



MPS SPECSS+ Domestic Violence Risk Identification, Assessment, and Management Model

Risk assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm.

Explanatory Notes and Guidance

1. There are three parts to the Risk Model:
 - **Part 1: Form 124D Risk Identification by front line (Form 124D);**
 - **Part 2: The Risk Assessment in full by the specialist domestic violence (DV) officer or Independent Domestic Violence Advocate (IDVA);**
 - **Part 3: The Risk Management by the specialist DV officer or IDVA (please refer to tactical menu of options in full)**
2. Risk assessment is based on structured professional judgement. It **structures and informs decisions that are already being made**. It is only a guide/aide-memoire and does not provide an absolute or relative measure of risk using cut off scores.
3. Assessment of risk is complex and not related to the number of risks appearing alone. Rather, the imminent risk posed to the victim or others in a particular situation will be dependent upon what they are and how they apply in that context.
4. The MPS Risk Assessment Model was developed by the Understanding and Responding to Hate Crime Team¹. It was built on a thorough review of existing international research and literature, a comprehensive consultation exercise involving leading academics and practitioners, including contributions from victims of domestic violence. The model has been extensively piloted within the MPS and other forces. The work has also been informed by findings from MPS domestic homicide reviews and a detailed analysis of other serious domestic incidents. It has constantly been subject to review.
5. The process of development has been driven by Laura Richards, a criminal behavioural psychologist with ten years specialising in violent crime. Substantial input from Community Safety Unit (CSU) officers means that the routine practicalities and implications of the risk assessment have been uppermost in mind during the period of development.
6. The dilemma with such a risk assessment is that it needs to be effective, robust, systematic, dynamic, user friendly and manageable. Some of these needs, however, conflict with each other. This model seeks to achieve the difficult balance across these disparate needs and can be used to prioritise cases to Risk Management Panels, such as Multi-agency Risk Assessment Conferences (MARAC).
7. Police actions will be open to scrutiny. You should fully record your actions and the options considered. Show what factors influenced your decisions, include reasons for **not** taking action. **Your decisions must be defensible. This is your decision log.**
8. The risk assessment process must remain dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review.
9. Please ensure that when you conduct the risk assessment, the victim is comfortable and understands why you are asking certain questions. Their relevance may be apparent to you, but not to the victim. Particular sensitivity and attention is required when asking about whether the victim has been assaulted, physically and/or sexually by the perpetrator, as well as asking whether the perpetrator has assaulted other people.
10. The vulnerability of domestic abuse victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy, language and/or immigration or refugee status. Consider honour based violence (HBV), for example. Considerable care should be taken when conducting a risk assessment. Please take into consideration the victim's perception of risk.
11. High risk factors are highlighted in bold.

¹ This was a joint project funded by the Home Office Targeted Policing Initiative.

Part1 is the Form 124D: Risk Identification by the Reporting Officer
 Initial reporting officers and their patrol supervisor should identify risk factors and decide what level of intervention is required. This should be completed for every incident. The next stage will be dependant on the identified level of imminent risk. Fax/Send Form 124D to the CSU.

6 High Risk Factors: SPECSS+ Please use the comment box to expand	Tick box if factor is present. <input checked="" type="checkbox"/>
Separation (child contact) Have you separated or told the abuser you want to separate from them in the past 12months? (Comment) Is child contact/access an issue?(Comment)	<input type="checkbox"/> <input type="checkbox"/>
Pregnancy/New birth Are you currently or have you recently been pregnant? (Comment)	<input type="checkbox"/>
Escalation: The attacks becoming worse and happening more often Is this incident worse than the one before? (Comment) Is it happening more often? (Comment)	<input type="checkbox"/> <input type="checkbox"/>
Community issues and isolation Are you isolated from support or help? (Comment) Are there any personal or cultural issues which make it harder for you to seek support/help? (Comment)	<input type="checkbox"/> <input type="checkbox"/>
Stalking Does the abuser call, follow or stalk/harass you?(Comment)	<input type="checkbox"/>
Sexual assault Do they say or do things of a sexual nature which make you feel bad or that physically hurts you or someone else? (Comment)	<input type="checkbox"/>

