial risk assessment that typically occurs after the case has been submitted to a central unit, such as a specialist domestic abuse unit (although in some forces the secondary assessment is performed by police staff in central referral units). Some forces require a secondary assessment for all cases whereas others review a subset of cases (e.g. medium and high risk cases, or high risk only).

Overall, it seems most forces have recognised the importance of providing a secondary assessment when risk assessment occurs at the frontline; however, our research found variations in the time taken to apply a secondary assessment, whether a 'specialist' undertakes this task, and the proportion of cases re-assessed.

How effective are the different models?

Evaluating the effectiveness of the different models on the accuracy of risk grading or outcomes for victims was beyond the scope of this research. Issues were identified, however, which could limit the effectiveness of each approach.

The original guidance to police practitioners relating to implementation of the DASH model suggested 'part 2' risk assessment be undertaken on all cases classified by attending officers as medium or high risk (NPIA, 2009: 2). This guidance is consistent with model 2. A clear issue with this approach is that it relies to a large extent on the frontline officer's initial assessment of risk being broadly accurate. HMIC raised serious concerns about frontline officers' understanding of risk assessment and of coercive control, suggesting that with model 2 there is a danger of at least some proportion of high risk cases being 'screened out' prior to a secondary risk assessment. Model 2 is then not well designed for catching those errors that matter most – high risk victims classified incorrectly as standard in the first instance.

It is likely that models 1 and 3 emerged in response to concerns about whether high risk cases were being 'missed' at the frontline. A clear issue with models 1 and 3 is the sheer volume of cases that require consideration by specialist police officers and/or trained police staff. Due to the wide-ranging national definition of domestic abuse, models 1 and 3 will inevitably draw in cases where there is no value in a secondary risk assessment – such as two brothers having a 'one-off' fist fight. HMIC (2014: 85) identified an issue with lack of resources in specialist units leading to backlogs in reviewing risk assessments. Without significant resources, models 1 and 3 risk either delays between the initial and secondary assessments, with the possibility of missing a window of opportunity in which to intervene, or diluting the quality of the risk assessment by devoting less time to the consideration of each case. These models may also create, perversely, the incentive to classify fewer incidents as requiring a DASH to be completed in the first place.

Due to the significant drawbacks inherent with all of the models, it is not possible to advocate one over the others as representing 'best practice'.

Analysis of forces by model type

In order to try to shed some light on why certain models of practice emerged in different police force areas, we examined whether the groups of forces employing a certain model also shared other characteristics. In other words, is it possible to understand the models as emerging from particular contexts, or conversely, do the models seem to be being used regardless of context?

Although far from conclusive, an initial answer to these questions was achieved through analysis of the three groups of forces (those using model 1, 2, or 3) according to: (1) force characteristics; (2) domestic abuse workload; (3) other features of the risk-based approach; and (4) MARAC functioning. These categories, and the measures within them, are not exhaustive and almost certainly involve a fair degree of measurement error. However, the analysis suggests fairly clearly that forces within each of the three groups are more different than similar across these four dimensions. In other words, the evidence does not suggest these features necessarily determine which model is implemented. Further detail about these findings is provided in Appendix B.

Summary

In summary, the national mapping exercise enabled the identification of three different models of risk-led policing of domestic abuse. Each model has its own set of advantages and disadvantages meaning that one cannot be recommended as a model of best practice. Across England and Wales, most forces expect response officers to apply the initial risk grade, rather than specialist officers at some later stage of the process. Most forces attempt to review this initial risk grade for all or a subset of cases. The nature of this secondary assessment stage, in terms of who/when/where it is undertaken, varies within and across the groups using each of the three models.

It was apparent when selecting sites for the present study that some forces were in the process of changing from one model to another in the wake of the HMIC inspection. The fact that none of the models operating currently can be regarded as optimal, and the issue of resources being perhaps the most obvious reason for switching models, reinforces the need for an evidence-based approach to underpin decisions about how to best implement and deliver risk-led approaches to domestic abuse.

4. Classification of Domestic Abuse

- Though officers' attitudes to responding to domestic abuse were broadly positive, some displayed a lack of understanding of coercive control and how it affects victims' behaviour.
- Consistent with previous research, observations suggested a proportion of domestic abuse incidents are 'screened out' prior to the DASH process.
- Officers expressed a degree of frustration around the processes for dealing with domestic abuse, particularly when an incident was perceived to be less serious.

This chapter summarises the main findings from the fieldwork in relation to the first stage of risk-led policing: the extent to which frontline police officers recognise and classify incidents as domestic abuse.

Understanding and responding to domestic abuse

General attitudes and understanding

In general, officers observed during fieldwork were professional in their handling of domestic abuse incidents. Most displayed positive attitudes and were empathetic towards victims. They recognised the importance of dealing effectively with domestic incidents. For example, one officer we observed commented that there have been 'women dying' from the police not doing their job properly and 'at the end of the day you don't want to screw it up because it's someone's life.' However, these positive attitudes were somewhat offset by some officers' (lack of) understanding of the dynamics of domestic abuse leading them, on occasion, to prejudge incidents as likely to be 'sh*t on sh*t' or 'horse sh*t'. These more negative attitudes may represent the 'received wisdom' gained from experience and handed down from officer to officer. Although many officers in our study were more professional in their attitude to dealing with domestic abuse than was identified in previous research, others we observed did not share the same level of professional sensibility about domestic abuse.

Some common themes from our observations and interviews included:

- Frustration with being repeatedly called to 'minor issues' at the same address.
- The perception that in many domestic abuse cases both parties have 'given some' and 'you can't tell who has done what.'
- Some victims call the police but then don't want to engage with the process by answering the DASH questions.

Other observations and comments reflected a lack of appreciation of the dynamics of coercive and controlling abuse, the type of abuse that has been noted previously as a key correlate of

further serious harm and homicide (Home Office, 2013; Monckton Smith et al., 2014; Dobash and Dobash, 2015; Myhill, 2015). Where there was recognition of the significance of controlling behaviour, how that might affect a victim's actions and decisions was not necessarily understood:

- It was sometimes deemed 'a waste of everyone's time' to have to complete paperwork at repeat addresses where it was known in advance that the victim would likely retract their statement.
- Officers were unclear how to help in cases where the victim did not appear supportive of police action.
- Victims who remained with or returned to an abusive partner, or who refused to support a prosecution, were considered to be making the 'wrong decision.'

The forms of understanding reflected in these views may have affected attitudes towards victims. For example, one officer distinguished between 'idiots' who call the police but change their mind the following morning because they 'love him' so keep reconciling with the perpetrator, 'those with a few more brain cells' who don't call the police as frequently and do so because they need help, and those who only call the police as a last resort. While occasionally these attitudes may have affected the way an officer interacted with a victim (e.g. by disbelieving or even challenging outright some of their responses to the DASH questions), the vast majority of incidents were dealt with in a professional and empathetic manner. The continuing presence, however, of negative and uninformed attitudes among some officers to responding to domestic abuse is consistent with previous research (Hoyle, 1998; Kelly et al., 1999; Loftus, 2009; Monckton Smith et al., 2014).

Previous research by the College of Policing has highlighted the challenges associated with correctly interpreting and applying the broad national definition of domestic abuse (Myhill and Johnson, 2016). Officers are required both to interpret whether the people involved satisfy the definition in relation to their age and relationship to each other, and whether the behaviour involved is in any sense abusive. This research highlighted officers' (lack of) understanding of coercive control as potentially a significant obstacle to recognising abuse. Coercive controlling behaviour can go 'under the radar' (Robinson et al., 2015) as it constitutes a pattern of often subtle behaviours, which is inherently more difficult to recognise than a physical assault. Furthermore, where there is coercive control, victims are liable to minimise the abuse they have suffered and perpetrators to manipulate their account of the circumstances of the specific incident (Kelly et al., 1999; Stark, 2007).

Our research confirmed that not all domestic abuse has the same chance of being recognised as such by police. We observed incidents that involved domestic abuse, but were not responded to as such, because they did not involve intimate partners, or there were added complexities such as poor mental health. In one such incident, police were called to a report of a suicidal young male. The previous week the man had experienced a breakup with his girlfriend and had subsequently attempted suicide. On the day of the incident, the man had caused damage to property at his grandmother's house (where he was living) and had threatened violence against her. The grandmother was fearful of what might happen when he returned home. The man was found at his ex-partner's house in a visibly distressed state, where he was told to remain for the night. While the man was clearly a vulnerable adult and treated as such, the domestic abuse aspects of the case (the threats made against the grandmother) were not recognised. The threats and attempts at suicide were also not recognised as being an indicator of possible risk to his ex-partner. As a consequence, no referral was made to the Domestic Abuse Unit. The following day, the man was arrested for breach of the peace as he was 'worried he would harm himself or others' and admitted having numerous psychotic episodes.

