

Rethinking Risk Beyond the Checklist: The Need for a Holistic and Inclusive Framework

Report

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2. Introduction

2.1 About the Coaction Hub Partnership

Coaction Hub is a partnership project between Asian Women's Resource Centre (AWRC) and Standing Together Against Domestic Abuse (STADA) which works to strengthen the Coordinated Community Response (CCR)¹ to improve responses to Black and minoritised victim-survivors² of domestic abuse and harmful practices.

The project aims to create an equitable partnership between a by and for agency³ and a mainstream agency working in the ending violence against women and girls (VAWG) sector.

Each agency brings a range of expertise which complements the other - AWRC as a frontline agency with 45 years of experience working with Global Majority victim-survivors of domestic abuse and harmful practices and STADA as a second-tier agency which pioneered the CCR in the UK.

The Coaction Hub examines aspects of the CCR such as risk assessment tools, Domestic Homicide Reviews Domestic Abuse Related Death Reviews⁴, (formerly known as DHRs) and Multi Agency Risk Assessment Conferences (MARACs)⁵. The aim is to assess whether these are effective tools for Black and minoritised victim-survivors of domestic abuse and harmful practices and considers alternative methods.

Key to this work is collaboration with a range of agencies across the sector, most importantly Black and minoritised by and for agencies working to end VAWG whose voices have been historically marginalised within the Coordinated Community Response (CCR).

One example of this is the Harmful Practices Strategic Partnership (HPSP), a pan London, by and for led group of statutory and non-statutory agencies and individuals which is co-ordinated by the Coaction Hub. The HPSP ensures by and for expertise is centred in all aspects of the group, including membership structure, decision making and policy recommendations.

By doing so there is an acknowledgement of power imbalances inherent in the VAWG sector, and there are agreed aims to address these through anti-racist practice, and amplifying the voices of by and for organisations.

2.2 Rationale, aims and methodology

There is limited academic or other research into how the risk assessment structures, tools are and used by state agencies and specialist domestic abuse services reflect the lived experience of Black and minoritised victim-survivors. Our recent research into the effectiveness of MARAC

¹ The CCR is an approach to domestic abuse which involves bringing communities together to improve the safety of survivors and hold abusers to account. Often the CCR is used to mean statutory and non-statutory agencies working together, but a successful CCR needs to involve a wide range of communities and individuals. To be effective the CCR needs to work to improve the safety of all victim-survivors, including those from marginalised and minoritised communities. More information: [here](#)

² The terms 'women', 'victim-survivors', and 'survivors' are used interchangeably throughout this paper.

³ by and for agencies – organisations which are run by the community they service. In this report we are specifically referring to Ending VAWG By and For Services run by and for Black and minoritised women. Imkaan's definition of By and for agencies can be found: [here](#)

⁴ In 2024 DHRs were renamed Domestic Abuse Related Death Reviews. These statutory Reviews have been conducted since April 2011, to look into the circumstances of the death of a person, where the death resulted from domestic abuse towards the person, within the meaning of the Domestic Abuse Act 2021, with a view to identifying the lessons learnt from the death.

⁵ MARAC (Multi-Agency Risk Assessment Conference): A coordinated meeting where local agencies (such as police, health, social Services, housing, and domestic abuse services) share information and collaboratively plan actions to safeguard victim-survivors identified as at high risk of serious harm or homicide from domestic abuse.

systems for addressing harmful practices (Coaction Hub, 2024) found that professionals had a lack of understanding of harmful practices. It also found the MARAC model provided insufficient time leading to questions as to whether high risk victim-survivors were being adequately risk managed.

We are not aware of other research into the effectiveness or otherwise of MARACs and of the primary risk assessment tool used in England and Wales, the Domestic Abuse, Stalking and 'Honour'-Based Violence risk assessment checklist (DASH checklist), that has solely focused on engagement with and outcomes for Black and minoritised victim-survivors.

2.3 Aims of this paper

This consultation aimed to consider how the DASH checklist, and associated framework for reducing risk, addressed the risks and needs of Black and minoritised victim-survivors being supported by mainstream statutory⁶ and domestic abuse services⁷, and specialist by and for agencies. Specifically, it aimed to highlight the extent to which by and for agencies had confidence in the tools being used, whether the tools effectively capture the risks faced by Black and minoritised victim-survivors, and if they adequately address domestic abuse, harmful practices, and the unique needs of Black and minoritised women.

The paper is aimed at VAWG practitioners, policymakers, and frontline professionals responsible for assessing, supporting, and safeguarding Black and minoritised victim-survivors. It serves as a policy and practice influencing document, informed by our consultation with professionals involved in assessing and managing domestic abuse and meeting the needs of victim-survivors.

This research seeks to encourage further dialogue about risk-based systems and practices that are used by agencies in their responses to domestic abuse, specifically in relation to their applicability for Black and minoritised victim-survivors. The learning should be used to encourage system and practice improvements to safeguard and support Black and minoritised victim-survivors. A critical part of this work involved creating the space to generate learning for an improved framework that better meets the needs of all victim-survivors whilst simultaneously reducing the risk they face, and foster a culture of accountability, proactive responses, and meaningful change.

2.4 Methodology

To achieve our aims, an online survey was developed to examine the effectiveness and applicability of risk assessment tools used with victim-survivors in by and for agencies. The survey explored how effectively the standardised DASH RIC identifies and captures risk and need for Black and minoritised victim-survivors, and whether current risk categorisation by agencies aligns with the lived experiences of victim-survivors engaging with by and for services.

Fourteen responses were received from by and for agencies who are members of London's P&ACT partnership project, Prevention and Action through Community Engagement and

⁶ Mainstream statutory services: Services provided or funded by the government and local authorities, such as police, social care, housing departments, and health agencies, that respond to violence against women and girls (VAWG). These services operate within statutory frameworks, focusing primarily on risk management, safeguarding, and criminal justice responses to domestic abuse.

⁷ Mainstream domestic abuse services: Services designed to support victim-survivors of domestic abuse typically delivered by organisations without a specialist focus on culturally-specific or intersectional needs. These services often operate using standardised approaches and frameworks, and may not fully address the specific experiences of Black and minoritised victim-survivors.

Training, Ending Harmful Practices Project⁸, one of the largest partnerships of its kind in the UK. This pan-London collaboration consists of 12 specialist Black and minoritised by and for VAWG organisations, led by the Asian Women's Resource Centre (AWRC). The partnership focuses on addressing harmful practices such as forced marriage, 'honour'-based violence, and female genital mutilation (FGM), providing community engagement, advocacy, counselling, training, and specialist multilingual support.

The survey was accompanied by a 'World Café' consultative event, which brought together a mix of by and for agencies and mainstream domestic abuse services, with 25 participants representing 10 organisations in total.

Two focus groups were also held with ten participants from nine by and for agencies in London, and individual interviews were held with five lead practitioners from by and for agencies working across England and Wales.

Overall, we received in-depth contributions from eighteen organisations.⁹ Contributors included national and regional by and for agencies, agencies that respond to violence against women and girls, activists, and domestic abuse and violence women leads in local authorities.

This consultation was conducted within an intersectional feminist anti-racist framework, which is aligned with the values of the Coaction Hub. It embedded an understanding of the structural racial inequalities affecting Black and minoritised victim-survivors and the by and for agencies that support them.

This approach understands that victim-survivors may experience multiple forms of structural inequality based on the intersecting identities they hold (such as race, sex, class, sexuality, gender, age) and simultaneously experience multiple forms of VAWG.¹⁰ We also intentionally foregrounded by and for agencies, not just as experienced service providers to women but also in recognition of the wider socio-political context and their actively anti-racist work in a white supremacist power structure. These agencies play a dual role in addressing immediate needs and advocating for systemic change, providing crucial frontline services while actively challenging structural inequities through anti-racist advocacy and resistance to white supremacist structures within the VAWG sector.

A participatory approach was used to address power imbalances between white-led¹¹ and by and for agencies, as well as between researchers and participants. Space was intentionally created to hear from by and for agencies, to share their perspectives separately from other agencies, in acknowledgement of the unequal power dynamics between agencies.

⁸ Partner organisations include: Asian Women's Resource Centre (AWRC, Lead), Women and Girls Network (WGN), PLIAS Resettlement, Midaye, FORWARD, Southall Black Sisters, Ashiana Network, IKWRO, Kurdish and Middle Eastern Women's Organisation (KMEWO), Latin American Women's Rights Service (LAWRS), Domestic Violence Intervention Project (DVIP), and IMECE

⁹ Participants in the research included Al-Aman, Ashiana Network, Asian Women's Resource Centre, BAWSO, Hopscotch Women's centre, IMECE, Iranian and Kurdish Women's Rights Organisation-KMEWO, London Black Women's Project, London Borough of Havering, Respond, Solace Women's AID, Southall Black Sisters, Standing Together Against Domestic Abuse (STADA), Traveller Movement and Victim Support.

¹⁰ Intersectionality has its roots in Black feminist activism, and emerged from critical race theory. Kimberly Crenshaw first publicly laid out her theory of intersectionality in 1989 (in "Demarginalizing the Intersection of Race and Sex."), to move away from single issue analysis of discrimination. This recognised for example, that Black women are both Black and female, and experience discrimination on the basis of both race and sex and often, a combination of the two.

¹¹ Organisations in the VAWG sector who are not specialist by and for agencies for Black and minoritised women. White-led Organisations receive significantly more funding than by and for agencies.

Participants shared their experiences with risk assessment tools, particularly the DASH checklist, their professional insights into its effectiveness, and the adequacy of the risk management system tools to address the distinct and diverse needs of Black and minoritised women. Participants not only shared their professional experiences but also proactively sought and provided feedback from women who used their services.

Discussions held provided valuable qualitative data on by and for agency approaches, and the specific challenges faced by Black and minoritised women who used their services. Participants also made recommendations for improving risk assessment and risk management practice in addressing domestic abuse.

Examining the limitations of the DASH checklist also helped participants to draw attention to broader gaps in our understanding of how Black and minoritised victim-survivors experience and access justice. Our consultation contributes to this discourse by illuminating the specific challenges faced by Black and minoritised women within the context of risk assessment systems to enhance and improve support offered to victim-survivors, maximise their access to justice and to live free from abuse.

Recommendations therefore extend beyond reshaping risk assessment tools to examining structural system failures and identifying strategies to better address the specific needs and risks of Black and minoritised victim-survivors. Our findings and recommendations hold significant potential to advocate meaningful, long-term change, with a vision to create more effective and inclusive approaches to domestic abuse and meeting victim-survivors needs.

3. Background: risk assessment in the context of domestic abuse

3.1 Overview of the DASH checklist

The England and Wales Domestic Abuse Statutory Guidance (2021) recommends that trained professionals use risk management tools such as the DASH checklist to help identify and understand the risks adult victim-survivors of domestic abuse face.

This DASH checklist tool was first introduced twenty years ago, informed by the work of several domestic abuse charities, to improve service responses to domestic abuse related harm or murder. This evolved into a multi-agency system response (MARAC) that aimed to increase the safety of victims assessed as being at high risk and reduce the risk posed by perpetrators. This coincided with parallel work developed by the police to create a risk checklist informed by homicide reviews. The current DASH checklist evolved from that early work to include learning from stalking and 'honour'-based violence. An adapted version for young people has been developed, and some local areas have also adapted it to incorporate risks facing older people.