<p>+ Factors CUSSCAAM</p> <p>Please use the comment box to expand</p>	<p>Tick box if factor is present.</p> <p><input checked="" type="checkbox"/></p>
<p>Child abuse</p> <p>Has the abuser ever hurt the child(ren)? (Comment)</p> <p>Has the abuser ever threatened to hurt the child(ren)? (Comment)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Use of/access to weapons or credible threats to kill?</p> <p>Has the abuser used weapons or objects to hurt you in the past?</p> <p>Has the abuser ever threatened to hurt or kill you and you believed them? (Comment)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Strangulation (Choking/Suffocation/Drowning)</p> <p>Has the abuser ever attempted to strangle/choke/suffocate/drown you? (Comment)</p>	<p><input type="checkbox"/></p>
<p>Suicide-homicide</p> <p>Has the abuser ever threatened or attempted suicide? (Comment)</p>	<p><input type="checkbox"/></p>
<p>Controlling and/or jealous behaviour</p> <p>Is the abuser excessively jealous and/or try to control everything you do (i.e. relationships, who you see, threats you will not see the children. Consider HBV. Please state)?</p>	<p><input type="checkbox"/></p>
<p>Abuse of animals</p> <p>Has the abuser ever hurt the family pet? (Comment)</p>	<p><input type="checkbox"/></p>
<p>Abuse alcohol/drugs</p> <p>Has the abuser had problems in the past year with drugs, alcohol, prescription drugs leading to problems in leading a normal life? (Please specify which)</p>	<p><input type="checkbox"/></p>
<p>Mental health</p> <p>Has the abuser had problems in the past year with their mental health leading to problems in leading a normal life? (Please specify)</p>	<p><input type="checkbox"/></p>

In all cases an initial risk assessment is required: STANDARD, MEDIUM, HIGH:

Imminent risk to victim :		
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>

Part 2 - Risk Assessment by Investigating Officer (refer to Guidance Notes)

CRIS Reference:			
Sources of Information:	<input type="checkbox"/> Victim	<input type="checkbox"/> Other sources, please state	
Does the offender have a criminal record?	<input type="checkbox"/> Domestic	<input type="checkbox"/> Other	<input type="checkbox"/> None
Is there intelligence on offender?	<input type="checkbox"/> Violence	<input type="checkbox"/> Other	<input type="checkbox"/> None
Does the offender have access to firearms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known

Current Situation Tick the relevant box and add comments where necessary to expand	Yes	No	Don't Know
1. Has the current incident resulted in injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid of further injury or violence? (Please give an indication of what you think (name of abuser.....) might do and to whom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel isolated from family/ friends i.e. does (name of abuser.....) try to stop you from seeing friends/family/ Dr or others?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you tried to leave (.....) within the past year?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there child contact issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does (.....) constantly call/contact/follow/stalk or harass you?*(Please explain what has been done and whether this was to deliberately intimidate you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you feeling depressed or suicidal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children/Dependants			
10. Do you look after any children, step-children that aren't (.....)? Or are there other dependants in the household (i.e. elderly relative)? (Comment if necessary. If no children/dependants, please go to the next section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has (.....) ever hurt the children/dependants?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has (.....) ever threatened to hurt the children/dependants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has (.....) ever threatened to kill the children/dependants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence History			
14. Are the attacks happening more often?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are the attacks getting worse?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has (.....) ever threatened to kill you or anyone else and you believed them?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has (.....) ever attempted to strangle/choke/suffocate/drown you?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do they do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?*(Please specify who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has (.....) ever used weapons or objects to hurt you?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is (.....) excessively jealous and/or try to control everything you do (i.e. relationships, who you see, threats you will not see the children. Consider HBV. Please specify)?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know if (.....) has hurt anyone else in the family, or anyone else they have had a relationship with? (children/siblings/elderly relative etc. Specify who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has (.....) ever attacked any other person they do not know? (Please specify who)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is there any other person that has threatened you or that you are afraid of?*(Please specify who. Consider extended family if HBV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has (.....) ever hurt the family pet?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Abuser(s)	Yes	No	Don't Know
25. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (.....) had problems in the past year with drugs, alcohol, prescription drugs or mental health leading to problems in leading a normal life?*(Please specify which) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Has (.....) ever threatened or attempted suicide?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you know if (.....) is involved in any other criminal activity? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Has (.....) ever broken an injunction /molestation order, breached bail and/or agreement for when they can see you and/or the children? (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Imminent risk to victim :		
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>