Our observations with frontline officers were consistent with previous studies that have suggested some proportion of domestic abuse incidents are effectively 'screened out' by frontline officers prior to any formal risk identification or assessment process (Myhill and Johnson, 2016).

Policies and processes

A common frustration with dealing with domestic abuse incidents was the length of time it took to do what was required. The paperwork for domestic abuse incidents was described as 'time-consuming', and the overall process was seen as unnecessarily lengthy, especially when the incident did not appear to the officer to include a crime or was not seen as a 'real domestic'. Real domestics were defined frequently in interviews and by officers observed responding to incidents as where there was ongoing risk of harm to the victim, as opposed to where there had simply been a domestic argument. This finding is similar to the findings from research conducted in the 1980s and 1990s (Hoyle, 1998; Kelly et al., 1999). Other frustrations in domestic abuse work included being unable to use discretion, failure to understand the relevance of questions, and not getting to see cases through as they would with other incidents because of the DASH process.

Officers in one force expressed frustrations with other stages of the process in that they did not think that the force 'managed' risk; instead, they just 'recorded' and 'filed' it. Previous DASH forms were not thought to be used and risk was not thought to be reassessed following a change in circumstances, such as when a perpetrator was released from custody. Across the forces, frontline officers said they did not know much about the wider risk assessment and management process undertaken by central and specialist units. It is possible that these concerns as to whether the data collected by the DASH were actually utilised acted as a disincentive to collecting the required information thoroughly (or indeed at all).

Dealing with domestic abuse incidents appeared, to many officers, to be very process-driven. Despite their reservations, however, many officers said that they always followed processes, mainly in order to safeguard themselves from subsequent censure. There was a sense, particularly in one force, that 'if you're going to lose your job it will be over a domestic abuse case.'

5. Identification of Risk Factors

- The DASH risk tool was not applied consistently at the frontline. Although a risk assessment form was submitted in a vast majority of cases, officers used their discretion to decide whether a DASH interview was required for some incidents.
- Officers used different methods for asking the DASH questions. While some asked the questions in order, others wove them into the conversation. There was also variation in the way the DASH was introduced, and in the way individual questions were worded.
- Observations suggested information from the DASH interviews was recorded on police systems in a sometimes incomplete and inconsistent way.
- There was widespread police and partner support for risk assessment.
- Police officers and staff interviewed were largely supportive of a shorter risk tool for the frontline.
- There appeared to be insufficient training and guidance about risk assessment for domestic abuse.

This chapter summarises the main findings from the fieldwork in relation to the second stage of risk-led policing: the identification of risk factors and the use of the DASH risk tool specifically.

The previous chapter established that not every domestic abuse incident is recognised as such by responding officers. This failure to identify or acknowledge the potential seriousness of some incidents that do not involve overt physical violence or criminal offences can be compounded when officers are deciding whether and how DASH is used during the initial response.

Uneven application of DASH

Though frontline officers were in theory supposed to complete a DASH for all domestic-related incidents in the pilot forces, case-file analysis suggested that the actual submission rate for DASH forms was not 100%. In Force 1, where it was possible to tell from the data extracted from force systems whether a DASH had been completed by first responding officers, the completion rate, in a randomly selected sample of cases, was 86%.

There may be a number of valid reasons not to complete a DASH at a domestic abuse incident, including malicious reports by primary perpetrators, civil disputes, and cases that involve dementia and/or are primarily social care related (see Myhill, 2016). In the current study, however, there were 4 instances where a DASH form was not completed when it probably should have been. While this lack of compliance with the process is sometimes the result of individual officers exercising discretion, there was evidence that it can also be the

result of (informal) policies and practices. In one force, it became apparent that, with a view to reducing the workload and backlog of cases in the MASH, frontline officers in some areas had been advised by supervisors not to submit a DASH form for 'verbal only' incidents (those that did not involve physical violence or criminal offences). This policy could result in high-risk cases being ignored, and it was in the process of being reversed by the force public protection unit.

It is possible that where trained specialists are required to risk assess every incident (model 1) there is greater emphasis on frontline officers to 'weed out' cases where there is perceived to be little or no ongoing risk. A pilot project evaluated by the College highlighted the disadvantages of frontline officers having full discretion as to whether to submit a DASH form. The key issue was again officers' lack of understanding of the dynamics of coercive control. Specifically, some officers were neither situating individual incidents in the context of patterns of abusive behaviour nor recognising the tendency of some victims to minimise the abuse they were suffering (Myhill, 2016).

A minority of respondents surveyed agreed that officers should be allowed to decide whether to use DASH for non-violent incidents (21% in Force 1, 27% in Force 2, 25% in Force 3). However qualitative responses revealed greater support for removing the requirement to use DASH for what were perceived as 'trivial matters' such as non-crime incidents, verbal arguments, and some incidents not involving intimate ex/partners. Consequently, the removal of discretion was also perceived as a removal of 'common sense' by some officers. The requirement to complete a lengthy 27-item form combined with a high volume of demand, seems to have generated frustration with the practical delivery of risk-led policing (even when it was valued in the abstract, as discussed later on in this chapter).

Different methods of delivery

The original DASH guidance stated that victims should know why they are being asked the DASH questions – it is about their safety and protection. During the fieldwork observations, we did not see this core purpose of the DASH explained to any of the victims. Typically, DASH was introduced as a list of questions that have to be asked at all domestic abuse incidents, a superficial albeit technically correct introduction. It is possible that this finding reflects a genuine lack of understanding on the part of frontline officers of how the latter stages of the DASH model work such that, for them, there is a disconnect between the process and any possible outcomes.

In one force, officers typically asked the victim prior to completing the DASH questions for consent to share their responses with partner agencies. The purpose of this information sharing was not explained to the victim and in at least one case the victim refused to give consent and in doing so refused to answer any of the DASH questions. The victim had specifically been told that the information would be shared with partner agencies 'such as social services' so her decision not to cooperate might have been due to concern over what their involvement might have meant for her two young children. In the other two forces, victims were not asked for consent to share their details.

Some officers appeared to prejudge the relevance of the DASH questions to individual cases by stating at the outset that some of the questions would not apply. While it might be argued that not all questions are as applicable in cases that involve family members, the same caveat was given on at least one occasion in the case of intimate partners.

In addition to the perfunctory way that the DASH questions were frequently introduced, with some victims being told from the outset that not all questions would apply to them, the delivery and interpretation of the DASH varied between officers. The usual method of delivery observed in our fieldwork was for the response officer to use a prompt card with the DASH questions on and record the victim's responses in their pocket notebook (in one force, some officers used mobile tablet devices to record the responses at the scene). Answers were then typed up electronically when back at the station. On a couple of occasions, where the officers tried to ask the questions from memory in a more conversational style, not all questions were asked. While some officers were thorough when discussing the situation with the victim, there were examples from all forces where not all of the questions were asked and some instances where information obtained was recorded inaccurately. This mostly occurred when the responses to the DASH were entered into the computer system when back in the station. Owing to the nature of a response officer's role, it was not always possible for them to immediately return to the station to do this straight after the DASH was completed with the victim. Officers would often 'write up' incidents they had attended towards the end of their shift, raising the issue of how accurately they could recall the contextual detail accompanying victims' responses to the DASH questions.

The variable delivery of DASH that we observed directly was also mentioned by both police and partners in the interviews:

"Some [officers] are really good and do ask all the questions. Some of the time I think some of them actually make it up without even asking them, because sometimes we ring up and [victims] say nobody has asked us that." PC, Force 2

"Police don't always sit down with victims and complete a DASH with them; they will glean information from them and fill in the answers when they get back [to the station]." IDVA, Force 2

Interestingly, and contrary to what was observed when accompanying frontline officers, the survey data showed that a majority said they 'tended to work the DASH questions into a conversation' (70% in Force 1, 75% in Force 2, 74% in Force 3) rather than going through them one-by-one (46% in Force 1, 63% in Force 2, 51% in Force 3). Less than one-quarter admitted to skipping the DASH questions (21% in Force 1, 23% in Force 2, 23% in Force 3).

Findings from these different data sources suggest much 'room for manoeuvre' in terms of how officers decide to deliver the DASH questions. On the one hand, this can be seen as a reasonable response from officers dealing with a wide range of incidents, each with its own set of situational demands. However, the inconsistent application and delivery of DASH may have consequences for the quality and completeness of the information passed to the next stage (risk assessment), discussed in the next chapter. In addition to negative implications for the **process** of risk-led policing, these issues can negatively impact on victim **outcomes**. For example, in an attempt to fill gaps in some of the DASH forms, risk assessors in Force 1 would sometimes send them back to the response officer for completion. Although necessary and understandable, such actions would inevitably delay the victim receiving the relevant type of support, which in turn could impact on their safety.