The DASH checklist is currently used as one tool to help professionals identify and reduce risks and to decide which cases should be referred to a local MARAC meeting. It may also be used to determine who can access independent domestic violence advisor (IDVA) support, and to inform safety planning and case management.

Having a common system for assessing and reducing risks associated with all forms of violence against women is consistent with Article 51 of the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, Council of Europe 2011). This requires risk assessment and management to form a critical element of preventing and combating violence against women and domestic violence. The legal standard of requiring that risk assessment be carried out in cases of violence against women is also enshrined in the UN

3.2 Challenges with the DASH checklist and its implementation

The DASH checklist is promoted as a common tool for IDVAs and other frontline professionals, and for agencies involved in the MARAC process, providing a shared understanding of risk in relation to domestic abuse, stalking and 'honour' based violence. It is used for abuse in intimate partner relationships, including LGBTQ+ relationships, and for family violence. It is not, however, designed as a full risk assessment for children experiencing domestic abuse. An adapted checklist has been designed to help identify specific considerations relating to young people typically aged between 13 and 17 (SafeLives).

Given that domestic abuse risk can change very quickly, professionals are encouraged to review the DASH checklist frequently and as close to the most recent incident of abuse as possible. Whilst some questions on the assessment are focused on the history of abuse, it is designed to identify current risk, so that an immediate safety plan can be put in place. However, it is not always part of a wider, integrated response that includes access to safe housing, legal advice, and holistic support adapted to victim-survivors needs.

The challenges associated with its implementation include inconsistent use by frontline professionals, incomplete recording of information, and that gradings of risk may not be a good predictor of subsequent risk or homicide (Turner et al., 2019). For example, a review into the effectiveness of its use by the police found that as a risk assessment tool it was underperforming, with each question, at best, being able to offer a weak prediction of the possibility of further abuse, and that officer risk predictions based on the risk questionnaire were little better than random (Turner et al., 2019). The College of Policing has since introduced the Domestic Abuse Risk Assessment (DARA) tool for frontline officers, with the DASH checklist only being used by specialist officers (College of Policing, 2022).

Following a review of the learning identified by domestic homicide reviews between 2021 and 2022, risk and risk assessment were identified as issues in the majority of deaths following familial abuse, intimate partner violence, and where victims died by suicide. There is no unanimous evidence nationally of the MARAC's effectiveness or of the DASH checklist's accuracy or validity (Phillips, 2018).

Research has shown that the DASH checklist is limited in its ability to identify suicidal ideation, capture the complexity of psychological abuse and coercive control, or adequately assess risks relating to self-harm. The death of Michelle Sparman raised concerns about the failure to recognise internalised harm (Southall Black Sisters, 2025). Similarly, Imkaan's report *Why Should Our Rage Be Tidy?*, argues that current forms of risk assessment are shaped by an overemphasis on physical indicators of violence, failing to account for internalised or emotional risks. These limitations are of particular concern in cases involving Black and minoritised victim-survivors. Research from the Domestic Homicide Oversight Mechanism report (Chantler et al., 2022) found that Black and minoritised victims who were murdered were more likely to have been assessed at a lower risk compared to White British victims. This suggests systemic issues in how risk assessments are conducted, particularly when it comes to identifying the dangers faced by Black and minoritised women.

Although the DASH checklist used by services in England and Wales contains a question about 'honour'-based violence, it is acknowledged that for many victim-survivors, the threshold for assessments of 'high-risk' and for referral to a MARAC may not be met, and professional

judgement needs to be relied on to determine whether the risk is high or not. For Black and minoritised women, this is further complicated by forms of abuse such as multiple perpetrators (often involving extended family), forced marriage, fear of community repercussions, or fear of services due to racism, immigration status, or previous harmful responses. These risks may not always be recognised within mainstream frameworks.

Globally it is recognised that interpersonal, institutional, and structural factors perpetuate inequalities and risks of violence. A woman's social location, level of education, employment status, access to resources, independence or access to community participation impact risks of violence. Given the known heightened risk of domestic abuse and other forms of violence against women, to women impacted by intersecting forms of discrimination, the UN Special Rapporteur on VAWG advocated, fourteen years ago, that *"a one-size-fits-all programmatic approach is insufficient for combating gender-based violence."* There is global recognition, therefore, that risk assessments should account for the role played by inequalities founded on socio-economic, cultural, religious, racial, ethnic, ability, education, access to citizenship and resource allocation, in maintaining epidemic levels of violence against women.

4. Findings from the Coaction Hub consultation with services

Building Trust is crucial for survivor's engagement in the risk assessment process

Trust building between professionals and victim-survivors is essential for effective risk assessment and safety planning; without it, the full extent of risk and unmet needs of victim-survivors cannot be fully understood or assessed. This trust is cultivated through consistent, empathetic engagement from professionals who are trained to understand victim-survivors lived experiences and to address and mitigate barriers to help-seeking. Decades of research has evidenced the trust that Black and minoritised women have in by and for agencies, and how they value and want access to support offered that is relatable, culturally informed, empathetic, and long-term (Mama, 1989; Imkaan, 2014; Imkaan, 2018, Domestic Abuse Commissioner 2023).

In our consultation, professionals spoke about the fears that many victim-survivors had of contacting mainstream services. The role of interpreters when undertaking risk assessments, was also highlighted, which can complicate dynamics. If victim-survivors know that interpreters are from their own community, they may worry that their disclosures could be shared within their social circles or family, further eroding their trust.

In communities where confidentiality can be a significant concern, it is essential to establish and maintain trust with victim-survivors who may have heightened concerns due to cultural norms, fears of stigma, or past experiences of racism or unhelpful responses from authorities, that exacerbate distrust. This distrust can be particularly pronounced where victim-survivors might fear that well-intentioned staff lack knowledge about their community and could inadvertently disclose sensitive information.

“...Mainstream national domestic abuse helplines and other kind of services that don't have that specialised approach, a lot of women are too afraid to call those numbers [and they] might call us.”

“I think it's very important to understand how to build trust with the woman from the community because some of them they feel fear when they come to the same community because of the confidentiality issue and they feel that it will be disclosed and people will know. So by doing this assessment with the woman, we have to understand how we will build the confidentiality. How we will make that atmosphere. It is very important to have this in the first meeting with the woman. It could happen that they won't trust you in the first, second, even third meeting, but it will build.”

Many victim-survivors also fear what would happen after they spoke with services. For many migrant women, concerns that reporting abuse to the police or engaging with state services could lead to detention or deportation makes trust-building extremely difficult. These fears are compounded by wider issues of institutional racism and poor responses from the police and other statutory agencies towards Black and minoritised women, which further undermine confidence in seeking support.

Services also spoke of perpetrators exploiting these fears to manipulate and control victim-survivors and discourage them from seeking help. Without clear protections in place, such as a firewall between police and immigration enforcement, these concerns remain a significant barrier for migrant victim-survivors.

By and for agencies are uniquely placed to build trust with victim-survivors, as their expertise, culturally specific knowledge, and community-led approaches effectively address the barriers and mistrust often encountered when engaging with mainstream services.

“...we do the DASH RIC because even if [the referral is] from social services or any other agencies or police, we do our [assessment], and we also do the DASH, because sometimes survivors are open to us they trust us, but they don't trust the other agency. For example, I received a new referral from police and the DASH was attached to it and when I looked at it, nothing was there. Everything was no, no, no, no, no. And when I did the DASH with them, they were high risk. And I was wondering why is it that the police, they just [do it] quickly and they don't understand the survivors and...don't make time for the risk assessment, so the survivor cannot disclose or cannot trust them to tell them what they've been through.”

Survivors may not be able to or choose not to disclose abuse

Our consultation participants also reinforced the fact that Black and minoritised women are not a homogeneous group and there are notable cultural differences amongst women, which may impact their experience of abuse. It was noted that these differences are often not reflected in the DASH checklist which impacts on the effectiveness of a 'one size fits all' risk assessment and highlights the importance of training mainstream professionals.

Disclosing domestic abuse, particularly sexual abuse, can be incredibly difficult for women due to feelings of shame, fear, or a lack of understanding that what they are experiencing is abuse, particularly in intimate relationships. This can be compounded for Black and minoritised women due to cultural norms and fear that mainstream services will not understand their specific experiences.

Feedback from participants highlighted that the DASH checklist question about sexual abuse in particular is not sufficiently nuanced and can hinder disclosures. Several participants felt they had been raising these issues over many years, without their feedback being addressed.

By and for agencies have the skills to ask this question in creative and culturally sensitive ways. However, there is significant concern that statutory agencies have insufficient training and experience leading to them asking it as it is currently written, which may fail to elicit disclosures or fully reflect victim-survivors experiences.

“So this many years on we're still saying the same thing, it definitely needs something around the clients that we serve and just to add to what everybody was saying around the question [on sexual abuse]... a lot of women actually feel that if you're married, you can't say no, so there's that as well. Just need to raise awareness and respectfully, you know, bring things to their attention that actually this...does constitute abuse, right.”

Participants acknowledged that whilst some women may not have the understanding of abuse or language to disclose forms of sexual abuse, others may choose to remain silent as a coping strategy or to remain in control of who they disclose abuse to. One of the challenges with the risk assessment framework is that once someone is assessed as high-risk, a MARAC referral means that approximately twenty other professionals will be told about this, which once women know this, may inhibit their ability to talk freely about the abuse. For others, women may have spoken out about sexual violence at other times in their lives but were not heard or may have been forced to remain silent.

Thiara and Roy (2020) highlight that some survivors of sexual abuse described either choosing silence or experiencing enforced silence. The research highlights the range of intersecting issues that constrained women's ability to speak about and seek help for sexual violence. These included self-silencing due to familial or community pressure not to bring shame, gendered expectations to 'please' within abusive relationships, and fears of betraying their communities in the context of police racism. Age also shaped disclosure – younger women feared not being believed, while older women felt it was too late to start again. Assumptions made by professionals and poor responses across policing, social care, and the courts further reinforced women's silence, invisibility, and sense of not being heard.

Some participants in our research suggested that the risk assessment should include a list of different forms of sexual abuse, allowing victim-survivors to respond with a simple yes or no without needing to disclose further details. This approach was seen as more trauma-informed and survivor-centred.

At the same time, participants recognised the limitations of using predefined lists, as they may not capture the full scope of women's experiences, and acknowledged the difficulty of creating a fully standardised tool for this purpose.

“...a lot of survivors aren't gonna tell you [about sexual abuse and if they have] gone through forced anal rape for example. So what you have to do is give them the option to say yes or no and just go down a list of different kinds of sexual abuses and give them the space to say yes or no. They don't have to go into detail. So creating a standardised tool is going to be really hard. But a resource to say,

actually let's do this in a trauma informed way a victim focused way."

Faith and cultural beliefs can also deeply influence victim-survivors understanding of abuse and their willingness or ability to disclose what they have experienced. Participants told us that disclosing experiences of abuse can be particularly complex when norms within religious communities may not recognise the nuances of consent and autonomy. As a result, women may internalise teachings, leading them to believe that certain abusive behaviours are acceptable or inevitable.