Investigating officer's signature:.....

Date:.....

Part 3- Risk Management: Intervention Plan. Refer to Tactical Menu of Intervention Options in full.

Several levels of intervention/prevention should be considered once a risk(s) has been identified. A carefully planned and co-ordinated response is needed from the agencies working in close partnership. The abused partner should be an active participant in determining the degree of danger and what s/he should do next. Victim's views should be incorporated into the assessment process.. **Having completed the assessment using the above factors, an entry must be made on the 'DETS' screen of the CRIS report. This form is disclosable.**

Refer to:	Date and the Contact Name	Direct action:	Date	Proactive:	Date/Ref.
Independent Domestic Violence Advocate (IDVA)		Prosecute		Photographic evidence taken	
VSS		Caution		Victim & perpetrator told of intention to monitor	
Women's Aid		Harassment warning		Installation of surveillance camera	
Refuge		Other		Provision of panic alarm and/ or mobile phone (specify which)	
Housing Contact				Provision of Special Scheme on CAD	
Solicitor				Escape plan	
DV Leaflet				Safe contact nominated	
Other agency (define)				Safety plan	
Details of injunctions/Court Orders				Other (define)	

Victim's signature:.....Completed by telephone:..... Date:.....
 Appropriate Adult / Interpreter's signature:.....Line Manager's signature:.....

Notes for Guidance on Risk Management (Refer to Tactical Menu of Intervention Options in full).

A crucial part to risk assessment is risk management. Officers should refer to the Intervention Options document. Use the **RARA** model when compiling safety plans for victims:

Remove the risk:	By arresting the suspect and obtaining a remand in custody.
Avoid the risk:	By re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect.
Reduce the risk:	By joint intervention/victim safety planning, target hardening and use of protective legislation.
Accept the risk:	By continued reference to the Risk Assessment Model, continual multi-agency intervention planning, support and consent of the victim and offender targeting within Pro-active Assessment and Tasking pro forma (PATP), or Risk Management Panel format (such as Multi-Agency Risk Assessment Conference (MARAC) or Multi-agency Public Protection Panel (MAPPP))

Use the PLANBI for Human Rights

Proportionality:

Police actions must be fair and achieve a balance between the needs of society and the rights of the individual. You should consider different options to achieve the objective and select the least intrusive.

Legality:

Police actions must be supported by legislation or stated cases. You must know your basic police powers.

Accountability:

Police actions will be open to scrutiny. You should fully record your actions and the options considered. Show what factors influenced your decisions, include reasons for *not* taking action. **Your decisions must be defensible. This is your decision log.**

Necessity:

Police actions must be 'necessary in a democratic society'. You must be able to justify any infringements of rights.

Best Information/Intelligence:

Police actions must be based on the best information and intelligence **available at that time.**

Risk Management Categorisation

This is based on the OASys (Offender Assessment System developed by the Prison and Probation Services) definitions of what constitutes standard, medium, high risk:

Standard	no significant current indicators of risk of serious harm.
Medium	there are identifiable indicators of risk of serious harm. The offender has the potential to cause 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.

Guidance: Use SPECSS+ to identify behaviour of significant concern/high risk.

Separation (child contact): victims trying to leave relationships are frequently murdered. Many incidents happen as a result of child contact or disputes over custody.