"If people don't feel they have got the time to do [DASH] then it's risky to have them ... because if you are relying on the information in it but it has not been collected properly you could be making poor risk decisions that leave people vulnerable."
Partner, Force 2

Although the data above demonstrate that the DASH forms are not always completed fully by police, this was not an issue for the police alone, as interviewees also reported gaps in the DASH forms sent to MARAC by non-police partner agencies. Absence of training on domestic

abuse, and risk assessment more specifically, was mentioned as a possible reason to explain why DASH forms may not always be completed adequately (e.g. due to a lack of understanding of the purpose of risk assessment and the relevance of the questions). The issue of training is discussed later in this chapter.

A detailed recounting of an incident observed while accompanying officers in one force can be found in Appendix C. This incident exemplifies many of the potential problems already discussed, including: incomplete investigation and data collection at the frontline; a lack of appreciation of coercive control and a focus on violence and offences at both the first and second stages of risk assessment; and a rather process driven means of classifying and managing risk.

General views on the DASH

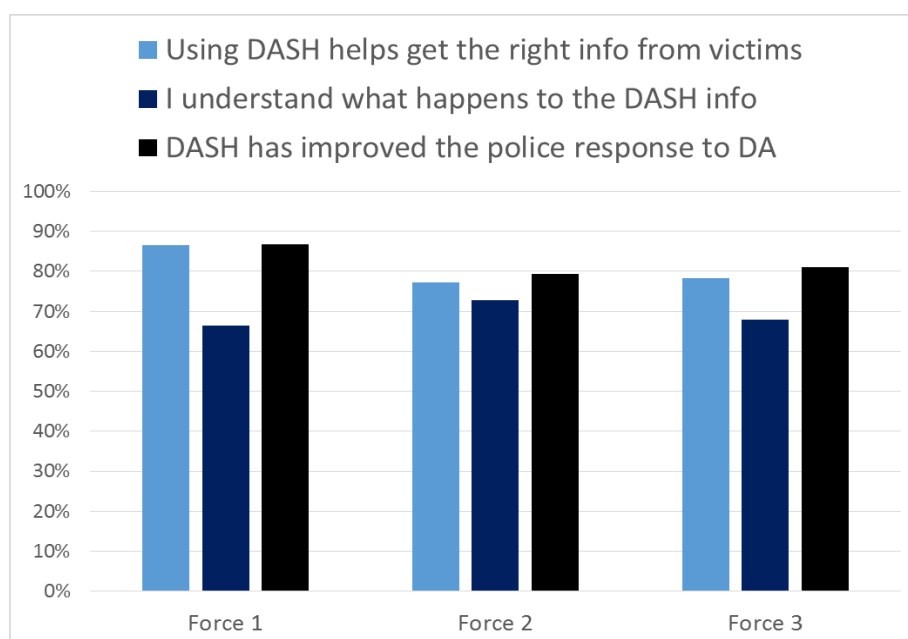
A universally recognised tool

Despite the challenges noted above in terms of uneven application and delivery of DASH, there was still a very high level of support for taking a risk-led approach to domestic abuse, and recognition of the value added by a tool to aid assessment of risk. For example:

“Officers attending probably need some kind of prompt to ask the correct questions so I think that’s the strength in it ... it gives a corporate approach to it for everyone.”
Inspector, Force 1

Positive views were expressed during interviews in all of the fieldwork forces, a finding further reinforced by the survey data (see Figure 1 below). Clearly, most police surveyed agreed with the idea that DASH helps them to get the right information from victims (87% in Force 1, 77% in Force 2, and 78% in Force 3) and has improved the police response to domestic abuse (87% in Force 1, 79% in Force 2, and 81% in Force 3). A majority of officers surveyed also felt that they understood what happens to the information collected via the DASH (66% in Force 1, 73% in Force 2, 68% in Force 3).

Figure 1. General views on DASH



The widespread support from police was echoed in the partner interview data, which showed that external agencies perceived DASH to be a useful tool and something that, after its introduction in 2009, had improved the collective risk assessment process. As a consequence, and as it is used across multiple organisations, both statutory and non-statutory, its use has facilitated a common language of risk assessment at a multi-agency level.

“The strength is it’s a universally recognised tool, we’re all using the same tool, we should all be using the same tool.” Partner, Force 3

“DASH provides some consistency across the agencies, so we’re all sort of talking about the same thing.” Partner, Force 1

Length of the DASH

Notwithstanding these positive views, a commonly expressed concern was over the length of the DASH. Police respondents to the survey were largely in agreement that a shorter tool for the frontline would be more appropriate (80% in Force 1, 61% in Force 2, 86% in Force 3). This was reinforced by interviews with both police and partners.

“I think it can put victims off if you have just spent time taking a statement then mention that you have 27 further questions to ask them.” PC, Force 3

“Her whole life is upside down and now this police officer that she hasn’t even probably set eyes on before is going to ask her all these personal questions, 27 of them, and it’s not even eye-to-eye contact because it’s a matter of the officer having their head down getting these questions answered.” IDVA, Force 1

“The initial risk assessment should have less questions asked by the response officer and if the situation requires additional input from specialist officers then more questions should be asked. There is often confusion when the victim answers differently a short time later and they ask why they are being asked the same questions again.” PC, Force 2

“I think that the number of questions should be condensed, and then there would be more likelihood of the response officers asking them, and the correct answers being collated.” Police Staff, Force 1

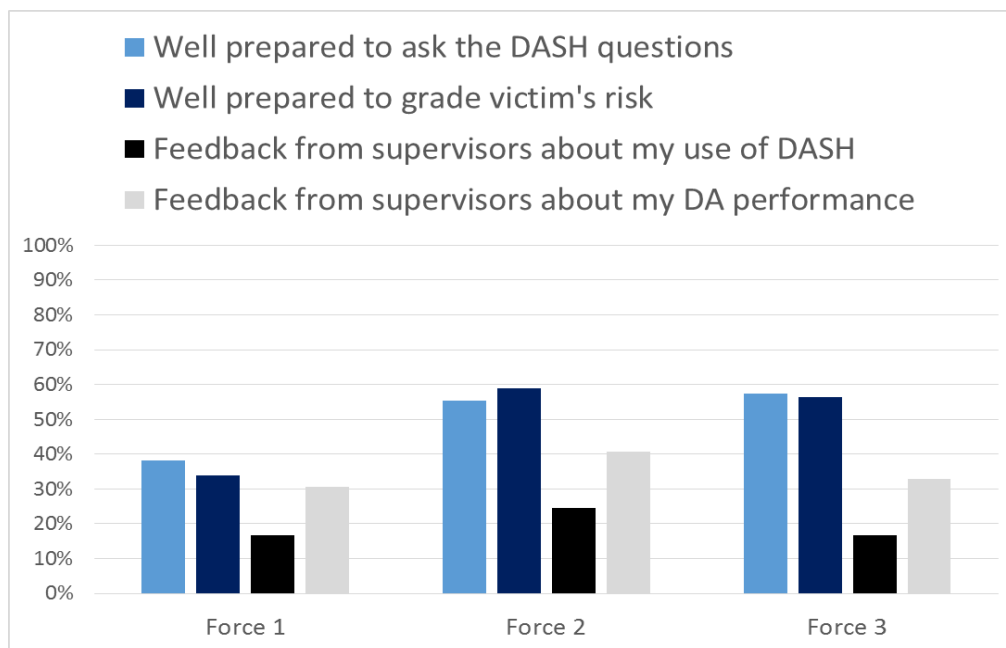
Training and guidance about DASH

Interview and survey data suggested shortcomings in domestic abuse training for police officers and staff of all ranks and roles. Significantly, there appeared to be little specialist training on domestic abuse and risk assessment for police officers or staff performing specialist roles (such as the risk assessors/secondary assessors). This gap was found across all fieldwork forces.

The survey enabled respondents to express their views about the training and guidance they had received on policing domestic abuse and the use of DASH. In force 1 only a minority felt well prepared in relation to risk identification (asking the DASH questions) and risk

assessment (grading the victim’s risk as standard, medium or high). In the other two forces, more than 40 per cent did not feel well-prepared for these tasks. Most, however, felt they could receive guidance from colleagues if they had questions about DASH (56% in Force 1, 79% in Force 2, 73% in Force 3). Qualitative comments on the surveys indicated that training that was received may be generic and/or e-learning only. Importantly, the training that was provided often did not seem to be reinforced by refresher courses, other learning opportunities, or constructive feedback from supervisors. Across the fieldwork forces, less than one-quarter received feedback from supervisors about their use of DASH, and about one-third received feedback about their performance in relation to domestic abuse generally.