This is reinforced by organisations and activists working at the intersections of faith, race, gender-based violence and feminism, whose guidance recognises that religion may also be 'weaponised' and abusers may use religious, cultural or spiritual ideas or beliefs as justification to cause harm (Faith and VAWG Coalition, 2021).

One participant from focus groups highlighted:

"The way Bible is interpreted, here's certain things that have been misinterpreted and in those cultural spaces they are now given as responsibilities for wife duties or as duties for a child. Therefore, for a lot of people, again they don't know it's abuse unless it's spelled out for them. So having you know additional questions or supporting questions to someone who is outside of the community and not familiar, on the way in which harm has manifested itself, would be helpful."

Some participants also spoke of minoritised cultural contexts in which withholding sex or emotional intimacy by an abusive partner is used by perpetrators to coercively control, manipulate, degrade, and punish women. For example, in some South Asian and Middle Eastern communities, sexual abandonment or neglect by an abusive partner combined with gendered expectations around women's roles as wives or providers of intimacy can lead to profound psychological and emotional distress.

However, this may not be understood by professionals who have a specific perception of sexual abuse and, as a result, may not be adequately captured within DASH checklist questions posed by professionals in mainstream services.

"With Muslim clients, when I say sexual abuse, when the husband abandoned them, you know he's not coming to them, they find it very harming, they find it abusive...So there is nothing to be like showing that he is ignoring her...I can't put that as sexual abuse because it's the meaning is different ...for us about 80% of our clients are Muslims. So this is really important for them ...I myself I found it as abuse, psychologically and sexually as well."

"When the man abandons to sleep with the wife or ignore her... This is a kind of punishment... She has that feeling that he abused her sexually when he ignored her... It's not just sexual abuse when she experienced pain or something without consent... Ignoring her... like she is not exist, this is abuse."

Participants told us that the limitations of the DASH tool, which does not take into account women's diverse lived experience of abuse, exacerbates existing gaps in professionals'

knowledge and understanding, which can compromise safety and have serious repercussions on women's lives. It was felt that improving professionals' cultural competency and awareness is important to ensure risk assessments and safety planning is effective. Having a better understanding of the diverse realities of the lives of Black and minoritised women from different communities and backgrounds, will mitigate against racialised assumptions or failures to identify sexual violence and other forms of abuse.

Services noted that adopting a more open and trauma-informed approach within risk assessments would provide a better insight into experiences of abuse and the risk of harm posed by perpetrators. There was consensus that a more trauma-informed, victim-focused approach to risk assessments would significantly enhance their effectiveness, better reflect diverse experiences, promote safety and wellbeing, and help meet their distinct and diverse needs.

Assessments have a narrow focus on types of risk and short term focus on risk and safety

Risk is fluid and dynamic and the DASH tools and accompanying resources reinforce that risk assessment should take place at key points during a victim-survivors support journey, from the point of initial disclosure, at referral and as they continue to access support agencies. This reflects the dynamic nature of risk, which fluctuates over time depending on a range of factors in victim-survivors lives, making it essential to re-evaluate and adapt support measures accordingly.

When the DASH RIC was first developed, the primary focus was on physical violence and immediate risk, the legal and policy landscape had not yet fully recognised coercive control as a distinct and severe form of abuse (Robinson, 2010). Since then, significant progress has been made in understanding the impact of coercive and controlling behaviour (CCB), influenced by Evan Stark's pioneering work, (Stark, E 2007) which reframed domestic abuse as a pattern of entrapment and domination rather than a series of isolated incidents. Stark's concept of coercive control has been critical to understanding why many women do not leave abusive relationships, as the abuse is ongoing and pervasive, often occurring without physical violence. Further developments in the field including Jane Monckton Smith's work on homicide timelines (Monckton Smith, 2019) and legislative changes such as the Serious Crime Act 2015 and the Domestic Abuse Act 2021 (Home Office, 2021) have continued to shift the focus towards more nuanced and holistic understandings of risk. Research has demonstrated that coercive control is a key predictor of homicide and serious harm, necessitating more nuanced risk assessments (Myhill, 2016). Feedback provided during our consultation highlighted that the DASH checklist and risk management system tends to prioritise immediate, visible threats, often overlooking crucial historical factors such as past abuse, coercive control, and power dynamics within extended families. As such it was noted that it appears to be designed with a "specific type" of victim-survivor in mind.

Services observed that risk is often defined as serious physical injury or risk of death, which then necessitates a focus on physical safety. It is invariably less common to focus on women's emotional safety and wellbeing, and their risk of not being free from abuse, in whatever form that takes. Having such a narrow emphasis on specific types of risk and physical safety can miss the broader context of abuse and its cumulative harmful effects. This results in inadequate assessment and insufficient support for those who may not be assessed as 'high risk' at the time of the assessment.

The consultation found that failure to fully account for these factors can lead to missed opportunities for intervention in cases where abuse could escalate. As a result, some victim-survivors may not receive adequate support, or the resources needed to prevent future harm. Addressing these limitations requires a more comprehensive understanding of the victim-survivors context, including the patterns of coercion and control that may persist even when immediate physical threats are not apparent.

Participants noted that safety planning should be integral to the risk assessment tools, but this is often seen as a separate activity, and often primarily focused on physical safety from the perpetrator. This encourages short term crisis interventions, and a focus on what victim-survivors can do to keep themselves safe, and less on what agencies and the state can do to stop the abuse. This approach also fails to acknowledge that victim-survivors will already be thinking about things they can do or not do, to remain safe, when living with abuse, and that this is in addition to the routine and often invisible 'safety work' women and girls already do, to limit or avoid intrusions in public and private spaces (Kelly 2012, Vera Gray, 2016, 2020).

Participants highlighted that some agencies conducted risk assessments without attention being given to safety planning measures at all. Others noted that good safety planning goes far beyond advising victim-survivors to call the police, especially if victim-survivors are unfamiliar with how to navigate emergency services or if they face language and cultural barriers. For many victim-survivors, particularly those from Black and minoritised communities and those who have witnessed war and conflict, interaction with the police may evoke fear or trauma rather than safety, and advising them to call the police in an emergency, without offering alternatives or explaining the process, can lead to confusion or distress.

“If you don't give women any leaflet or any information just to say, oh if anything happened, call 999. Do they understand about 999? What is 999?... She doesn't know nothing about how UK operates. She doesn't know anything about how the police operates. See, I have got no clue about the system in place, so if you are talking to the person to say just call 999 and what is 999? What does it mean? Because 999 when you call, they will tell you do you need them? Ambulance. Do you need the fire brigade? You need? This woman is gonna be confused.”

Participants felt that effective safety planning must be embedded within the risk assessment process, and be survivor-led, and offer a range of options, and never pressure women into specific actions.

Survivors need more than a focus on individual risk and physical safety

This consultation provided space for participants to engage in crucial discussions about how to identify and respond to Black and minoritised women's experiences, including harmful practices, when risk assessments are not designed with their lived experience in mind.

Several participants noted that a challenge with the DASH checklist is that it focuses on the specific forms of risks individual perpetrators pose, without adequately integrating a focus on risk factors at different levels. We know from research that risk factors can be present at a societal, institutional, community and individual level, and they intersect to lead to or exacerbate violence against women (Hagemann-White et al. 2010). For example, these may include societal norms, discriminatory laws and social acceptance of violence which can

normalise abuse and increase barriers to seeking help. Institutions may have discriminatory policies and practices that further exacerbate risks associated with abuse, as can lack of access to community resources or support networks. Black and minoritised women's experiences of abuse and the justice system are complicated by their economic status, community and patriarchal norms, and legal systems, and risks for many include, for example, threats related to a woman's immigration status, control of documents and application processes (Gangoli et al. 2019).

The DASH checklist does not consider victim-survivors often complex and specific needs. In the UK, domestic abuse interventions predominantly follow a risk-led model, prioritising the identification of immediate risk and criminal justice responses. However, this approach can leave victim-survivors feeling interventions are imposed upon them rather than developed collaboratively. A needs-led model, conversely, centres victim-survivors individual priorities, including housing, immigration, health, financial stability, and emotional support, facilitating safety planning shaped around their lived experiences. This shift is particularly crucial for Black and minoritised survivors, whose intersecting experiences of racism, structural inequalities, and community dynamics necessitate tailored and culturally responsive support.

The DASH checklist also does not include in the assessment consideration of victim-survivors often complex and specific needs. Without a focus on victim-survivors presenting needs, interventions may feel like women were being 'done to', rather than being led by, for and with women. Subsequent safety planning, which is an essential component of risk assessment, will invariably not address the multiplicity of safety and support needs victim-survivors have, which is one of the significant shortcomings of a risk-led approach dominated by criminal justice system responses.

A risk-led approach that exclusively prioritises immediate safety, without addressing victim-survivors broader needs and strengths, is insufficient and may result in a 'revolving door' response to domestic abuse. Effective intervention must balance safety alongside a holistic understanding of victim-survivors multiple and cumulative needs, such as mental health support, housing, problematic substance use, involvement with the justice system, and previous experiences of abuse and exploitation. Ignoring these broader factors undermines victim-survivors rights to protection, justice, and a life free from abuse.

Participants also spoke of victim-survivors from various faith communities who had experienced faith being weaponised as part of the abuse. For instance, a victim-survivor of spiritual abuse may also struggle with mental health issues, antisemitism, Islamophobia and/or racism, which may require not only a risk assessment but also tailored support services, such as mental health support, access to safe housing, and faith-informed support to navigate the complexities of their faith context and potential barriers to reporting abuse. By recognising these specific needs, practitioners can ensure a more holistic approach that addresses both safety and well-being.

Such an approach recognises that safety is only one aspect of a person's wellbeing. Attention should also be paid to victim-survivors psychological safety, safe spaces in communities, and their wider needs, including their feeling of belonging and connection, their stability, their independence, future life free from violence, and their choices and access to resources. Acknowledging the interplay between risks, safety, needs and wellbeing is essential for creating a more effective and supportive framework for survivors.

An understanding of trauma helps reduce risk and meet needs

An understanding of trauma is essential to reducing risk and meeting survivors' needs, particularly when trauma is shaped by the intersecting impacts of race, gender, and structural inequality. As highlighted in *Why Should Our Rage Be Tidy?* (Imkaan, 2024), the trauma experienced by Black and minoritised women is compounded by systemic racism and misogyny, yet this is often overlooked in mainstream responses. Recognising trauma through an intersectional lens is vital for services to build trust, respond meaningfully, and ensure survivors are not retraumatised by the very systems meant to protect them. Black and minoritised communities experience disproportionate levels of exclusion and inequality, leading to distinct and compounded experiences of trauma. Individuals from racialised communities in the UK face significant mental health disparities, often stemming from systemic racism and social injustices (Centre for Mental Health, 2024). Similarly, racism contributes to stark health inequalities, with Black individuals more likely to experience adverse mental health outcomes due to socio-economic disadvantages (Runnymede Trust, 2025).

These intersecting factors not only amplify the effects of trauma but also hinder access to appropriate mental health care, necessitating an intersectional approach to address the unique challenges faced by Black and minoritised communities.

By and for agencies pointed out the importance of adopting a careful and considerate approach that prioritises sensitivity, responsiveness, and attentiveness to the health and wellbeing of survivors, as this can help prevent re-traumatisation.