Pregnancy/new birth: domestic violence can start or get worse in pregnancy.

Escalation: There is a very real need to identify repeat victimisation and escalation. Victims of domestic violence are more likely to become repeat victims than any other type of crime: as violence is repeated it gets more serious.

Community Issues/Isolation: needs may differ amongst ethnic minority victims, newly arrived communities, asylum seekers, the elderly, people with disabilities and the traveller or gay/lesbian/transgender/ community. This might be in terms of perceived racism, language, culture, insecure immigration status and/or accessing relevant support services. Be aware of forced marriage and honour based violence whereby family/community try to restore their mistaken sense of honour and respect.

Stalking: Persistent and consistent calling, texting, sending letters, following, etc. Stalkers are more likely to be violent if they have had an intimate, sexual relationship with the victim. Stalking and physical assault, are significantly associated with murder and attempted murder.

Sexual Assault: those who are sexually assaulted are subjected to more serious injury. Those who report a domestic sexual assault tend to have a history of domestic abuse whether or not it has been reported previously. Many domestic sexual offenders are high risk and potentially dangerous offenders. Be aware of the link between domestic and stranger rape.

+ Factors (CUSCAAM)

Child Abuse: Evidence shows that both domestic violence and child abuse can occur in the same family. Child abuse can therefore act as an indicator of domestic violence in the family and vice versa.

Use of Weapons and/or Credible Threats to kill: Use of threats which victim believes to be credible or weapons. Abusers who have used a weapon, or have threatened to use a weapon, are at increased risk of violent recidivism. A credible threat of violent death can very effectively control people and some may carry out this threat.

Strangulation(choking/suffocation/drowning): It is important that escalating violence, including the use of weapons and attempts at strangulation are recorded for the purposes of assessing risk. This includes all attempts at blocking someone's airway.

Suicide-Homicide: Threats from an offender to commit suicide have been highlighted as a factor in domestic homicide. A person who is suicidal should also be considered homicidal.

Controlling and/or Jealous Behaviour: Complete control of the woman's activities and extreme jealousy have both been associated with severe violence and homicide.

Abuse of Pets: there is a link between cruelty to animals and domestic violence. The use or threat of abuse against pets is often used to control others in the family.

Abuse of Alcohol/Drugs: the abuser's use of drugs and alcohol are not the cause of domestic violence, as with all violent crime they might be a risk of further harm.

Mental Health: Physical and mental ill health does appear to increase the risk of domestic violence.

Risk Factor Definitions

These can be organised into factors relating to the behaviour and circumstances of the suspect and to the circumstances of the victim. Most of the available research, upon which the following factors are based, is focused on male abusers and female victims in a current or previous intimate relationship. Generally these risk factors refer to the risk of further assault, although some are also linked to the risk of homicide (SPECSS+). Other risk factors relating to different groups or partnerships and children have been included. However, they are less developed.

High Risk Factors

1 Separation (child contact)

Research and analysis shows that victims who try to terminate relationships with men are frequent homicide victims. Notions of *'If I can't have her, then no-one can'* are recurring features of such cases and the killer frequently intends to kill themselves too (Wilson and Daly, 1993; Richards, 2003).

Threats that begin with *"if you were to ever leave me..."* must be taken seriously. Victims who stay with the abuser because they are afraid to leave may correctly anticipate that leaving would elevate or spread the risk of lethal assault. The data on time-since-separation further suggest that women are particularly at risk within the first two months (Wilson and Daly, 1993; Richards, 2003).

Further, many incidents happen as a result of discussions and issues around child contact or disputes over custody (Richards, 2003 and 2004). Children must be considered in the assessment process.

2. Pregnancy/new birth

Pregnancy is often a time when abuse begins or intensifies (Mezey, 1997). About 30% of domestic violence starts in pregnancy and existing violence escalates at this time. Gelles (1988) found that pregnant women had a greater risk of both minor and severe violence than non-pregnant women. Domestic violence is associated with increases in rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death (Mezey 1997).