Figure 2. Preparation and feedback



Corroborating the findings from the survey data, the interview data also revealed that where training had been received it was often recalled as being standardised training of the type completed by all officers as part of their induction training. As such, it was both general and limited in terms of the amount of time spent and content covered. Furthermore, in most cases interviewees said this training had been received some time ago and was delivered in-house either via e-learning or by non-specialist trainers.

“We have received [e-learning] information packages on DASH. I can’t remember receiving any other training on this. Most of my experience comes from first hand of using it.” PC, Force 1

“We need to be training frontline officers ... on how to fill out a DASH, how important it is to fill out, not just tick yes or no, yes or no, yes or no, yes or no, which we do get. We need underneath: What’s happened? When did that happen? Tell us a bit more about that.” IDVA, Force 2

“Because they [police] don’t understand it. They haven’t got the time to spend with that victim in order to understand it and that’s what it comes down to ... and lack of training.” IDVA, Force 3

6. Assessment of Risk Level

- Initial assessment and grading of risk is largely a frontline activity.
- The information generated from a frontline DASH interview conducted by response officers was frequently a relatively small part of a wider risk assessment.
- Police understanding of risk – both at the frontline and at the second stage risk assessment – is influenced to a large extent by criminal offences, and especially physical violence and injury during the current incident.
- Backlogs of cases at the secondary review stage can result in delays in cases being referred to specialist support services.

This chapter summarises the main findings from the fieldwork in relation to the risk assessment stage, where the available information is translated into a risk level or grade (standard, medium or high risk), which is then assigned to the victim.

Risk assessment at the frontline

The original guidance to police officers and staff on DASH (NPIA, 2009) presents risk identification as a frontline role and risk assessment as the responsibility of specialist officers. Perhaps in recognition of the volume of domestic abuse incidents, however, the guidance also suggests secondary risk assessment should be undertaken on cases classified by frontline officers as medium or high risk (NPIA, 2009). This guidance represents model 2 in the present study. Indeed, most forces in England and Wales (37 of the 43) ask response officers to apply the initial risk grade (standard, medium, or high risk). Only a few forces designate risk assessment as solely a specialist activity, to be undertaken away from the frontline. The application of a risk grade by the frontline officer can be problematic, given the aforementioned issues of uneven application of DASH and different methods used by officers to introduce and ask the questions.

Above and beyond an individual officer's level of understanding or competence, there are situational pressures that may compound the challenge of obtaining full and accurate information during the initial incident (the victim may be injured, upset or minimising the abuse as part of her survival strategy, there may be children present, it may be late at night, and so on). It has also been suggested by practitioners that the level of disclosure by victims is often less than it would be at a different time or setting (a couple of days after the incident, for example, in conversation with an IDVA), as illustrated by the following quote:

"They [victims] never have met the police officers before so there's no trust or confidence. They might be scared of getting in trouble themselves if they have substance misuse issues or anything like that, if they are in a coercive, controlled relationship they may be scared of getting in trouble or the police saying something that would increase their risk. Yes, so all of those sorts of reasons that are quite well documented." Partner, Force 2

Due to high volumes, frontline risk assessments are not always reviewed in a timely way, and secondary assessors tended to prioritise cases graded as medium or high risk in the first instance. Whether the initial assessment is accurate or not will not be known in some cases for some days or weeks (if there is a backlog, which is a problem we observed in all three fieldwork sites), until a specialist officer or risk assessor has a chance to review the DASH, look at the history of the victim and perpetrator, and consider whether for example the 'standard' label is accurate.

"We can have standard ones, it can take a couple of weeks ... sometimes you'll read it and you think, hmmm hang on a minute, this shouldn't be standard, or you'll read a medium one and think hang on a minute, f*cking hell, the incident happened a week and a half ago, I'm getting it today, this [victim] needs to be contacted straightaway."
IDVA, Force 3

A risk assessment grade follows the victim for some time (most often it prevails until they make a further report to the police and another DASH is completed), and determines whether and what services are offered. Inaccurate assessments of the level of risk have potentially life-threatening consequences for victims. Even when the initial risk assessment does not take place at the frontline, our research found that it is not always the case that a 'specialist' (someone with a designated role or expertise relating to domestic abuse) will decide the risk grade, or be able to do so in a timely manner. In both Forces 2 and 3, secondary risk assessments, or at least the initial screening of cases put through from the frontline, were undertaken mainly by police staff. In general, those involved had received relatively little formal training on domestic abuse and risk assessment, and reported they had learned 'on the job' from colleagues. While on the job training is not inherently problematic, it is not an approach that is normally influenced by academic research, nor evaluated for its effectiveness.

Police and partners we interviewed were clear that both the current incident and history need to be considered when deciding upon risk gradings; therefore, a robust risk assessment involves some time and effort. The benefits of arrangements that enabled specialists to undertake robust risk assessments, away from the frontline, were readily acknowledged, as the following quotes illustrate:

"Officers at MASH have had more time to look at the broader picture and perhaps come to a more justifiable or more accurate level of risk." PC, Force 3

"A little bit removed from the initial call... provides you with a set of circumstances to look at in a sterile environment where you can sit down and perhaps give proper cognisance to all of the impacting influences... It's a cooler look at a broader range of risks and information to make a fuller assessment." Supt., Force 1

The role of DASH in risk assessment

Importantly, the partner interviews demonstrated that agencies perceive DASH to be a useful tool for assessing the risk faced by victims of domestic abuse. When elaborating upon the utility of DASH, however, participants seemed to perceive it to be useful either as a starting point or as a guide to the initial information to collect:

"The [DASH] is just a starting point and then everything else comes into play and a lot of that is due to professional judgement ... I think it works really well. I think the [DASH] first is just a tool, it's a starting point. I would say for us, it's never the risk

assessment, it just contributes to the risk assessment ... And for that reason I don't think it would hurt if it was shorter and a few things could be left out." IDVA, Force 1

Partner agencies perceived DASH as a useful foundation for the initial stages of the risk assessment process but identified other factors that should also contribute to risk assessment including professional judgement and conducting further research about the victim and perpetrator. Partners within the three research sites acknowledged the use of professional judgement as integral to the risk assessment process.

A core set of risk factors

Past research has shown that practitioners such as police and victim advocates rely on a subset of factors when making decisions about risk, and that risk factors such as the escalation of violence and physical injuries are particularly salient to them (Robinson and Howarth, 2012; Robinson et al., 2016). Consistent with past research, the current study found a high degree of consensus amongst police about a core set of risk factors, primarily reflecting a view of domestic abuse dictated by a violence model, according to which what matters in domestic abuse, or indeed what defines it, is physical assault.

Police officers and staff were asked three questions in the survey about each of the 27 DASH items, in order to assess their views on the item's importance for assessing risk, along with when the item should be asked (e.g. initial response or follow-up/investigation), and who should be asking it (e.g. response officers or specialists/investigators). Taken together, these data paint a picture of what DASH items were deemed by participants to be most important, particularly during the initial police response.

Overall, analysis showed large proportions of officers and staff considered all of the DASH items to be very important. Even those items considered relatively unimportant still had one-third to one-half of participants viewing them as 'very important'.

Police participants in this study appeared to be largely in agreement about what matters most when assessing risk generally, and during the frontline response specifically. Analyses revealed a remarkable level of similarity across the forces, as the rank orders produced in the forces were almost identical (see Table 4). Notably, nine out of the top ten items matched (as indicated by **boldface** type), and the three least important items also matched across the forces.

These findings suggest that police view items associated with physical violence as particularly important to their frontline risk assessments: injury at the current incident, threats to kill, attempts to strangle/choke, and use of weapons. Those items relating to children's risk were also considered important (hurting children, threats of violence or against children, other dependants in the home, and pregnancy/recent birth). The victim's level of fear also seemed highly relevant to frontline risk identification (very frightened and afraid). The significance of some other items was also recognised, albeit to a less consistent extent across forces: stalking/harassment, and whether the victim was depressed/suicidal.

Given that coercive control is related to high-risk domestic abuse, the 'middle group' of risk factors in Table 4 is somewhat problematic since several of the items could be considered measures of coercive and controlling behaviour, especially the control/jealousy item, victim isolated from family/friends, and perpetrator has threatened suicide. The item about financial issues was nearly at the bottom of the rank order in terms of importance. Although research suggests that whether the perpetrator is controlling the finances can be a very important risk

marker, we observed officers changing the wording of this item (e.g. 'do you have any debt', 'does your partner have any money problems'). This finding may be in part a reflection of wording of the question, which asks about 'any financial issues' and suggests prompts for financial dependency on the perpetrator, whether the perpetrator has recently lost their employment, and 'other' issues. The slightly wide ranging and open nature of some of the DASH questions was intended to maximise the opportunity for victims to disclosure abuse, but these questions may also invite officers to introduce their own personal preferences, or focus only on one element of the question.