It is crucial to be aware of how questions are framed during risk assessments; this approach helps to consider and mitigate the trauma and emotional impact on victim-survivors. By and for agencies are deliberate in their practice, to minimise the repetition of sensitive questions, and understand that such repetition can be both distressing and counterproductive. Therefore, initial interactions, often conducted face-to-face, are designed to efficiently gather essential information whenever possible.

Participants noted that several agencies conducting the same risk assessment and asking the same questions of victim-survivors was re-traumatising for many who used their services. While the DASH was originally designed to create a shared language across agencies so that victim-survivors would not have to repeatedly recount their experiences, participants highlighted that in practice, many agencies are inadequate at completing the assessment, resulting in women being asked the same questions multiple times. By and for agencies may ask different questions to better address the specific risk and needs of their communities. They also reflected on whether state services should conduct such risk assessments and how services could mitigate the challenges that arise from different agency approaches.

“It's about also knowing that the service we refer them to is going to be asking all those questions again. We don't want to retraumatise someone by making them go through lengthy questions only to be passed on to a new person. So we try and keep that at a minimum.”

Imkaan found that the intersecting impacts of race and gender amplify the effects of trauma, which makes specialist trauma informed by and for support absolutely essential. Many victim-survivors have found support in grassroots organisations and community-led services, where

specialist and trauma enforced support and holistic care are often present. Yet such services are insufficiently resourced (Imkaan 2024).

Language used by professionals can be a barrier to effective assessments

Another challenge with the DASH checklist is that the language it encourages professionals to use is often difficult for victim-survivors to understand. This is further exacerbated when inexperienced practitioners conduct an assessment without offering sufficient context or explanation.

“We need to rephrase the questions so every woman, even without the advocate, can understand the questions. Therefore, adopting a survivor-centric approach in the design of risk assessment tools, ensuring that the language used is clear and comprehensible to all individuals, thereby enhancing both the accuracy of the assessments and the support provided to survivors.”

By and for agencies recognise that terminology such as “honour-based abuse” often does not resonate with victim-survivors from Black and minoritised communities. Each community interprets and describes these experiences differently, using culturally specific language and concepts. Victim-survivors may only begin to link their experiences explicitly to violence against women and girls (VAWG) once they feel safe and develop trust with by and for caseworkers, who can sensitively bridge the gap between lived experiences and formal terminology.

Participants noted the in-language support and assessments offered by, by and for agencies was invaluable for many victim-survivors using their services. When services communicated with victim-survivors in their own language, it not only reassured them but also demonstrated a deeper level of understanding and cultural competence. Moreover, it helped dismantle barriers that prevent victim-survivors seeking help, and ensures that services are accessible and responsive to their needs.

Services noted that Black and minoritised victim-survivors can struggle to understand the language and concepts used in the assessments when they are conducted by mainstream and statutory agencies, especially when professionals do not understand the subtleties of language, or use inappropriate ('government') language that can be off-putting and contribute to misunderstanding.

Participants felt that the DASH checklist would benefit from enhanced clarity in the language used and accompanying detailed explanations for professionals, to help victim-survivors understand what constitutes abuse and more effectively participate in the assessment.

“No one, not any of my client understands if I just read the questions. I have to kind of reframe the questions and also the question [is] designed for the need [and] perspective of the white woman.”

“It presents so differently in every community, and they all have different names for what the government or whatever is calling so-called honour-based abuse that it's much more reassuring. I chose a level of knowledge if you can speak to the survivor in their language rather than just the standard government language.”

“We're using a lot of ways when we are asking, especially for sexual abuse. We have to just make it as normal to them because some of them, they are shy to share and they minimise it. Like when you ask is there abuse, they find it normal...she has no right to say no... if you read the question, it's not that easy for some of the clients.”

Specialist sector use of bespoke approaches informed by expertise

Although the majority of participants agreed with the need for a unified risk assessment tool, which provides some consistency in referral pathways especially when multiple agencies are involved with victim-survivors, almost all participating organisations said they had adapted the DASH checklist to form their own risk assessment, including adding additional questions, informed by their professional experience and expertise as by and for agencies.

“The DASH risk assessment does not provide a whole picture of the challenges and barriers that are faced by Black and global majority women. There are no questions related to the additional risk factors and abuse experienced predominantly by this service user group such as immigration, threats of deportation, sensitivity to questions relating to sexual abuse, mental health and criminal history that require additional exploration and a more considered approach to the collation of this data. There is also not sufficient questions that address the risk factor of harmful practices directly.”

“Emotional and verbal abuse is not always accurately captured in the DASH ... Additionally, there needs to be a focus on questions around 'honour' based violence and harmful practices rather than this being a part of the control/jealous question.”

By and for agencies bring specialist and in-depth knowledge of their communities developed through years of experience working within these communities. They understand unique dynamics and needs, enabling them to ask pertinent questions to help navigate complex cultural contexts and identify and address risks that might be overlooked by more generalised assessments carried out by those who may not have that understanding of the communities. This approach ensures that the risk assessment is both relevant and responsive to the immediate and specific needs of women they work with.

“You understand the culture and how harmful practices, especially around honour killing and honour-based abuse, may occur. So, we have to ask those questions that are related to the community, whereas in another community, honour killing may not be as prevalent.”

When women reach out for help, it is frequently in situations where swift action is needed. In such situations, some by and for agencies will focus on specific known risks and barriers, such as those related to 'honour'-based violence, forced marriage, or the intersection of racism, islamophobia, immigration status and abuse, ensuring that the most pertinent risks are identified and addressed.

“Usually when women are calling us, it's a really kind of short timeline where someone needs something done really urgently. And what we're trying to do is I guess kind of a squished version of the risk assessment that's out there and specifically focusing on issues that we know might affect the community. So, there's certain questions that we would keep an eye out for, or certain risks that we would keep an eye out for that aren't necessarily picked up by mainstream risk assessments.”

“So usually, we will only have a case for a couple of weeks maybe, and we will do that initial kind of risk assessment that relies more on our own professional judgement rather than a standardised risk assessment.”

That the DASH checklist does not fully capture the unique risks and experiences of various communities, this means that some organisations have developed or plan to develop their own bespoke assessment. For example, The Traveller Movement plans to develop additional risk resources/toolkit for Romani (Gypsy) and Irish Traveller victim-survivors of domestic abuse, this will include community-specific questions, thereby ensuring that risk assessments would be more culturally sensitive and relevant.¹² Such an approach would recognise, for example, that conversations around safety and harm may differ significantly when working with Romani (Gypsy) and Irish Traveller women.

“You need to recognise someone's positionality when you are doing a risk assessment. The questions that we would ask Irish Traveller are also not the same questions that we would ask Roma or Romani Gypsy.”

The need to integrate an intersectional approach in assessments

By and for agencies highlighted that the DASH tool is limited in effectively assessing and addressing the needs of Black and minoritised women, particularly those with intersecting characteristics such as sexuality, or disability. Some participants felt the checklist was designed for white, middle-class, heterosexual British women, which leaves significant gaps in addressing the unique identities and experiences of others. This lack of intersectional insight can result in ineffective or inadequate support for those who do not fit this narrow profile.

“What doesn't work is once you go into any kind of minority. Whether it's sexuality or ethnicity or disability, once you start going down that route, there is quite a lot of gaps and a lot of things that you probably don't think of because whenever you create the standard, I suppose the standard is usually going to be a white middle class like British woman, in this case, a straight woman.”

Participants noted that, when assessing risk, it was essential to recognise that LGBTQ+ victim-survivors of domestic abuse often experience a combination of vulnerabilities and intersecting risk factors that shape their experiences of abuse.

¹² The Traveller and Traveller Movement Risk Assessment Tool (TTMRAT) is now available here: [TTMRAT](#), this toolkit was not published at the time when our research was undertaken. It is also important to recognise that Romani (Gypsies) and Irish Travellers are distinct ethnic groups. As acknowledged in the tool, while there may be some shared experiences, the tool does not conflate these identities or overlook the cultural and contextual differences between Romani (Gypsies) and Irish Travellers.

Research indicates that these challenges often stem from past experiences of discrimination and abuse linked to sexual orientation, gender identity, physical or mental health conditions, and/or challenges related to substance use (Magić, J., & Kelley, P. 2018). The limited amount of existing research available also indicates that underreporting is particularly prevalent among this group (Harmar, P. et al, 2016). Black and minoritised LGBTQ+ victim-survivors also face greater isolation and may feel a stronger connection to their community and culture than to LGBT+ communities (UCL 2022). As a result, they may struggle to find safe, affirming support and can feel disconnected from both spaces they might otherwise turn to for help.

“We often refer LGBTQ+ clients to other organisations that specialise in these issues because the standard assessment does not address their unique needs adequately. The lack of specific questions means we can’t fully assess or support these clients within the framework of the existing tool.”

Participants noted that the absence of specific questions addressing LGBTQ+ experiences within the DASH checklist limits practitioners’ ability to conduct comprehensive risk assessments. We also know that LGBTQ+ individuals from religious or culturally conservative backgrounds often encounter greater barriers and are more likely to face rejection from families compared to other LGBTQ+ individuals in the UK (Nobel, T. 2020).

Similarly, practitioners highlighted the absence of questions in the DASH checklist to identify risk associated with disability or mental health needs, resulting in incomplete risk assessments, a reliance on informal methods to gather crucial information, and inadequate consideration of these issues at MARAC.

“There is no question in the standard assessment to indicate if the client has a disability or mental illness, which is crucial for understanding the additional risks they face. This gap means we end up adding this information informally at the end of the call, which is not ideal.”

“When you refer the case to MARAC as well with disabilities, sometimes I find it useless. They are not doing anything... You know that disability is additional stress for us with the risk assessment, with the referring, with finding refuge with overall everything.”

This gap can result in inadequate support and referrals, and services rely on their own judgment rather than having a structured approach to assess and address these additional risks. Participants noted that all agencies should be asking about protected characteristics as standard practice. In the UK’s Shadow Report submitted to inform the state’s compliance with the Istanbul Convention, systemic gaps in understanding and addressing the risks and needs of disabled survivors were highlighted within existing frameworks. These gaps are further compounded by a lack of appropriate referrals to specialist domestic abuse services, inadequate training for adult safeguarding professionals on VAWG, and the exclusion of disabled survivors from risk management processes, such as MARAC (VAWG Sector, 2023).

While by and fors shared that they routinely ask additional questions relating to disability, mental health, and sexuality, there is concern that some agencies using the DASH, particularly statutory services or those without specialist VAWG expertise are failing to do so, thereby missing key aspects of survivor risk and identity.

Understanding coercive control

Throughout our consultation, it became evident that limited understanding of coercive control can compromise the effectiveness of risk assessment, safety planning, and trust-building efforts. Existing approaches to risk assessing often prioritise recent incidents over historical patterns of abuse, overlooking the ongoing impact of past harm.

Whilst coercive control impacts survivors from all communities, there is a need for those assessing Black and minoritised women to have a better understanding of how it specifically impacts them. The risk assessment tool does not adequately focus on coercive control and its manifestations, particularly in terms of abuse from extended family or collective coercive control exerted by communities. Severe and escalating violence, often rooted in coercive control, is also a significant risk factor for intimate partner homicide.