Victims who are assaulted whilst pregnant or when they have just given birth should be considered as high risk. This is in terms of future harm to them and to the child. Women were ten times more likely to experience domestic violence in the current pregnancy if they had also experienced domestic violence during the last 12 months (Mezey, 2002). Pregnant women are now routinely questioned by doctors and midwives in the early stages of pregnancy about whether they have experienced violence at the hands of their partners.

3. Escalation: The attacks becoming worse and happening more often

Previous domestic violence is the most effective indicator that further domestic violence will occur. 35% of households have a second incident within five weeks of the first (Walby & Myhill, 2000).

There is a very real need to identify repeat victimisation and escalation. Victims of domestic violence are more likely to become repeat victims than any other type of crime. Research indicates that general violence tends to escalate as it is repeated. Analysis indicates that the time between incidents seems to decrease as the number of contacts escalate. (URHC 2002). Men who have demonstrated violent behaviour in either past or current intimate relationships are at risk for future violence (Sonkin, 1987).

4. Community issues and isolation

Needs may differ amongst ethnic minority victims. This might be in terms of issues of perceived racism, language, culture, insecure immigration status and accessing relevant support services. Domestic violence may take on different forms within specific communities. Reduced access to services and social isolation can combine to increase lethal risks. For example, this could apply to newly arrived communities, asylum seekers, the elderly, people with disabilities, the travelling, ethnic minority and/or gay/lesbian/transgender communities.

There may be difficulties speaking/reading English, not working outside the home, service access issues – not knowing who, how or where to go for help. You can be just as isolated in a tower block in London, as you are living in a rural area and not being able to access help.

Consider issues relating to So-called Honour Based Violence (HBV)²

'So-called honour based violence' is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community (MPS, 2007).

Officers should assess the situational context and consider asking further questions of victims who are particularly vulnerable or socially isolated in terms of:

- Truancy - this is a risk factor amongst teenage girls
- Self-harm - more prevalent amongst young Asian women and a predictor for suicide
- House arrest and being 'policed at home'
- Threats to kill or that they will never see the children again
- Fear of being forced into an engagement/marriage
- Isolation – this is one of the biggest problems facing victims of forced marriage. There may be difficulties speaking/reading English, not working outside the home and/or living in an isolated community
- Pressure to go abroad
- Insecure immigration status
- Disability (physical or mental)

5. Stalking

Most female victims know their stalker. Stalking commonly occurs after the relationship but can also occur before the relationship ends (McFarlane, Campbell, Wilt, Sachs, Ulrich & Xu, 1999). Stalkers are more likely to be violent if they have had an intimate relationship with the victim. Furthermore, stalking is revealed to be related to lethal and near lethal violence against women and, coupled with physical assault, is significantly associated with murder and attempted murder.

Stalkers are worthy of attention because they are a potentially very dangerous group. Stalking behaviour and obsessive thinking are highly related behaviours. Stalking must be considered a high risk factor for both homicide and attempt homicide, and abused women should be advised accordingly (Campbell et al. 1999; Sully Cold Case Murder Reviews, 2001; Richards, 2003).

6. Sexual assault

The analysis of domestic sexual assaults demonstrates that those who are sexually assaulted are subjected to more serious injury (Richards 2004). Further, those who report a domestic sexual assault tend to have a history of domestic abuse whether or not it has been reported previously.

One in twelve of all reported domestic sexual offenders were considered to be very high risk and potentially dangerous offenders (Richards 2004). There is a link between domestic and stranger sexual offending.

Further, Browne (1987) reported that over 75% of the abused women who killed their abuser were raped by him. Men who have sexually assaulted their partners and/or have demonstrated significant sexual jealousy are more at risk for violent recidivism (Stuart and Campbell 1989).