Table 4. Risk factors suggested as priority across the three forces

Force 1		Force 2		Force 3	
hurt children/dep	93%	hurt children/dep	86%	injury	88%
threat children/dep	93%	strangle/choke	83%	hurt children/dep	85%
injury	92%	frightened	83%	threat children/dep	82%
frightened	91%	threat children/dep	82%	frightened	76%
strangle/choke	90%	injury	82%	threats to kill	76%
threats to kill	89%	threats to kill	81%	stalk/harass	76%
abuse more often	88%	weapons	77%	weapons	76%
abuse worse	87%	abuse worse	76%	strangle/choke	76%
what afraid of	87%	what afraid of	76%	what afraid of	74%
weapons	86%	stalk/harass	74%	abuse worse	74%
depressed/suicidal	84%	depressed/suicidal	73%	abuse more often	71%
stalk/harass	82%	abuse more often	73%	depressed/suicidal	69%
control/jealous	74%	control/jealous	67%	isolated	62%
drugs, alc, m/h	74%	drugs, alc, m/h	64%	control/jealous	62%
threatened suicide	72%	breach bail/injunction	63%	pregnant	60%
sexual	71%	isolated	63%	sexual	56%
breach bail/injunction	70%	threatened suicide	60%	child contact	56%
child contact	69%	sexual	60%	drugs, alc, m/h	54%
isolated	69%	pregnant	57%	breach bail/injunction	53%
pregnant	69%	child contact	55%	separated	53%
threats from others	64%	other children/dep	53%	threatened suicide	51%
separated	63%	hurt anyone else	51%	other children/dep	48%
other children/dep	62%	threats from others	51%	threats from others	45%
hurt anyone else	59%	separated	50%	hurt anyone else	40%
criminal history	54%	mistreated animal	42%	criminal history	40%
mistreated animal	46%	criminal history	41%	mistreated animal	32%
financial issues	46%	financial issues	40%	financial issues	30%

Reinforcing these survey results, the observations of frontline officers found that some risk factors were sometimes overlooked, or not explored fully. These included:

- Indicators of coercive control: for example, a victim who alternated between alignment and support for the perpetrator and fear of the consequences if she were to disclose to the police; victims demonstrating low self-esteem; threats by a perpetrator to kill the victim and any new partner if she were to leave him; self-harm by a perpetrator when separated.
- Medium-long term safety of victim/potential for future abuse: for example, where the immediate risk was seen to be lowered while the perpetrator was in custody but the longer term risk for when the perpetrator was released was not considered.
- Risk to others: for example, the potential in one incident for violence to be directed at an unborn child by the perpetrator; a pregnant woman resorting to drugs and alcohol as a coping mechanism for the abuse; or a pregnant new girlfriend who was not the victim during the observed incident.

Functioning of the police secondary assessment stage

Issues that have been identified in relation to frontline response to domestic abuse – an incident-by-incident focus and an overemphasis on physical violence and injury during the current incident – were reflected also to some degree at the secondary risk assessment stage. For example, logistic regression analysis of the case file data from Force 3 showed that injury at the current incident was the strongest predictor, increasing the odds that a case was classified as high risk by three times (see Appendix D). Other statistically significant risk factors which increased the odds of a case being classified as high risk (either confirming the original frontline grading, or raising the grade through professional judgement) were: perpetrator's use of weapons; threats to kill; attempts to choke, strangle or drown; sexual coercion; the perpetrator having breached bail or an injunction; and the victim saying they were frightened or that the abuse was getting worse.

The prevalence of 'on the job' training of secondary risk assessors presents a problem in that it is a means of transmitting rather than changing the prevailing narrative guiding police judgements about domestic abuse risk. Given that the current understanding prioritises what (was reported to have) occurred during the current incident, alongside indicators of physical violence and injury, this focus will continue and high risk cases characterised not by violence but by high levels of entrapment and control will not be given the prominence they perhaps merit. In other words, the lack of an evidence-based understanding actually limits the utility of an approach based on professional judgement. Limited observations undertaken in central units in forces 2 and 3 suggested this situation to be the case.

A further issue is the time it takes to process the sheer volume of cases that are sent for secondary risk assessment/review. Observations in one force suggested secondary assessors may spend only around 15 minutes processing an average case, some of which was taken up by updating systems and making referrals to partner agencies. Though the number of previous incidents may be taken into account, there was little sense that case histories and previous incidents and DASH forms were reviewed thoroughly. Backlogs of cases were mentioned on numerous occasions, accompanied often by concerns about how this may impact upon the victims' safety and receipt of services:

"Yeah, 170 [cases] and any one of them you think to yourself, oh my, you know, that could be a potential murder and they're waiting to be risk assessed ... The only issue I've got is if somebody's come in as a medium risk last week and she's sitting there and she's low priority because they're running at the highs, maybe this week she's one of them highs and she's now in this box two or three times before they've risk assessed maybe ... so I think we need a quicker response." IDVA, Force 1

"We did have a period, not too sure what was going on, but there was quite a backlog actually, we were getting them in sort of a good well week or two weeks after the actual thing [incident] ... We used to get them quicker, but now I don't know it seems to have slowed up a little bit." IDVA, Force 2

"I mean when the MASH originally started there was backlogs of weeks and weeks and weeks which was horrendous..." IDVA, Force 3

It should be noted that backlogs in Force 3 were in part a result of the change to a MASH structure; those interviewed said backlogs had been reduced significantly, but the time taken for medium and especially standard risk cases to be referred to support services was still an issue to some extent.

These quotations suggest that receiving the referrals in a timely manner is a particular concern for specialist support services as the timeframes in which the referrals are received can impact upon victim safety. It also emphasises the importance of frontline officers acquiring an adequate understanding of the risk levels faced by a victim at the scene of a domestic abuse incident. Moreover, it implies that mistaken perceptions of risk levels can delay support to victims if they are initially graded as a medium or standard, because they will then not be prioritised for secondary risk assessment and that in turn will affect the timing of any referral to services. All this suggests that it is imperative for frontline officers to understand what risk means in the context of domestic abuse as their initial grading (if given) can impact upon the speed with which cases are processed.

The findings of this research cast some doubt on the value of police second stage risk assessment in its current form. If an understanding of coercive control were embedded, and those undertaking risk assessments were highly trained domestic abuse specialists drawing on wider information about the context and history of the case and those involved, then the second stage could function as an effective review and correction for cases that have been misclassified by the attending officer. Without such understanding and without highly trained secondary assessors, the secondary review stage may simply compound errors made at the frontline whilst delaying further the referral of cases to specialist service providers.

7. Management of Risk

- Forces prioritise and concentrate risk management activity on cases classified as high risk.
- Activity to translate risk assessment into (referrals for) risk management is to some degree process-driven.
- Differing processes between the police and partner agencies can undermine a 'common language' of risk.
- Integrating new multi-agency processes such as MASH with existing structures such as MARAC in an ongoing challenge.

The final stage of risk-led policing – activities undertaken to manage/reduce a victim's risk – is discussed in this chapter. As previously mentioned, the current study mainly focussed on the front-end of the risk-led process. However, participants did often speak about the impact of the earlier stages on the risk management stage. HMIC (2015: 120) noted the need for a review of 'the quality of the partnerships and the ways in which joint working is scrutinised' in cases of domestic abuse. The findings from this study, albeit limited, reinforce the need for further research.

Risk management at all levels of risk

The three fieldwork forces differed in terms of whether they had a risk management strategy in place for victims at all levels of risk, or a subset. Force 3 provided some level of risk management to all victims, whereas Force 2 provided this for medium and high risk victims, and Force 1 had a specific response for high risk victims only. This is similar to the national picture, where our analysis of HMIC (2014) force inspection reports showed that most forces do not facilitate contact between victims and specialist domestic abuse officers, or make referrals to specialist support services, at all levels of risk. Only six forces could demonstrate that they had a specific approach in response to dealing with standard, medium and high risk victims (Force 3 was one of these six forces). Most forces in the UK concentrate their resources on high risk victims only, for example by participating in the MARAC process. Consequently, most forces do not seem to offer much in the way of routine, consistent risk management activities outside of the MARAC process.

Actions taken by police to manage risk can take many different forms. At the scene of an incident, our observations suggested that the main activities are: separating the victim and the perpetrator (by removing either party to a different location, or arresting the perpetrator), or providing advice to the victim (such as telling the victim not to open the door, or to call 999 again if they needed to. Only very occasionally did officers provide advice

about specialist support services, which national guidance suggests should be routine practice.⁴

Once the initial response is completed, other safeguarding actions can take place, usually by specialists in central units. This specialist response tended to vary according to whether the incident involved a crime or not (detectives in public protection units were more likely to be referred cases where there had been criminal offences). This response also varied according to whether the victim was classified as standard, medium or high risk. How these processes were organised also varied both across forces and within forces. For example, in Force 2 the policy was for all medium and high risk cases to be referred to their partner agency (specialist domestic abuse service). However, within the police the investigation and safeguarding activities were divided, with one unit responding to high risk victims and another with responsibility for medium risk victims. In contrast, Force 1 dealt with all cases in one unit, with first priority given to high risk cases. Volume of cases and available resources seemed to dictate the level of intervention provided to cases not classified as high risk. Some officers mentioned attempting to undertake full safety planning interventions with some proportion of victims classified as medium risk when resources permitted, but most often it appeared medium risk victims received no specific intervention, or little other than somebody attempting to make follow-up (verbal) contact.