Coercive control lies at the heart of domestic abuse and must be central to all responses to domestic abuse. All initiatives to prevent and respond to domestic abuse must have a clear understanding of coercive control and how it manifests in different communities. For example, for some Black and minoritised women, coercive control may take the form of immigration threats, restriction of access to community or religious spaces, or control disguised as protection under the guise of 'honour'. However, the DASH primarily focuses on physical abuse and injury, which is unsurprising given that when the DASH checklist was initially developed, the legal landscape surrounding coercive control was different.

All initiatives to prevent domestic abuse must have an understanding of coercive control and how it manifests in different communities, another example of state and institutional failure, Raneem Oudeh (aged 22) and her mother Khaola Saleem (aged 49) who were murdered by Raneem's ex-partner, in 2018. Raneem had called 999 fourteen times in the months leading up to her murder to report incidents of domestic abuse including threats to kill and stab her, violence and stalking. Despite multiple disclosures, Raneem's calls for protection were met with inaction, highlighting serious institutional failings in safeguarding and accountability. The police failed to arrest or investigate her ex-partner. They did not log the reports correctly, did not follow up on them correctly, and did not assess them correctly.

The introduction of Raneem's Law in 2004 which aims to enhance responses to domestic abuse, by embedding domestic abuse specialists within 999 control rooms, to improve responses, ensuring that specialist knowledge informs risk assessment and victim-survivors receive timely and appropriate support. However, it is essential that police training under this initiative goes beyond domestic abuse call-outs and includes comprehensive education on coercive control, the impact of domestic abuse and links with mental health on victim-survivors from different communities, and the ability to identify sexual abuse and harmful practices.

Participants noted that victim-survivors at high-risk of HBA or forced marriage may not involve a documented history of physical violence or meet the high-risk thresholds on the DASH RIC. Instead, victim-survivors will be going through pervasive coercive control, which professionals may find more difficult to identify and assess.

“The physical, sexual or all of the parts of the DASH that relate to what is deemed high risk in my opinion misses out what is high risk, which is coercive control. You know coercive control is so huge actually if you were to do it if you know if you rearrange the DASH you you'd have greater influx of cases from us that go to MARAC for

sure. Umm but essentially we have to do our own risk assessment. The DASH is one thing, but we do our own risk assessment on clients needs. In order you know individually case by case, we will do our own risk assessment. Because that's how we will gauge her risk."

One participant highlighted,

“In the heart of any domestic abuse is coercive controlling behaviour, and the fact that even [to] concentrate on that properly in order to ascertain how severe the coercive controlling behaviour has been...there needs to be a further in-depth development just around the things that are against law.”

Harmful practices, such as female genital mutilation (FGM), forced marriage, and ‘honour’-based violence (HBA), are deeply connected to coercive control. These practices reinforce power imbalances and significantly restrict the autonomy of victim-survivors. They are not isolated acts but part of a broader pattern of abuse and control that manifests in complex ways, challenging traditional risk assessment frameworks. Research (Hester et al. 2015) found that approximately three-quarters of victim-survivors of HBA and forced marriage experienced coercive control from a partner, and nearly 60% faced coercive control from their wider family. Within familial contexts, coercive control was more frequently reported than physical or sexual abuse.

Research indicates that statutory agencies often have a limited understanding of harmful practices (Holton 2021; Coaction Hub, 2024), compounded by the fact that the DASH does not effectively identify harmful practices or address coercive controlling behaviour, victim-survivors experiencing these forms of abuse are less likely to be adequately risk assessed and, consequently, may not receive the appropriate support they need.

Children as victims in their own right

Participants noted that the DASH checklist, have been developed a number of years ago, fails to adequately reflect the risks and needs of children. Recognising this, SafeLives developed a young person’s version of the DASH checklist, adapted from the version design for adults. The young person’s DASH was piloted during 2013 and 2014 as part of SafeLives Young People’s Programme (SafeLives - Young Person’s DASH, 2014).

This version addresses issues relevant to young people aged between 13 and 17 who are experiencing abuse in their own intimate relationships with focus on teen dating abuse. However, it is not intended to assess the risk to children living in households where domestic abuse is taking place between adults. The DASH and its adaptations continue to overlook the specific risks and needs of children who may not be in intimate relationships themselves but are nonetheless harmed by living with domestic abuse.

The Domestic Abuse Act 2021 now recognises children as victims not only when they directly experience abuse but also when they live in households where abuse is taking place. While practitioners gather information from victim-survivors about their children’s experiences as part of safeguarding referrals, the change in law highlights the need to review this approach.

Although children's services carry the assessment for children as the primary focus under child safeguarding frameworks, however, in the VAWG sector, the primary emphasis often remains on the adult victim-survivor’s safety and needs. Recognising the child as an independent victim

within this context requires a shift in how VAWG services engage ensuring a more integrated and holistic approach across. This means creating responses that address the intersecting needs of both the adult and the child, rather than treating them in isolation.

Addressing harmful practices

Several respondents highlighted the inadequacy of DASH tools for survivors experiencing harmful practices. While it is acknowledged that no single risk assessment tool can cover every situation, and much relies on the practitioner's expertise and professional judgement, the checklist does not effectively facilitate or prompt disclosures from survivors.

“So, it [DASH] doesn't deal with harmful practices abuse. It doesn't understand the barriers faced by the global majority (Black and minoritised communities), it doesn't consider immigration status, and it doesn't look at family dynamics or cultural practices. It lacks insight into questions around caste-based abuse or dowry. There are so many forms of abuse that could be happening, and it just doesn't even focus on someone who may be experiencing those.”

Although the DASH has no explicit question on harmful practices, the guidance prompts asks the assessor to consider 'honour' based abuse in the context of coercive control and the risk to others, risk from anyone they are afraid of. These three questions that touch on this area, for many victims-survivors, this will be insufficient to identify 'honour'-based abuse or the wider spectrum of harmful practices. As a result, key risk indicators can be missed, and the severity of harm underestimated.

Also, there are many other forms of harmful practices which women may be experiencing, often in conjunction with domestic abuse and 'honour' based abuse, including forced marriage, dowry abuse, caste-based abuse, or other forms of coercive control linked to harmful practices. These questions fail to explore the emotional, cultural, and psychological aspects of harmful practices, which are critical for understanding the nature of these forms of abuse.

“Some of the questions are not straightforward and maybe we need also to add more questions, especially about around honour based abuse. But also I want to add the questions we have for the risk assessment we use, sometimes it works with some clients. Sometimes it doesn't work with other clients. So we need to put as much information as we can.”

A broader concern lies in the societal narratives that shape perceptions of who is believed to experience harmful practices. These narratives can influence practitioners' perceptions during risk assessments, leading them to racialised assumptions that associate harmful practices predominantly with specific groups, such as South Asian or Middle Eastern women. Research such as the Homicide Abuse Learning Together (HALT) project has highlighted key lessons, including a lack of services understanding of issues faced by minoritised women, such as forced marriage (Chantler, K., et al. 2004).

Without specific questions, clear guidance, or adequate training, practitioners may rely on generic questions with an inherent bias towards harmful practices, asking them only to victim-survivors they assume are more likely to be affected. This approach risks overlooking victim-

survivors from other backgrounds who may also be experiencing harmful practices, thereby limiting the effectiveness and inclusivity of the risk assessment process.

“I think firstly it slightly perpetuates harmful honour-based abuse, honour-based violence within Asian spaces, but in actuality, it happens in Black spaces, that being, you know, Black Caribbean, Black African. The way in which it is termed, the person may not actually realise the direct harm or the direct power the family member another family member has. It may so just be fear of being excluded from the community. Fear of being, you know, cut off financially, fear of being excluded from their religious spaces.”

For some victim-survivors, particularly those from communities where FGM is a common practice, FGM has a profound effect on their marriage and intimate relationships. While some women are willing to speak about their experiences, others may view FGM as shameful and remain silent unless specifically prompted. Including a question about FGM in assessments would help practitioners explore this sensitive issue further and allow them to better assess the associated risks.

The physical and emotional consequences of FGM can add to victim-survivors vulnerabilities, increasing the risk of further abuse, such as sexual coercion or domestic violence. The trauma and health complications from FGM may affect a survivor’s ability to consent to sex, intensify control exerted by the perpetrator, or deepen the emotional and psychological toll of their circumstances. Additionally, there is a potential risk to their daughters as they may be at risk of being subjected to the same harmful practice. By addressing FGM in risk assessments, practitioners can gain a more comprehensive understanding of how this practice continues to impact survivors lives, and the needs that arise due to associated trauma and potential threats to their children.

“we have lots of clients they had FGM before, not now, but this is affecting them, affecting the relationship... lots of trouble, lots of trauma for them. I think it's important if there is a field to mention previous or now because it will show that we need to investigate more for the children, for the family over all the culture. So at this point, they never mentioned it and in my opinion, my colleagues, sometimes we have this, you know, like discussing it, she said I put FGM but I said it's not now. This was previous, but if there is specific point to show now or previous and what we need to do with previous, we need extra investigation.”

Due to varying levels of knowledge or experience amongst practitioners, forms of abuse such as FGM, spiritual abuse, and other forms of harmful practices can easily be overlooked simply because there is no specific question addressing them in the risk assessment.

“Because there is a lot of things going on in their lives, they forget to tell you these things. If you don't ask them for example, there is one question in DASH asking about honour based violence. That's all it's written. So you will ask about honour based violence, but if for example, about other harmful practices, but someone new, working as an advocate, they might not know, [they do not] remember to ask that question. So and the survivor is not disclosing if you don't

have that (expertise) and don't put it in the MARAC referral and nobody will know about that..."

Participants discussed how integrating more questions into the existing DASH checklist could provide practitioners with a more comprehensive framework for identifying and addressing risks associated with harmful practices like FGM, 'honour-based' violence, caste-based abuse, dowry abuse and spiritual abuse. This is also evidenced in Coaction Hub's two briefings on dowry-based abuse and caste-based abuse (Coaction Hub, 2025).

Having more detailed questions would help ensure that these issues are not overlooked and provide practitioners with clearer guidance when assessing survivors from diverse backgrounds. However, this could also make the assessment process more time-consuming and potentially overwhelming for survivors and practitioners, especially if the additional questions make the form too long or complex.

Alternatively, keeping a single, broader question that encourages practitioners to consider harmful practices could help prevent unnecessary complexity. The drawback is that this single question may not be detailed enough to uncover the full range of risks, especially for those less experienced in identifying harmful practices. This could lead to missed disclosures and incomplete risk assessments.

Another option would be to develop a separate checklist specifically for harmful practices. This tool could allow practitioners to address these issues in greater depth when relevant, without overloading the DASH RIC for every survivor. There is precedent for this approach, as seen with the S-DASH (Stalking DASH), which was developed to provide a more specialised risk assessment for stalking cases (McEwan et al., 2017). Additionally, a Harmful Practices DASH (H-DASH) already exists, designed to better capture risks related to 'honour-based' abuse, forced marriage, and female genital mutilation (FGM) (Karma Nirvana, 2022). However, its implementation remains inconsistent across agencies, highlighting the need for greater integration, accountability, and alignment within risk assessment frameworks to ensure a coordinated and survivor-centred response to VAWG. Its use relies on practitioner judgement, is not supported by consistent training, and is not routinely embedded into mainstream practice. As a result, many victim-survivors continue to be assessed using the standard DASH RIC.