² Refer to MPS HBV advice leaflet, tactical menu of intervention options for HBV offenders and victims and the HBV resource documents. They are available on Central CSU Service Delivery team and Virtual Crime Academy website

+ Factors (CUSSCAAM)

7. Child abuse

There is compelling evidence that both domestic violence and child abuse can occur in the same family. Child abuse can therefore act as an indicator of domestic violence in the family and vice versa. Young children are adversely affected by witnessing violence between adults in their homes and many develop behavioural problems.

Adult partners who are violent toward each other are also at increased risk of abusing their children. Behavioural problems in children in turn predict later partner violence. Hence a cycle of violence can occur whereby aggressive behaviour becomes highly stable across the life course of individuals, and is transmitted from generation to generation within families (Moffit and Caspi, 1998).

8. Use of weapons and/or credible threats to kill

Use of threats which victim believes to be credible or weapons. Spousal assaulters who have used a weapon on intimate partners or others, or have threatened to use a weapon, are at increased risk of violent recidivism (Sonkin, Martin and Walker, 1985). Strangulation/choking and stabbing are common methods of killing in domestic homicides. Research evidence shows that often a variety of household objects are used as weapons.

9. Strangulation (Choking/Suffocation/Drowning or blocking the airway)

It is important that escalating violence, including the use of weapons and attempts at strangulation/choking/suffocation/drowning are recorded for the purposes of assessing risk (Richards 2003). Strangulation or 'choking' is a common method of killing by male perpetrators of female victims (Dobash et al. 2004). Bruising may not be immediately obvious around the neck and skin pigmentation may compound marks being seen. Petichae (burst blood capillaries) may be evident in the eyes or on the skin. Any attempt at closing down the victim's airway should be considered high risk.

10. Suicidal or homicidal ideation/intent

Suicidal is evidenced by history of suicide attempts, self-harm or thoughts about it. Homicidal is evidenced by the same. There is a link between dangerousness to self and dangerousness to others; that is the two factors co-exist more often than expected on the basis of chance (Menzies, Webster and Sepejak, 1985).

The homicide victims in such cases are almost always female. The person who usually kills, cannot let the victim go. Homicide-suicide rarely involves strangers. The most common factor in homicide-suicide is that the male needs to control the relationship. If a wife or girlfriend tries to leave, the man will often threaten to kill himself. This is a manipulative move and one that needs to be taken seriously. He should be assessed not just for suicide but possibly homicide-suicide.

11. Controlling and/or Jealous Behaviour

Men who believe that men 'should be in charge' are more likely to use violence against their partner. Complete control of the woman's activities and extreme jealousy have both been associated with severe violence and homicide (Richards, 2004; Campbell, 1986).

Both sub-lethal assaults and threats to kill can be interpreted as coercive tactics to terrorise wives and thus keep them under their husband's control (Wilson and Daly, 1993). Violence against wives functions to deter wives from pursuing alternative relationships or opportunities that are not in the interests of the husband (Wilson and Daly, 1993). A credible threat of violent death can very effectively control people. However, evidence suggests that such threats to estranged wives by husbands are more often than not sincere.

12. Abuse of Pets/Animals

Experts increasingly recognise a disturbing correlation between cruelty to animals and domestic violence (Cohen and Kweller, 2000). For families suffering domestic violence or abuse, the use or threat of abuse against companion animals is often used for leverage by

the controlling/violent member of the family to keep others in line or silent. The violence may be in the form of spousal abuse, child abuse (both physical and sexual), or elder abuse. It is estimated that 88% of pets living in households with domestic abuse are either abused or killed. Of all the women who enter shelters to escape abuse, 57% have had a pet killed by their abuser (http://www.healthypet.com/Library/animal_bond-14.html).

Common types of cruelty include torture, shooting, stabbing, drowning, burning, and bone-breaking. The main reason for animal abuse within a domestic relationship is control. Threatening, harming, and killing companion animals can powerfully demonstrate someone's power over a partner or child (http://www.vachss.com/guest_dispatches/ascione_1.html).