Process-driven approach

The way in which cases were referred to specific forms of intervention appeared to be relatively process-driven. It should be noted that there is nothing inherently problematic with robust processes, provided they are understood and implemented consistently by those involved. Previous examinations of police processes have suggested that, where they are too rigid, a culture of risk aversion and disproportionate response can prevail (Flanagan, 2008). These issues are especially pertinent for risk assessment and management where, for understandable reasons, practitioners tend to apply a 'precautionary principle' (Kemshall, 1998; Robinson and Howarth, 2012).

The process for referring a case to MARAC appeared to be fairly process-driven in the research sites, though variability in referral criteria between forces was also evident. Though it was possible for professional judgement to be applied, a 'threshold' of number of 'yes' responses on the DASH form (of whatever combination) generally prompted a high risk grading and automatic referral to MARAC. The volume and nature of calls to the police in a specific period of time could also prompt a referral. Relying solely on an actuarial threshold and/or number of calls to the police is problematic, however, bearing in mind the findings of this study around the inconsistent and incomplete nature of both the classification and recording of domestic abuse incidents, and the data generated through the DASH interview. Though professional judgement can be applied to raise the level of risk and prompt a MARAC referral, the lack of understanding of coercive control reflected by some officers and staff in interviews and observations at both the initial and secondary stages of risk assessment raises concerns as to whether the correct cases are always referred.

⁴ See <http://www.app.college.police.uk/app-content/major-investigation-and-public-protection/domestic-abuse/first-response/#referrals-to-voluntary-sector-support-agencies>

The limited observations⁵ undertaken in the MASH in Force 3, where secondary risk assessment occurred, suggested the level of experience of the assessor might dictate their willingness to apply professional judgement. In the absence of comprehensive training, and if supervisors are not active in embedding an understanding of patterns of behaviour symptomatic of coercive control, there was a sense that more experienced assessors may be more confident in applying their professional judgement, whereas those with less experience may be more likely to be led by processes (treating the DASH as an actuarial tool and relying primarily on counting the number of yes responses/previous incidents).

Benefits and challenges of joint working

The current study demonstrates that practitioners view DASH as a universally recognised tool that benefits and facilitates multi-agency working. Participants in this research clearly understood the need to coordinate their practice around a shared risk tool in order to support partnership working to protect victims from harm. The benefits of a joined up, risk-led, approach to domestic abuse were widely cited by police and partner agencies, as exemplified by the following quote:

“I’ve been in Housing for about 20 years and I was pre-MARAC and DASH and everything... so I think it’s really important and I’m glad it’s there because before it was just all a bit fragmented and people weren’t communicating properly.” Partner, Force 3

Although our research has limited data on what occurs within the risk management stage of risk-led policing, some challenges were identified. For example, our research revealed discrepancies that undermine the idea of a ‘common language of risk’ between police and partner agencies, as illustrated by the following quote:

“Okay, it’s difficult; our DASHs often come out completely different to the Police’s DASH all the time. They [victims] disclose more to IDVAs I think because we are impartial.” Force 2, IDVA

Such discrepancies have been noted previously (see Robinson, 2010) and are to some degree inherent in multi-agency work, given the different roles, working practices and organisational cultures of the involved agencies. Areas vary in terms of their ability to successfully reconcile these differences. For example, in one force the police and partner agencies had different criteria for referring to MARAC such that some cases that were not referred by the police were then referred by support services once they had dealt with the case. The use of different MARAC referral criteria, combined with the inconsistencies we observed in the application and delivery of the DASH used to inform these referral decisions (discussed in chapter 5), will certainly impinge on the ability of the DASH/MARAC model to effectively safeguard the most at risk victims.

In addition, the volume of cases coming through often created backlogs at various points in the process in the three fieldwork forces (e.g. paperwork being received by risk assessors, secondary review of risk assessments, referrals to support services, referrals being sent to MARAC), which poses a considerable challenge to effective service delivery. The capacity of police, support services and MARACs to deal with demand was raised in HMIC’s (2014)

⁵ Two members of the research team sat alongside members of the MASH observing the second stage research process. These observations occurred for 2-3 hour periods on three separate days; approximately a day of observations in total.

inspection and (2015) progress report, and frequently within this research, as previously highlighted.

Third, the development and introduction of new safeguarding structures complicates the risk management stage, as areas try to understand how they can effectively integrate, incorporate or interface MASHs with already-established MARACs. The remit of MASHs is broader than MARACs, as they can offer safeguarding to a range of vulnerable groups, in addition to those experiencing domestic abuse. In contrast to the universal coverage of MARACs, however, not all forces currently have a MASH, let alone one operating in each sub-division. Presently, MASHs take many different forms, with variations in their remit and models of service delivery noted both across forces and within forces (HMIC, 2015). The present period appears to be one of transition as the landscape of safeguarding structures is being altered, with potentially significant implications for the operation of 'risk-led' approaches to domestic abuse.

8. Conclusions and Implications

- A systematic and evidence-based approach to risk assessment is needed.
- An understanding of coercive control needs to be embedded within a risk-led approach.
- A revised risk tool for frontline officers should place a greater emphasis on patterns of abusive behaviour.
- A more thorough risk/needs assessment is best undertaken by those with specialist training.

Conclusions

This study is the first to consider in-depth the implementation of risk-led policing of domestic abuse and the DASH risk tool used by the majority of police forces in England and Wales. A key finding was that this national model was being implemented in different ways in different forces. Three different models for implementation were identified. Each model has its own set of advantages and disadvantages meaning that one cannot be recommended as a model of best practice. Across England and Wales, most forces expect response officers to apply the initial risk grade, rather than specialist officers at some later stage of the process. The degree of faith placed in this initial assessment is what best distinguishes the models. Roughly half of forces attempt to review this initial risk grade for all cases; the other half conduct a secondary risk assessment for only a subset of cases. While applying secondary risk assessment to only a subset of cases reduces the burden on specialists and may result in faster referrals, it makes it likely that some high risk cases will 'slip through the net' and not receive the attention they require.

Consistent with previous research, this study found that a lack of understanding of coercive and controlling patterns of abusive behaviour can have implications for what is classified as domestic abuse, and which factors are prominent in police officers' identification and assessment of risk. Broadly speaking, a tendency to focus on physical violence and what has occurred at the current incident can lead to the neglect of abuse that is characterised not by physical violence and injury but by continuous coercion and control. Though physical violence and especially sub-lethal violence such as choking and weapon use are important indicators of risk, measures of control and entrapment are more consistent indicators of cases that are likely to result in serious harm or homicide (Home Office, 2013; Monckton Smith et al., 2014; Dobash and Dobash, 2015; Myhill, 2015). The absence of a clear understanding of the importance of coercive control when making judgements about risk was observed not only at the frontline, but also to some degree at the secondary risk assessment stage.

Risk assessment as described in the scientific literature (see for example Kropp, 2008) requires specialist skills. It is necessary therefore to be realistic about what can be expected of frontline police officers who are required to respond to and have a level of competence in dealing with a wide range of situations and circumstances. Though their knowledge and understanding of domestic abuse and coercive control in particular may improve following the recent introduction of new legislation and accompanying training, it is, for several reasons, unlikely to match that of a specialist officer, or specialist support workers such as IDVAs.

First, response officers' work is often pressurised and is undertaken in busy environments where emotions following a call to the police are still running high. The time and space in which frontline officers interact with a victim of domestic abuse is often not one which is conducive to full disclosure. Despite these considerations, it remains important for the first responding officer to undertake some form of risk identification and preliminary risk assessment. Risk assessors in the three study forces generally did not make direct contact with victims, and this is likely to be the case in other forces for cases that fall short of thresholds for further intervention from specialist domestic abuse/public protection officers. The first responding officer is therefore the person who has the best opportunity to 'read' the situation – the level of fear exhibited by the victim, whether they may be minimising the abuse and/or withholding information, the dynamics between the victim and the perpetrator (should they still be at the scene). An initial assessment also provides an indication of what immediate safeguarding measures might be required in higher risk cases. It is imperative therefore that frontline officers understand the rationale for risk identification and assessment, are able to identify indicators of risk, and are prepared and able to record the information accurately.