The development or refinement of such a checklist should be done in consultation with by and for agencies, whose expertise in harmful practices would ensure that assessments are both relevant, survivor-centred, and culturally informed. However, introducing a separate checklist for harmful practices raises important considerations about other interconnected forms of VAWG impacting risk. These include barriers such as lack of housing, immigration policies, and institutional racism, which exacerbate survivors vulnerabilities. A standalone checklist risks becoming another procedural tool unless it is integrated into a broader, intersectional programme that recognises structural inequalities and ensures meaningful safeguarding and support for Black and minoritised survivors.

To be effective, participants felt that a harmful practices checklist must be part of a holistic approach that addresses the broader structural factors shaping victim-survivors experiences. This would include comprehensive practitioner training, enhanced cultural competency, and systemic reforms to tackle the intersecting oppressions that Black and minoritised survivors often face. Developing the checklist alongside a framework for meeting victim-survivor needs ensures that it does not function in isolation but as part of a coordinated effort to improve outcomes for all survivors.

Understanding perpetration and multiple perpetrators

Participants highlighted that one of the most challenging aspects when carrying out a risk assessment is navigating questions related to multiple perpetrators, especially when these individuals are family members.

Victim-survivors of abuse often face complex and conflicting dynamics within their relationships, particularly when multiple perpetrators are involved. It is not uncommon for victim-survivors to want to maintain connections with certain family members who may offer emotional or practical support, while also recognising that these same individuals can pose a threat to their safety.

These nuances are difficult to capture through the DASH RIC, which focuses primarily on whether the victim-survivor is afraid of, or has been threatened by, another person. As a result, more covert forms of complicity and collective harm often go unrecognised in risk assessments.

The DASH and MARAC processes often prioritise the intimate partner as the primary perpetrator, leading to family members being overlooked in risk assessments, especially when abuse is non-physical. Given the structural constraints of completing separate RICs for each perpetrator, a more integrated mechanism is needed to capture the layered risks posed by multiple perpetrators and ensure effective safeguarding.

Mental health and suicide risks

Research shows that victim-survivors of VAWG are approximately three times more likely to experience depression, four times more likely to experience anxiety, and seven times more likely to develop symptoms of post-traumatic stress compared to those who have not faced such violence. These impacts can deeply affect their ability to navigate daily life and access the support they need (Perona, C., et al, 2022).

While the DASH checklist includes a question about depression and suicidal thoughts, it does not adequately cover the full spectrum of mental health support needs and there is not enough guidance on the additional risks survivors with mental health issues face. These risks can include heightened vulnerability to coercive control, increased dependency on perpetrators, and barriers to being believed or accessing appropriate support.

For Black women in particular, this situation is further compounded by misogynoir, a form of discrimination that combines both racial and gender biases. Misogynoir operates at the intersection of gendered racism and racialised sexism, impacting Black women's mental health and can also lead to disproportionately negative outcomes in terms of access to services, safety, and protection for Black women experiencing abuse (Acquaah, A et al 2024).

In our consultation, services discussed how victim-survivors experiences of issues like depression, anxiety, and suicidal thoughts may be exacerbated by racialised systemic discrimination, cultural stigma, and inadequate access to mental health care tailored to their needs.

Participants felt that the DASH checklist question on depression and suicidal thoughts are insufficient for capturing the complexities of mental health issues and suicidal ideation that disproportionately affect Black and minoritised women, such as South Asian and Caribbean survivors, who may experience higher vulnerability to suicide and self-harm. (Raleigh, V. S.1996, Thiara and Harrison, 2021).

One participant told us,

“It is essential to emphasize that women require early access to specialist, holistic, and trauma-informed support provided by, by and for, these agencies, with their deep understanding of the layered experiences of survivors, are uniquely equipped to identify and address the risks to women’s mental health. Agencies that lack a trauma-informed approach are unlikely to fully comprehend or appropriately respond to the complex and specific risks faced by survivors, leaving significant gaps in support and protection.”

The current structure of the DASH checklist lacks culturally specific questions and detailed guidance, which can lead to significant gaps in identifying risks for Black and minoritised survivors. Cultural stigma surrounding mental health discourages many survivors from disclosing their struggles, which in turn makes it difficult for practitioners to assess the full scope of their needs. Furthermore, the lack of accessible and culturally competent mental health services adds another layer of difficulty for those who may already be contending with barriers related to language, immigration status, or religious and cultural expectations.

The limited focus in the DASH checklist reflects broader systemic inequities within mental health services, where the needs of Black and minoritised victim-survivors are often overlooked. The risk assessments often prioritise physical threats from abusers and frequently overlook internal risks such as self-harm, suicidality, and chronic psychological distress, which equally endanger women’s safety and wellbeing (Imkaan, 2025).

There is a need for agencies to develop a stronger understanding of how systemic barriers, institutional racism, discrimination, and lack of culturally responsive services can exacerbate the risks and vulnerabilities faced by victim-survivors.

The racialised stereotypes that contribute to the over-medicalisation and over-representation of Black patients in mental health hospitals. Black women are frequently perceived as less vulnerable, more aggressive, or less in need of protection and this perception can also impact risk assessments, access to support, and safeguarding responses for the Black victim-survivors. There is also a pressing need for agencies to challenge these biases and develop a stronger understanding of how systemic barriers, institutional racism, and discrimination exacerbate risk and reinforce victim-blaming narratives.

Inadequate police response and impact on risk assessments

When domestic abuse is brought to the attention of the police even where no crime is recorded, there is an expectation that a risk assessment is undertaken. A failure to do so can result in missed opportunities to identify harm and ensure appropriate safeguarding.

Participants noted that disparities in police responses can lead to inconsistent documentation of risk, potentially undermining the effectiveness of the risk assessment process and impacting the support and safety provided to survivors.

“So the police instantly will think about physical violence, they think strangulation or think of sexual assault. They'll think of him and anything to do with criminal behaviour, they'll look at the particular high risk factors and they see that as high risk. I don't see

that particularly the women that have taken their own life, they may never have experienced most of them when you read DHRs never experienced any physical violence, any physical domestic abuse so how you know like using information from DHRs to rewrite them would be helpful because actually these are women that never got to MARAC, never got to a DA agency, but actually if they'd been asked different questions..."

“The [Police Officer] said that I can't see any bruises on the victim's face and there are no children with her, sorry we can't help. She [survivor] came to our office with her bag and I said [to the Police] please she is homeless, you have to help her. He said no bruises, what do you want me to do?"

There were also good examples provided of how collaboration with by and for agencies enhance the effectiveness of interventions. Such partnerships can provide comprehensive support that addresses the immediate safety concerns and needs of victim-survivors.

In contrast, practitioner noted how another Police officer, a less senior officer [weaker one] demonstrated a more supportive attitude, highlighting the variability in police responses.

The practitioner recounted:

“The other police officer [the one perceived as less dominant]. He was understanding.”

Use of professional judgement and the 'scoring' system

Professional judgment is critical in ensuring risk assessments are survivor-centred and reflective of the realities faced by Black and minoritised survivors. However many agencies lack the necessary knowledge and training to exercise informed professional judgment effectively; and there is a failure to recognise and validate the expertise of by and for agencies, whose nuanced understanding of cultural, faith-based, and structural risks is often dismissed or deprioritised (Imkaan, 2020; AVA, 2021).

Practitioners from by and for agencies highlighted the importance of professional judgment as a core escalation criterion in risk assessment. While the DASH includes both static and dynamic risk factors, concerns were raised about how this is applied in practice particularly the tendency for some agencies to prioritise recent incidents over past harm, often informally using a six-month threshold to define what counts as "relevant." This narrow framing risks minimising the significance of earlier abuse, especially in contexts involving harmful practices or coercive control that may not be recent but still have serious, ongoing impacts on the victim-survivors wellbeing.

This issue becomes even more complex in relation to sexual violence. While the DASH does not time limit disclosures of sexual abuse, the wider issue is that risk assessment tools designed primarily for domestic violence in the context of intimate partner relationships are not always appropriate or effective in identifying the risks and impacts of sexual violence particularly when that abuse and violence occurs outside of a current relationship. Practitioners reported challenges in how to respond when sexual abuse had occurred in the past, but the perpetrator and survivor were no longer together, leading to uncertainty about how the case would be

recorded or escalated. It needs to be noted despite existing guidance, there remains confusion among some agencies around how to differentiate between static and dynamic risk factors, which can affect how cases are assessed and recorded.

“Cases when the perpetrator is not with the victim, they are not together for example, six months and now there is a risk when you come to conduct risk assessment. There was a sexual abuse, but now there is nothing because they are not living together, so that the victim, she told me about lots of sexual abuse how he forced her in front of the children. But at that point, you know for six months, they were not together, so what do you put?”

The “scoring” system that is integral to the DASH checklist to determine levels of risk, was often viewed as inadequate and sometimes unsafe, particularly in cases involving survivors without children or in situations involving harmful practices.

“the 14-point threshold for identifying high-risk cases may disadvantage women without children, who are automatically scored lower due to the absence of child-related risk factors.”

This scoring that underpins the assessment directly affects access to essential support services. Survivors identified as high-risk may qualify for Independent Domestic Violence Advocate (IDVA) support or referral to a MARAC. In contrast, those scored as standard or medium risk may not receive the same level of support, often leaving them without the necessary support.

“ If there is harmful practice...sometimes you can find six or seven points, but the case is high risk.”

Participants also noted that some agencies may reduce the process to a box-ticking exercise, which can lead to the oversimplification of complex domestic abuse experiences. For example, in one case, a survivor who had experienced significant trauma was referred to a by and for agency. Upon reviewing the risk assessment shared by the referring agency, it was found that the assessment only consisted of binary yes/no responses. This limited format failed to capture the broader, ongoing nature of the abuse, and focused solely on the most recent incident. Concerns were also raised about the depth and accuracy of such assessments. In some cases, agencies may be given the DASH checklist.

“...but sometimes the [generic] organisations are not capturing risk [even] when doing risk assessment for example, I've got the referral from some of the organisations. It was then and the client was so traumatised and then I couldn't do risk assessment and because they already [had] done a risk assessment. And when I asked the risk assessment because the client gave me the permission to ask them and then I just received like a yes and no that's it. They didn't, they didn't capture any of the things except the last incident [reported] to police.”

In contrast by and for agencies noted their usual practice is to do more comprehensive assessments.

“ We do a very thorough referral, capturing all the information... like not just probing the client, but asking questions around immigration, child proceedings, police involvement, mental health,

disabilities, and other things we need to be aware of. Sometimes they [survivors] don't always identify the abuse as abuse; they might see it as an arranged marriage. And we may say, 'But if you said no, what would happen?' or 'I can't say no.' OK, so you kind of alluded to that rather than explicitly saying it's honour-based violence or forced marriage. They're not always aware of the jargon that we use. So they have the opportunity just to speak, and that may take several meetings because disclosure, as we know, is ongoing. And then [lastly] we do risk assessment. To be honest, it [dash] comes last for us."

Training

Frontline professionals must engage in ongoing training and reflective practice to improve and widen their understanding of domestic abuse through an intersectional lens, particularly focusing on the experiences of Black and minoritised victim-survivors, including those who are migrant, refugee, and asylum-seeking seeking and from other marginalised communities. A lack of awareness and cultural competence continues to result in inadequate responses, systemic barriers, and missed opportunities for safeguarding and support.