13. Abuse of Alcohol/Drugs

Serious problems in the past year with illicit drugs, alcohol or prescription drugs that leads to impairment in social functioning (health, relationships etc.). Substance abuse is related to criminality and recidivism in general. Recent substance abuse is associated with risk for violent recidivism among wife assaults (Stuart and Campbell, 1989). It is not the cause of domestic violence, but increases the risk of harm.

14. Mental Health

Physical and mental ill health does appear to increase the risk of domestic violence, but again conclusions relating to causation are complex as the health issues may be the results of the violence (Walby and Myhill, 2001). Disability and issues of physical and mental ill health (for example depression and/or suicidal feelings) can be important in assessing the victim's vulnerability to future harm. Alcohol and drugs misuse can also relate to mental and physical ill health and can also be a response to continued abuse.

Other factors:

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

The victim's perception of the level of risk is an important element that should be included in risk assessment as the victim has the most detailed knowledge of the suspect (Weisz et al. 2000). Officers should also be aware that victims frequently underestimate their risk of harm from domestic abuse abusers. However, it is important that fears for their own safety are integral in assessing the risk to them.

16. Dependants/elder abuse

Elder abuse, like other types of DV, is complex. Generally a combination of psychological, social and economic factors along with the mental and physical conditions of the victim and the offender, contribute to the occurrence of elder abuse. Types of abuser tend to be paid carers (31%) – usually associated with physical abuse and neglect and family members or relatives (47%) usually associated with psychological and financial abuse (House of Commons, 2004). The risk factors associated with elder abuse are (WHO, 2002):

- Cognitive or physical impairment;
- Shared living arrangements;
- Social isolation;
- Abuser dependency;
- Refusal of outside services, and;
- History of family violence.

17. Past physical assault of intimate partner

Reports of physical assault, actual or attempted, against past or current partners. Men who have demonstrated violent behaviour in either past or current intimate relationships are at risk for future violence (Sonkin, 1987). Many are serial offenders.

18. Past assault of stranger, acquaintances, family and/or police officers

Actual or attempted physical / sexual assault, or any use of weapon. Offenders with a history of violence are at increased risk of spousal violence, even if the past violence was not directed towards intimate partners or family members (Stuart and Campbell, 1989). Research has shown that generally violent men engage in more frequent and more severe spousal violence than other wife assaulters.

19. Recent employment problems

Currently unemployed with unstable work history within past year. Unemployment is associated with an increased risk for general recidivism. Low income and financial stresses are also a risk factor for involvement in spousal assault (Campbell, 1986). A sudden change in employment status, such as being fired / made redundant, may be associated with increased risk for violence (McNeil, 1987).

20. Background of violence/criminal career

Partner violence does not appear to be a 'special problem' arising from the dynamics of an intimate relationship between two adults. Rather, research shows that it tends to be part of a perpetrator's pattern of repeated aggression toward other persons persisting over the life course, with a series of victims from siblings to schoolmates to dating partners to strangers to spouse (Richards, 2004; Fagan, Stewart and Hansen, 1983).

When histories of violent people are examined, a consistency begins to emerge in their approaches to interpersonal relationships (Richards, 2004; Toch 1969). There are also links to stranger violence (Richards, 2004). They learn, probably in childhood, that violence works for them. They used violent responses effectively to obtain positive and avoid negative reinforcement. They got what they wanted or avoided unpleasant situations by being violent and this behaviour continues over the life course. Be aware of the link of domestic and stranger sexual violence and violence.

21. Breach of civil or criminal court order or bail conditions by the suspect

Arrests for violating the breach of civil or criminal court order or bail conditions by the suspect. Previous violations of contact or non-contact orders may be associated with an increased risk of future violence. In the US the existence of a protective civil court order and/or history of criminal behaviour has been listed as one antecedent to domestic murder. One US study demonstrated that offenders who left the scene of a domestic violence incident before the police arrived had twice the recidivism rate of those who were still present.

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³ Information has also been derived from ongoing analysis, and survivor focus groups conducted by the Understanding and Responding to Hate Crime Team, based in the Metropolitan Police Service.

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