This research clearly identified a need for the information derived through risk identification to be much more consistent and complete, and for initial assessments of risk to be informed by an understanding of coercive control. The findings from this research are consistent with the HMIC (2014) review in suggesting that training on domestic abuse and particularly risk assessment has been piecemeal or absent altogether. Training alone is unlikely, however, to produce the step change in knowledge and practice that is needed. Specialist support workers for domestic abuse receive at least ten days of classroom training to become accredited and that level of input for a first response officer on a specific topic area is untenable. Another option for embedding an understanding and prioritisation of coercive control is a revised risk assessment tool for the frontline, one that attempts to capture the pattern and frequency of abusive behaviours in a more structured way. A revised tool might, in addition to enhanced supervision and training on coercive control such as that developed by the College of Policing, be a more realistic way of encouraging officers to collect the most salient information in a more complete and consistent way while 'nudging' them towards a focus on dangerous patterns of behaviour.

Indeed, while police officers and staff surveyed for this research acknowledged the value of risk identification and assessment – more than three-quarters felt DASH has improved the police response to domestic abuse – there was also frustration at a perceived mismatch between the current tool and the practical realities of frontline policing. The DASH tool in its current form is better suited to a domestic abuse specialist who may be able to build better rapport with the victim and devote more time, in more conducive conditions, to eliciting valid responses to each question. There was strong support in this study for a shortened tool for the frontline that asks only for the information most pertinent in identifying risk. Some information collected currently by the DASH – such as the perpetrator's offending history – is frequently already held and can be applied more accurately at a second stage assessment. A shorter tool focused on identifying factors relevant to any abusive situation – ongoing patterns of behaviour, frequent/severe physical violence, isolation, fear – would have the added benefit of being more universally relevant across the diverse range of cases included in the cross-governmental definition of domestic abuse (such as domestic abuse perpetrated by family members, as opposed to intimate partners).

This research also shone a light on the nature of police risk assessment away from the frontline. There are benefits in theory to a second stage risk assessment, because a risk assessor can devote greater time to drawing together information from other sources to complement that provided by the victim and recorded on the DASH, especially when compared to a response officer. There was little evidence, however, that the second stage

risk assessment added **significant** value above and beyond the first stage, or at least it was evident that risk assessment undertaken by the police was not as robust as that described in the scientific literature. Though risk assessors applied professional judgement to some degree, a process-driven approach – number of ticks on the form, number of incidents in a specific time period – was also evident. Particularly given the absence of a clear understanding of coercive control, this stage can reflect the personal biases of specific assessors, or simply reinforce the 'violent incident' bias identified within frontline assessments.

How risk assessment takes place away from the frontline varies force by force, due to differences in resources, structures and processes both within the force and among partner organisations. In some areas it may be a necessary and helpful function. If the consistency and accuracy of frontline risk assessment can be improved, the type of errors associated with model 2 (the model proposed in the original DASH guidance) may be minimised or eliminated. Alternatively, it may be that the police second stage should function more to ensure that cases are referred to specialist support services in a timely manner. Specialist support workers such as IDVAs are likely better placed to conduct a more comprehensive risk and needs assessment as they will have both direct contact with victims and a higher level of training than most police risk assessors. Shifting the primary responsibility for a full risk assessment to specialist support services would have the additional advantage of freeing up police resources to concentrate on pursuing, at all levels of risk, criminal justice outcomes (particularly under the new coercive control legislation). This approach may of course have resource implications for service providers, and some kind of filtering mechanism – such as the accurate identification of cases that involve coercive control – may be needed to ensure cases referred were broadly suitable for intervention by specialist support services. There remains a possibility that more accurate identification of cases involving coercive control will lead to a higher proportion of cases being classified as medium or high risk than is presently the case. This outcome would have implications for Police and Crime Commissioners in their commissioning of resources.

Summary of key findings and implications

This research on risk-led policing of domestic abuse and the DASH risk tool suggests the following key implications for police practice in this area:

- 1) **An evidence-based approach to risk-led policing is needed.** Very few police respondents in the three forces could recall receiving training relating specifically to risk assessment. Even amongst those occupying more specialist roles (e.g. risk assessors), informal on-the-job learning took place in the absence of training. Supervision and feedback that could reinforce any learning was also largely absent in the three study forces.
- 2) **An understanding of coercive control needs to be embedded within a risk-led approach.** Some aspects of domestic abuse were not well recognised by many response officers attending incidents. In particular, previous research has found that coercive control comprises an important risk factor for domestic homicide. The current study has revealed that the police often do not fully recognise the significance of coercive control when assessing risk.
- 3) **A revised risk tool for frontline officers should place a greater emphasis on patterns of abusive behaviour.** Our research suggests it is not necessary to ask for all of the information contained currently in the 27-item DASH tool during the initial

response. In its present form, the DASH is being circumvented in practice and is providing inconsistent data to secondary risk assessors. A more focused frontline tool could more effectively nudge officers out of an incident-driven mind set, towards identifying patterns of abusive behaviour, including coercive control.

- 4) **Domestic abuse specialists are needed to situate potentially high risk factors (such as separation from the perpetrator) in the context of a highly controlling perpetrator.** They are better placed to conduct a more thorough risk/needs assessment as an adequate basis for deciding follow-up action in cases where there is ongoing abuse. Police roles and structures must support timely and robust reviews of initial risk assessments and timely referrals to specialist support services.

Future research

Due to the widespread implementation of DASH amongst both police and partner agencies, a systematic process for developing, refining and testing any alternative approach is essential. The College of Policing and the National Policing lead for domestic abuse have indicated support for a revised tool for frontline police officers. A development phase should involve users, both victim-survivors and police and other practitioners. A revised tool should be subject to consultation with practitioners and key stakeholders; it should also be tested and evaluated in pilot areas. This evaluation should consider any unintended consequences of a new frontline tool, in addition to gathering information about how changes to the process affect risk assessment and management arrangements that are already in place.

Appendix A: DASH risk checklist

DASH 2009 Risk Model

This risk indicator checklist will assist you to make a decision on the level of risk to serious harm present for this victim and how you will make them safe.

Ensure you are in private and cannot be overheard or interrupted.

Completion of DASH is a tool to assist investigation and safeguarding; not a tick box exercise.

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

The questions highlighted in bold are high risk factors.

Record any responses to the questions in the space provided and expand in notes where necessary.

CURRENT SITUATION	
<p>1. Has the current incident resulted in injury? (Please state what and whether this is the first injury)</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are you very frightened? Comment</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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).</p> <p>Name: Kill <input type="checkbox"/> Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify)</p> <hr/> <hr/> <hr/> <p>Name: Further Injury & Violence <input type="checkbox"/> Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify)</p> <hr/> <hr/> <hr/> <p>Name: Other (please specify) <input type="checkbox"/> Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify)</p> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>4. Do you feel isolated from family / friends i.e. does (_____ Name of abuser(s)) try to stop you from seeing friends / family / Dr. or others?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you feeling depressed or having suicidal thoughts?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you separated or tried to separate from (_____ Name of abuser(s)) within the past year?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Is there conflict over child contact? (If Yes, please state what)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILDREN / DEPENDENTS (If no children/dependants, please go to the next section)	
9. Are you currently pregnant or have you recently had a baby (In the past 18 months)? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are there any children, step children that aren't (.....) in the household or are there other dependants in the household (i.e. older relative)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has (.....) ever hurt the children/ dependants? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has (.....) ever threatened to hurt or kill the children/dependants? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOMESTIC VIOLENCE HISTORY	
13. Is the abuse happening more often? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is the abuse getting worse? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does (.....) try to control everything you do and/or are they excessively jealous? In terms of relationships, who see you, being "policed at home," telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour) _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Has (.....) ever used weapons or objects to hurt you? _____ _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>17. Has (.....) ever threatened to kill you or someone else and you believed them?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. Has (.....) ever attempted to strangle/choke/suffocate/drown you?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Does (.....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what and consider the attendance of a specialist officer if disclosure sexual offences is made)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. Do you know if (.....) has hurt anyone else (children / siblings / elderly relative / stranger, for example)? Consider HBV. Please specify who and what</p> <p><input type="checkbox"/> Children <input type="checkbox"/> Another family member</p> <p><input type="checkbox"/> Someone from a previous relationship (please specify) <input type="checkbox"/> Other (please specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. Has (.....) ever mistreated a family pet?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

ABUSER(S)	
23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has (.....) ever threatened or attempted suicide? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (If yes, Please specify what) <input type="checkbox"/> Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify) <input type="checkbox"/> DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

RISK TO VICTIM - please rely on your professional judgement to assess the risk to the victim and any children.	
<input type="checkbox"/> Standard <input type="checkbox"/> Medium or <input type="checkbox"/> High	
Standard	Current evidence does not indicate likelihood of causing serious harm.
Medium	There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.
High	There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm "A risk which is life threatening and or traumatic, and from which recovery, whether physical or psychological can be expected to be difficult or impossible".