Greater understanding of women's experiences should also be accompanied by how to respond effectively. In response to a super-complaint from the Tees Valley Inclusion Project (HMICFRS 2022), it was identified that the police incorrectly flagged sexual violence cases as 'honour-based' abuse, often based on assumptions about the victim-survivor's ethnicity or second name. Such assumptions reinforced stereotypes, which ultimately undermine the quality of support and protection offered to Black and minoritised victim-survivors. The super complaint highlighted police failures in identifying some behaviours as 'honour-based' abuse, and also in minimising the level of risk, and failing to act to adequately safeguard victims at risk of 'honour-based' abuse.

Training for police and other agencies should prioritise a comprehensive focus on tackling issues such as discrimination, stereotypes, and myths related to gender, race, ethnicity, social class, disability, and other protected characteristics affecting victim-survivors.

Participants noted that training for statutory services is primarily provided by commissioned services, often contracted to white-led agencies. These organisations may not adequately address the specific needs and challenges relevant to Black and global majority communities, thereby limiting their effectiveness in assessing and supporting Black and minoritised survivors.

“We have not trained any organisations within the boroughs we work in on how to do carry out the risk assessment. So I think they're trained by mainly the commissioned services. But then again, [not by] the global majority services, so they won't be focusing on issues specifically impacting women from BME communities, issues of harmful practices and the specific needs of these survivors.”

When other services possess an understanding of cultural and religious contexts, it significantly helps to break down barriers and obstacles faced by women. This reduces the reliance on Black and minoritised and faith based by and for agencies to constantly educate and inform other agencies about these practices.

“the more training that's available to professionals they think is the better and that gives women confidence you know because they have the confidence in us [specialist by and for] because they know that we are aware and that we are able to support their needs. But I think if it was to come, you know that's a way of building relationships with other services. If they come through with that understanding knowledge already that would make a huge difference to breaking down some obstacles and barriers with women. Not it always (has to be) coming from the lead specialist organisation who they already trust.”

It was felt that faith-based by and for agencies often educate other professionals about the timing and appropriateness of communication with victim-survivors, particularly in relation to cultural or religious practices (e.g., avoiding calls on Shabbat). These considerations can be integral to risk assessment, as failure to engage survivors at appropriate times can lead to missed disclosures, increased danger, or reluctance to engage with services. Ensuring that risk assessments are culturally responsive strengthens survivor safety and accessibility to support.

As highlighted by one participant,

“the need for specialist services to be able to provide that [training] so because we often have to take the lead in you know if especially if we're dealing with the police or social services. We'll have to say to them like you know, mum won't take a call on a Friday evening if it's a religious woman cause Shabbat. It's not gonna be appropriate. If you wanna go around and do you know whether it's an assessment or get a statement for her or even arrest him you know like so there's all those things that we always have to be the ones to highlight.”

The Faith and VAWG Coalition's work also highlights the necessity of understanding and respecting religious practices and how faith informed by and for agencies provide effective support (Faith and VAWG Coalition, 2020).

Faith informed by and for agencies engage in institutional advocacy and advocate the unique needs of victim-survivors from faith communities, working to ensure their experiences are meaningfully reflected in risk assessments and interventions. They play a vital role in this work, offering culturally and religiously sensitive support while influencing broader service responses.

5. Conclusion

This research has identified significant limitations within the DASH risk assessment framework, particularly in its ability to respond to the specific, layered, and intersecting experiences of abuse faced by Black and minoritised victim-survivors. Statutory and mainstream services often fail to create the conditions needed for safe disclosure and meaningful risk identification, particularly for Black and minoritised women, due to institutional racism, limited cultural understanding, and a lack of recognition of the barriers that shape when, how, and whether survivors speak about their experiences.

By and for agencies grounded in cultural competence and survivor-led practice, demonstrated how trust can be built through trauma-informed, holistic approaches rooted in the realities of the communities they serve.

This paper highlights that many Black and minoritised women are unable to or do not feel safe to disclose abuse, particularly in cases involving sexual violence, coercive control, or harmful practices. The DASH tool, in its current form, does not create space for these experiences to be understood or heard. It lacks the intersectional framing required to reflect the full range of risks.

What has emerged is a clear call for change. A risk-led approach alone is not enough. A shift is needed toward models that integrate both risk and needs centred on survivors lives, not just incidents. This includes recognising risks beyond immediate physical harm, and addressing long-term safety, housing, mental health, legal precarity, and the cumulative effects of coercion and control. Central to this is the role of by and for agencies in shaping policy and practice through their expertise, and the urgent need for sustained investment in training, cultural literacy, and survivor-centred practice across the VAWG sector.

There is a need for the sector to critically examine the future of risk assessment itself. This paper raises the question of whether a specialist tool should be developed for use within by and for agencies and those working with Black and minoritised survivors, or whether the DASH must be fundamentally modified to become more inclusive, reflective of diverse experiences, and fit for purpose across all services. These questions require further exploration and co-design with frontline practitioners and survivors.

This research not only highlights what is not working, it also sets out practical and survivor-informed ways forward. The accompanying recommendations call on statutory agencies, VAWG sector services, commissioners, and policymakers to take coordinated action to ensure that risk assessments are grounded in survivors lived realities, responsive to multiple forms of oppression, and genuinely supportive of Black and minoritised women's safety, wellbeing, and rights.

The recommendations are intended to guide real change in practice and policy. We encourage statutory agencies, commissioners, funders, and VAWG leadership bodies to use this paper as a basis for reflection, action, and improving responses for victim-survivors. These changes are not just about improving tools they are about improving outcomes, making sure that no survivor is invisible in the systems designed to protect them.

Recommendations

Key Actions for a Strengths-based and Needs-Led Response:

1. Improve Engagement and Referral Pathways

Frontline responders (Police, Housing, Health, and Social Services and wider VAWG Sector) should:

- * Engage with victim-survivors in ways that minimise harm and re-traumatisation, including creating safe spaces for disclosure and ensuring consistent communication.
- * Resource and integrate early referral and collaboration with by and for agencies as standard practice, providing wrap-around housing support, legal advice, advocacy, and longer-term recovery and support.
- * Embed trauma-informed, culturally competent, and survivor-led approaches within all safeguarding and support structures.
- * Ensure clear provision for staff personal development, training, and adequate resources to build and maintain professional expertise.
- * Prioritise partnership working and knowledge-sharing with by and for agencies where dedicated funding is limited. Agencies should proactively develop skills, professional curiosity, and culturally sensitive practices to ensure responses meaningfully reflect the lived realities of Black and minoritised women.
- * Conduct strengths-based assessments that highlight the survivor's capabilities, skills, resources, and community supports alongside their support needs, using a holistic approach to understand the full context of a survivor's experience. This involves sensitive, open-ended questioning, a better understanding of coercion and control, and recognition of the cultural and systemic barriers that may affect a survivor's ability to disclose or engage with services.
- * Facilitate reflective practice on cases involving multi-layered issues and barriers, such as those experienced by Black and minoritised victim-survivors, to draw out learning, recognise strengths, and improve professional responses across all services.
- * Strengthen multi-agency engagement with by and for agencies and other relevant agencies, ensuring their expertise informs risk assessment processes and builds on community and survivor strengths as well as identifying needs.

2. Recognise and Address Intersectional Risks

Agencies across the VAWG sector including statutory services, housing, substance misuse, and mental health support should consider wider risks that disproportionately impact Black and minoritised women, such as;

- * Patterns of abusive behaviour carried out by multiple perpetrators, including extended family involvement.
- * Mental health impacts of abuse and structural barriers to accessing support.
- * Risks of homelessness, destitution, and enforced social isolation.

- * The impact of immigration status on victim-survivors ability to seek support, including transnational risks, threats of deportation, abandonment, and legal precarity.

3. Invest in Specialist Training for Practitioners

Government departments, local authorities, commissioners, funding bodies, and VAWG-sector leadership organisations should ensure mandatory, well-resourced specialist training is available to both statutory and non-statutory agencies across the VAWG sector. This training should cover:

- * Harmful practices and intersecting forms of VAWG, including coercive control.
- * The mental health impact of VAWG on Black and minoritised victim-survivors, and barriers to accessing mainstream support.
- * Understanding professional biases and assumptions, and how these shape responses, influence risk assessments, and impact victim-survivors disclosure and engagement with services.
- * How systemic inequalities shape victim-survivors' experiences and their access to justice.

4. Sustained Investment in the by and for VAWG Sector

Supporting women impacted by domestic abuse and harmful practices cannot be reduced to short-term crisis interventions – long-term, sustained support is essential for healing, recovery, and rebuilding lives. While improving risk assessment processes and providing training are necessary, they are not enough. Without full implementation of existing laws and policies, alongside significant investment in specialist by and for agencies, efforts to reduce VAWG and femicide will remain inadequate.

Chronic underfunding has left by and for agencies struggling to meet increasing demand, leading to service closures and greater barriers for victim-survivors seeking help. Despite repeated recommendations from multiple reports within the VAWG sector, investment continues to focus on short-term crisis funding rather than the long-term sustainability required for a meaningful response.

To effectively reduce VAWG and femicide, national policy must prioritise:

- * Consistent implementation of existing laws and policies to ensure that protections and support mechanisms are not just theoretical but actively implemented.
- * Sustained investment in the VAWG sector, particularly in by and for agencies, to provide the specialist, culturally competent, and trauma-informed support that survivors need.
- * A long-term funding strategy that moves beyond crisis-driven funding cycles and enables frontline services to deliver survivor-centred, needs-led interventions without financial instability.
- * Nationally available specialist services to ensure equitable access to support, regardless of a victim-survivor's location.

5. Call for Collaborative Action to Review and Improve Risk Assessment Frameworks

The findings highlight critical gaps in existing risk assessment frameworks, particularly the DASH checklist tool, as identified through testimonies from by and for agencies and practitioners. To address these gaps, urgent action is needed to ensure risk assessment frameworks are inclusive, holistic, and effective for all victim-survivors of violence against women and girls (VAWG).

A. Convening a Strategic Roundtable Discussion

Given the gaps highlighted in this consultation, it is essential to bring together key stakeholders across the UK to explore the limitations of current risk assessment frameworks and identify collective, sector-wide solutions. We recommend convening a national forum involving key stakeholders such as the Domestic Abuse Commissioner's Office, Police and Crime Commissioners (PCCs), Imkaan, the London VAWG Consortium, MOPAC, and by and for agencies to ensure that any future review of risk assessments meaningfully includes the expertise of those most affected. By and for agencies are integral in leading this work.

B. Review of the DASH Checklist

A review of the DASH checklist is needed to ensure it adequately reflects the diverse risks and needs of all victim-survivors. This should include:

- * Wide Consultation: Engage VAWG practitioners, victim-survivors, academics, and by and for agencies to provide insights into the limitations of existing tools.
- * Collation of Best Practices: Assess the various risk assessment tools currently in use across sectors to identify best practices and reduce siloed approaches.

C. Centering Victim-Survivors Voices

* Victim-survivors' input must be central to any review process to ensure risk assessment tools reflect lived realities, prioritise safety, and align with survivor needs.

Annexes: Annex 1: A National Priority: The Urgent Need to Centre by and for agencies in VAWG Strategy

There has been a sustained and growing call across the domestic abuse sector, including from Imkaan and its members, to recognise the value of appropriate, specialist, and dedicated support for Black and minoritised women.

By and for agencies hold specialist expertise in assessing risk and developing safety plans in complex cases – including those involving multiple perpetrators, forced marriage, so-called ‘honour based’ abuse, youth violence, and female genital mutilation (FGM). These services are grounded in a deep understanding of how coercion operates across cultural, faith-based, and structural contexts. They are also skilled in multi-agency working and partnership approaches. Crucially, survivor involvement is central to by and for agencies, ensuring that women, children, and young people have genuine influence over the support they receive.

Existing research points to systemic funding disparities that hinder the ability of by and for agencies to develop and sustain holistic support grounded in intersectional practice – including the implementation of risk assessment tools tailored to the needs of Black and minoritised victim-survivors. Yet these organisations are uniquely positioned to address cultural nuance, structural inequality, and intersectional oppression. By and for agencies play a critical role in supporting survivors and strengthening communities. However, they continue to face chronic underfunding, which limits their capacity to build resources, showcase effective practice, and drive innovation in delivering culturally competent, survivor-led support (Imkaan, 2020).

This has been repeatedly emphasised by experts, frontline practitioners, and specialist organisations across the VAWG sector. Yet, despite this, chronic underfunding of by and for agencies persists. The government’s stated ambition to halve violence against women and girls in the coming years is fundamentally undermined by its failure to invest in the very services best placed to deliver meaningful, intersectional, and community-rooted responses (Domestic Abuse Commissioner, 2023; Imkaan, 2020; EHRC, 2020).

If we are serious about preventing and responding to VAWG through a needs-led, survivor-centred, and intersectional lens, the government must go beyond rhetoric and commit to embedding long-term, sustainable funding frameworks that place by and for agencies at the core of national strategy and local delivery.

This requires structural change. As outlined in *Reclaiming Voice* (Imkaan, 2020) and reinforced in the *Patchwork of Provision* report (Domestic Abuse Commissioner, 2023), by and for agencies cannot be treated as add-ons or temporary pilots. They must be recognised and resourced as essential infrastructure within the VAWG ecosystem trusted to lead on practice, training, and systemic change.

Annex 2: Learning from Domestic Homicides

A few of the cases outlined below are based on findings from Domestic Abuse-Related Death Reviews (DARDRs), formerly known as Domestic Homicide Reviews (DHRs). These cases focus specifically on Black and minoritised victims, highlighting service responses particularly in relation to risk assessment. In Marie’s case, documented in the December 2018 DHR,¹³ the lack of recognition of her ethnicity by statutory agencies highlights a critical gap in understanding the cultural pressures and systemic barriers faced by women from the Irish Traveller community.

¹³ Safer Sandwell Partnership. (2018). Domestic Homicide Review: Overview Report – Marie (December 2018). Sandwell: Safer Sandwell Partnership- available:[here](#)

Initially assessed at standard risk when she sought help, the police later assessed her as high risk after noting the historical context of her relationship with the perpetrator. However, this assessment was subsequently downgraded, seemingly based on the belief that her child's removal mitigated the risk she faced. Research highlights that for women from the Romany (Gypsy) and Traveller community, the removal of a child often exacerbates trauma, perpetuates systemic inequalities, and reinforces mistrust of statutory services.¹⁴ To address this, it is crucial to establish pathways for accessing safety and prioritise culturally competent, trauma-informed support, enabling these women to access safety and rebuild trust. For Black and minoritised women, the downgrading of a risk assessment can sometimes overlook ongoing coercive control and cultural dynamics that increase their vulnerability.

In the Domestic Homicide Review (DHR) of Aliny Godinho's case, Aliny was originally from Brazil, and there was long-standing abuse, including financial abuse, immigration abuse, and severe controlling and coercive behaviour. The DHR and inquest highlights the critical points of failure in risk assessment and safeguarding by police. The officers in the Safeguarding Investigation Unit (SIU) downgraded the risk assessment to medium without providing a clear rationale. Despite significant risk factors, such as the perpetrator breaching bail conditions and tracking Aliny's location, the case was not reassessed for escalation. The DHR also noted the absence of a referral to the MARAC. Also, despite the perpetrator's continued breaches of bail and attempts to infiltrate Aliny's online accounts, no concerted effort to re-evaluate the risk assessments were carried. The inquest¹⁵ explored these serious gaps and concluded that Surrey Police's actions significantly contributed to Aliny's death. It found that officers failed to implement the force's Domestic Abuse Policy effectively and did not recognise the high risk she faced. Aliny's limited English-speaking abilities contributed to her account being taken less seriously compared to her husband, who spoke fluent English. The language barrier led officers to accept her husband's narrative over hers.

The case of Valerie Forde¹⁶ illustrates critical failings in the assessment of risk, particularly in recognising and responding to clear indicators of danger. Valerie, a Black victim, reported threats to her life which were dismissed as "no threats to life," it also shows the longstanding issue of Black victim-survivors not being believed or taken seriously when disclosing harm and often stereotyped as 'strong' or 'resilient', making them less likely to be viewed as vulnerable or in need of an intervention and safeguarding plan.

Sistah Space, a by and for agency, launched Valerie's Law petition to campaign for mandatory, culturally competent training for police and statutory agencies to better support Black women and girls affected by domestic abuse. They continue to campaign for mandatory, culturally competent training for police and statutory agencies to ensure a better understanding of the experiences and needs of Black victim-survivors.

¹⁴ A Good Practice Guide: Improving Service Provision for Gypsy, Roma and Traveller Domestic Abuse Survivors, Traveller Movement, 2022 Available at: [2022.02.25-DA-Good-Practice-Guide.pdf](#)

¹⁵ Inquest Touching the Death of Aliny Godinho, Mr. Richard Travers, H.M. Senior Coroner for Surrey, Findings and Conclusion, available: [here](#)

¹⁶ "Could Valerie Forde and her daughter's death have been prevented?": IPCC concludes investigation into domestic abuse 5 murder, Hackney Gazette, available: [here](#)

Glossary:

The terms ‘women’, ‘victim-survivors’, and ‘survivors’ are used interchangeably throughout this paper.

CCR	CCR is an approach to domestic abuse which involves bringing communities together to improve the safety of survivors and hold abusers to account. Often the CCR is used to mean statutory and non-statutory agencies working together, but a successful CCR needs to involve a wide range of communities and individuals. To be effective the CCR needs to work to improve the safety of all victim-survivors’, including those from marginalised and minoritised communities. More information can be found: here
by and for agencies	Are organisations which are run by the community they service. In this report we are specifically referring to Ending VAWG By and For Services run by and for Black and minoritised women. Imkaan’s definition of by and for agencies can be found: here
Domestic Abuse Related Death Reviews:	In 2024 DHRs were renamed Domestic Abuse Related Death Reviews. These statutory Reviews have been conducted since April 2011, to look into the circumstances of the death of a person, where the death resulted from domestic abuse towards the person, within the meaning of the Domestic Abuse Act 2021, with a view to identifying the lessons learnt from the death. More information: here
MARAC (Multi-Agency Risk Assessment Conference):	A coordinated meeting where local agencies (such as police, health, social Services, housing, and domestic abuse services) share information and collaboratively plan actions to safeguard victim-survivors identified as at high risk of serious harm or homicide from domestic abuse.
Mainstream statutory services	Services provided or funded by the government and local authorities, such as police, social care, housing departments, and health agencies, that respond to violence against women and girls (VAWG). These services operate within statutory frameworks, focusing primarily on risk management, safeguarding, and criminal justice responses to domestic abuse.
Mainstream domestic abuse services	Services designed to support victim-survivors of domestic abuse typically delivered by organisations without a specialist focus on culturally specific or intersectional needs. These services often operate using standardised approaches and frameworks, and may not fully address the specific experiences of Black and minoritised victim-survivors.
Intersectionality	Intersectionality has its roots in Black feminist activism and emerged from critical race theory. Kimberly Crenshaw first publicly laid out her theory of intersectionality in 1989 (in “Demarginalizing the Intersection of Race and Sex.”), to move away from single issue analysis of discrimination. This recognised for example, that Black women are both Black and female, and experience discrimination on the basis of both race and sex and often, a combination of the two.
White-Led Organisations:	Organisations in the VAWG sector who are not specialist by and for agencies for Black and minoritised women. White led Organisations receive significantly more funding than by and for agencies.
The Traveller and Traveller Movement Risk Assessment Tool (TTMRAT):	This toolkit was not published at the time when our research was undertaken. It is also important to recognise that Romani (Gypsies) and Irish Travellers are distinct ethnic groups. As acknowledged in the tool, while there may be some shared experiences, the tool does not conflate these identities or overlook the cultural and contextual differences between Romani (Gypsies) and Irish Travellers. This is now available here: TTMRAT
DA – Domestic Abuse:	The statutory definition of domestic abuse can be found: here
DASH RIC:	Domestic Abuse, Stalking and ‘Honour’ Based Violence Risk Indicator Checklist A copy of the DASH RIC can be found: here
Racism:	Racism in this paper is defined as discrimination and prejudice based on race or ethnicity, rooted in an unequal distribution of power. It includes systemic, institutional and structural racism which are used to uphold White supremacy. For more information about racism in the VAWG sector, and how this can be countered, please see the VAWG sector anti racism charter: here
Shabbat:	Shabbat is the Jewish day of rest, observed each week from Friday evening to Saturday evening, during which observant Jews typically refrain from work and the use of electronic devices, including phones, as part of their religious observance

HPs – Harmful Practices:	The Coaction Hub defines harmful practices as: forms of gender-based violence and domestic abuse where escalation of abuse and associated risks happen due to notions of power and control within intersectional contexts of oppression. In these cases, religion, culture, patriarchal codes of behaviour and perceived notions of honour are used by one or more perpetrators as an excuse for coercive control, threats and abuse.
IDVA:	Independent Domestic Violence Advisor Trained advisors who support victim-survivors' experiencing high risk domestic abuse. MARAC – Multi Agency Risk Assessment Conference A multi-agency forum for high-risk domestic abuse cases, bringing agencies together to information share and action plan with the aim of reducing risk.
FGM:	Female Genital Mutilation Defined by the World Health Organisation as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” More information on FGM can be found on FORWARD's website: here
Forced Marriage:	A forced marriage is where one or both people do not (or in the case of those who lack capacity, cannot) consent to a marriage as they are pressurised, or abuse is used, to force them to do so. More information including the law on forced marriage can be found: here
HBA:	'Honour' Based Abuse Abuse which is committed because there is a misguided notion around 'honour' and 'dishonourable' behaviour in a relationship, family and/or community. It often occurs in response to individuals trying to break away from constraining 'norms' of behaviour that their family or community are imposing. We use quotation marks around the term 'honour' to indicate that whilst honour is used as a justification for abuse, there can never be honour in abusive behaviour. More information on HBA can be found on IKWRO's website: here
Dowry and dowry-based abuse:	Dowry abuse is a form of coercive control involving emotional, financial, and sometimes physical abuse linked to demands for money, gifts, or assets commonly known as <i>jahez</i> or <i>dahej</i> —often placing significant pressure on brides within some South Asian communities. More information: here
Caste and Caste Based Abuse:	Caste is a discriminatory social hierarchy, caste based abuse reinforces gendered discrimination and exclusion on oppressed castes. More information: here

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