Source: Domestic abuse initial response guide (College of Policing, 2015).

Appendix B: Force analysis by model type

Force characteristics

The groups were compared in terms of force area population, number of officers and rate (1 officer per x number of people). The analyses were run with Metropolitan Police Service (MPS) included and excluded from Group 3 (to determine the effect of this atypical police force on the overall pattern of findings). There were no significant differences between the groups on any of these indicators. In other words, a range of sizes and resource levels is represented in each group.

Domestic abuse workload

The groups were compared in terms of the number of calls with a domestic abuse (DA) marker, the percent of calls with a DA marker, the number of crimes with a DA marker, the percent of crimes with a DA marker, the total cases, and the percent of cases designated as high risk. Please note that these last two variables have a high degree of missing data (15 out of 43 forces missing). Again, the analyses were run with MPS included and excluded from Group 3.

None of these comparisons were statistically significant according to conventional standards, although Group 1 tended to have a lower percentage of crimes with a DA marker (approximately 6%) compared to Groups 2 and 3 (which each have more than 8%) ($p=.053$).

Other risk-based features

The groups were compared according to which risk tool was currently being used (DASH, DASH revised or applied differently in some way, or a different tool altogether). The analysis revealed a significant difference between the groups, with Group 1 least likely to use the DASH (3 of the 6 forces use a different tool, 1 uses a revised DASH, leaving only 2 of 6 using DASH). In contrast, the majority of forces in Groups 2 and 3 use the DASH (75% and 90%, respectively).

Next, the groups were compared according to whether HMIC reported three different types of problems with their risk-based approach (the quality/completeness of risk forms; missing risk forms; and review/oversight problems). These are crude measures but give an indication as to whether HMIC identified more or fewer problems in relation to a force's risk-based approach. The total number of problems was also summed and compared across the groups. Overall, Group 1 had fewer problems than Groups 2 and 3. However the only statistically significant difference was for review/oversight problems. None of the forces in Group 1 were identified as having this type of problem by HMIC.

The groups were then compared according to whether they provided a specific response – such as a referral to specialist support services – to standard, medium and/or high-risk cases. The total number of responses was also compared. Nearly all forces reported providing a specific response to high-risk cases. This finding reflects the widespread implementation of the MARAC process. However, there was much more variability according to whether forces provided a specific response to standard and medium cases. Although the differences were not statistically significant, overall Groups 2 and 3 were more likely to provide some type of response to lower risk cases. In contrast, Group 1 seemed to mainly focus on high-risk cases, according to the HMIC inspection undertaken at that time.

MARAC functioning

The groups were compared according to when they implemented the risk-based approach, measured by when they implemented the MARAC process. This is not a perfect measure because it is (sometimes) based on when MARACs began submitting data to CAADA/SafeLives, rather than when they were actually implemented. However analysis of the groups shows clearly that each contains a range of forces – some of which were long-standing risk-based forces whereas others were relative newcomers.

MARAC data were then analysed across the groups; for example, the number of MARAC cases in 2014, the number of MARAC cases per 10,000 population, and the percentage change in the number of MARAC cases heard in the previous 12 months. The analyses were run with MPS included and excluded from Group 3. The only significant difference was for the MARAC rate, with Group 1 having the highest (45), Group 2 the lowest (26), and Group 3 in the middle (31).

Finally, the groups were compared by whether they were identified by HMIC as having MARAC workload problems (no, yes for some MARACs in the force area, or yes for all MARACs in the force area). Although the difference was not statistically significant, Group 1 had more workload problems (affecting 4 of 6 forces) than Group 2 (5 of 16 forces) or Group 3 (8 of 21 forces). There was also no difference according to whether there were Steering Groups in place to guide the MARAC process in each force area (but these were rare – only present in 5 forces at the time of the inspection).

Appendix C: Illustrative case example

Officers attended an address from which three 999 calls had been received. On the most recent call, the line had been left open and arguing was heard in the background. The house was on a road to which the police were called frequently, and the area appeared to be fairly deprived. The house itself was extremely chaotic and dirty. On arrival, officers were met by a man behaving aggressively. Also present were his on/off female partner and her friend. The two women were extremely intoxicated, and all three were loud and abusive towards the officers. The man demanded to be allowed to leave the address and was permitted to do so. The two attending officers then attempted to ascertain from the women who had called the police and what had happened. Although both were at times abusive, the woman's friend appeared to want to disclose information about what had happened and the wider context. The observer heard her say to one officer that the man had thrown a bottle at his partner and grabbed her by the wrist. This allegation of a criminal offence was not pursued. The officers spent some time attempting to get the woman to respond to the DASH questions. The officers appeared frustrated by the way the women were behaving, and eventually were keen to be out of the address.

During the DASH interview, the woman oscillated between being verbally abusive and aggressive to breaking down in tears. She also moved between support for the perpetrator (not wanting to get him into trouble) and fear of the consequences of revealing what had happened. It was difficult at times to understand what she was saying and it seemed that she was minimising her situation. When asked about feelings of isolation, the woman's friend said they had not met for three months and that this was because the man was a 'controlling little sh*t'. The man called both women's phones several times after leaving the address and could be heard asking what was happening and demanding to know why his partner wasn't answering her phone. The woman alluded to having been choked in the past and the man having made previous threats to kill. When asked the DASH question relating to sexual abuse, the woman would not answer but started to cry. She also revealed that she was 15 weeks pregnant.

When the DASH interview was complete, officers advised the woman to lock her door. After leaving the scene and when asked what might happen next one of the officers said he imagined the man would be back at the address within an hour. There did not appear to be any consideration of an immediate referral to support services, or of a Domestic Violence Protection Notice. When completing the DASH form later in the shift, the attending officer made no mention of the perpetrator's aggressive or controlling behaviour. Although it was noted more than once that the victim was intoxicated and not easy to engage, at no point was it stated that she was vulnerable. The incident was graded as 'medium' risk.

A check of the history of the case revealed it had been heard at MARAC earlier in the year and the man had served a four month prison sentence for assaulting the woman. He had subsequently been found not guilty of breaching a now expired non-molestation order, due to lack of evidence. Based on this information, the medium risk grading was retained. The assessor said that if the current incident had been a crime, or if there had been fourteen 'ticks' on the DASH form, then the case would have automatically been referred back to MARAC. The observer felt the case might have been raised to high risk using professional judgement, based on the risk to the woman and particularly her unborn child, and the man continuing to demonstrate coercive and controlling behaviour despite having been subject at one stage to a non-molestation order.

Appendix D: Logistic regression predicting cases classified as high risk

	B	SE		Exp(B)	95% CI for Exp(B)	
					Lower	Upper
Current incident resulted in injury	1.068	.201	***	2.909	1.963	4.310
Are you very frightened	.463	.202	*	1.589	1.071	2.360
Victim isolated	.038	.271		1.039	.611	1.767
Victim depressed or suicidal	.273	.246		1.314	.811	2.130
Separation/attempts to separate	.224	.187		1.251	.867	1.805
Conflict over child contact	-.389	.263		.678	.405	1.134
Stalking/harassment	-.211	.326		.809	.427	1.534
Pregnancy/recent birth	.222	.240		1.249	.781	1.998
Children/other dependents in house	-.400	.323		.670	.356	1.262
Hurt children/dependents	.655	.441		1.925	.811	4.571
Threats to hurt children/dep	.366	.523		1.442	.518	4.016
Abuse happening more often	-.145	.235		.865	.546	1.371
Abuse getting worse	.516	.240	*	1.675	1.047	2.679
Jealous and controlling behaviour	-.170	.250		.844	.517	1.378
Used weapons to hurt you	.579	.288	*	1.785	1.014	3.141
Threats to kill	.593	.289	*	1.810	1.028	3.188
Attempts to strangle/choke/drown	.740	.251	**	2.096	1.283	3.425
Sexual abuse	.903	.331	**	2.468	1.290	4.721
Other person afraid of	.458	.494		1.581	.600	4.166
Perpetrator hurt anybody else	-.050	.265		.952	.566	1.599
Mistreated animal/pet	.225	.386		1.252	.587	2.670
Financial issues	-.526	.265	*	.591	.351	.993
Drugs/alcohol/mental health	-.162	.207		.850	.567	1.275
Perpetrator attempted suicide	-.327	.264		.721	.430	1.209
Breached bail/injunction	.964	.319	**	2.623	1.404	4.902
Perpetrator criminal history	.153	.198		1.166	.791	1.719
Constant	-2.519	.140		.081		

N=1380; cases classified as high risk at secondary risk assessment (Force 3 only)

Pseudo R² = .249; CI=confidence interval

*p < .05. **p < .01. ***p < .001

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