

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

## Executive Summary

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## Executive Summary

## Introduction

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- survivors of domestic abuse and harmful practices. The project aims to create an equitable partnership between a by and for agency[2] 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 Abuse Related Death Reviews (DARDRs) [3],

[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 can be found [here](#).

[2] 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](#).

[3] 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.



(formerly known as DHRs) and Multi Agency Risk Assessment Conferences (MARACs) [4]. 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, including most importantly, ending VAWG Black and minoritised by and for agencies whose voices have been marginalised within the CCR.

## Rationale and Aims

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

Our recent research into the effectiveness of MARAC 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.

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 risk and meeting the needs of victim-survivors.

This project 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.

[4] 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.



# 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 [5] partnership project, Prevention and Action through Community Engagement and Training, Ending Harmful Practices Project, 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 [6]. Overall, we received in-depth contributions from eighteen organisations. 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. We also intentionally foreground 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. A participatory approach was used to address power imbalances between white-led [7] 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

[5] Partner organisations include: Asian Women's Resource Centre (AWRC, Lead), Women and Girls Network (WGN), PLIAS 8 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.

[6] Two focus groups were held with ten participants from nine 'by and for' agencies based in London. In addition, individual 9 interviews were conducted with five lead practitioners from 'by and for' organisations operating across England and Wales.

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

between 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.

# Background: risk assessment in the context of domestic abuse

## 3.1 Overview of the DASH checklist

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. 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 Convention on the Elimination of all Forms of Discrimination against Women (CEDAW Committee).

## 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.



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 (Sandholzer, Simmons, Hester and Walker, 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, 2020).

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.

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.

# Key Findings

The research findings highlight critical gaps and opportunities for strengthening risk assessment processes for Black and minoritised survivors. Key themes include the importance of building trust, recognising barriers to disclosure, and moving beyond narrow, short-term understandings of risk. Findings also emphasise the need for intersectional, trauma-informed approaches, greater understanding of coercive control and harmful practices, and improvements in professional language, training, and use of judgement. A summary of the findings is provided below.

## **Building trust is crucial for victim-survivors' 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. 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 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.

## **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 main-



-stream services will not understand their specific experiences.

Feedback from participants highlighted that the DASH checklist question about sexual abuse is not sufficiently nuanced and can hinder disclosures. One challenge with the framework is that once someone is assessed as high-risk, a MARAC referral involves around twenty professionals being informed, which may inhibit women from speaking freely. Others may have previously disclosed sexual violence but were not heard or were forced into silence.

Faith and cultural beliefs can influence understanding of abuse and willingness to disclose. Norms within some religious communities may not recognise the nuances of consent and autonomy, leading women to internalise teachings that make abusive behaviours seem acceptable or inevitable.

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**

Assessments often have a narrow, short-term focus on physical risk and immediate safety, overlooking the dynamic and cumulative nature of abuse. When the DASH RIC was first developed, the legal and policy landscape had not yet fully recognised coercive control as a distinct and severe form of abuse (Robinson, 2010). Since then, key developments—including Stark’s (2007) concept of coercive control as a pattern of entrapment, Monckton Smith’s (2019) work on homicide timelines, and legislation such as the Serious Crime Act 2015 and Domestic Abuse Act 2021 have shifted understandings toward a more holistic view of risk.

While the DASH acknowledges that risk should be reassessed at key points, it continues to prioritise visible, immediate threats, often failing to capture coercive control, historical abuse, and power dynamics within extended families. This narrow emphasis appears to reflect a specific type of victim-survivor and can result in inadequate assessment and limited support for those not initially assessed as 'high risk'. Safety planning is frequently treated as separate from risk assessment and focused on what women can do to stay safe, rather than what agencies can do to stop the abuse. Effective safety planning must be embedded within the risk assessment process, survivor-led, and offer a range of options without pressurising women into specific actions.



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

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). 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. 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. 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. 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, 2021). 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. 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. 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.



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. When services communicated with victim-survivors in their own language, it not only reassured them but also demonstrated a better level of understanding and cultural competence. 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.

### **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. by and for agencies bring specialist and in-depth knowledge of their communities developed through years of experience working within these communities. This approach ensures that the risk assessment is both relevant and responsive to the immediate and specific needs of women they work with.

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.[8] 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.

### **The need to integrate an intersectional approach in assessments**

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.

[8] The Traveller and Traveller Movement Risk Assessment Tool (TTMRAT) is now available here: <https://women.travellermovement.org.uk/wp-content/uploads/2024/07/24.02.20-TTMRAT-1.0-1.pdf> 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

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. 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. 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.

### **Understanding coercive control**

The limited understanding of coercive control can compromise the effectiveness of risk assessment, safety planning, and trust-building efforts. Coercive control lies at the heart of domestic abuse and must be central to all responses to domestic abuse.

Existing approaches to risk assessing often prioritise recent incidents over historical patterns of abuse, overlooking the ongoing impact of past harm. 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.” Harmful practices, such as female genital mutilation (FGM), forced marriage, and ‘honour’-based violence (HBA), are deeply connected to coercive control. 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, having been developed a number of years ago, fails to adequately reflect the risks and needs of children.

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 victim-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. A broader concern lies in the societal narratives that shape perceptions of who is believed to experience harmful practices. 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.

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. 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.

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.

The research highlights that a harmful practices checklist must sit within a holistic approach that includes practitioner training, cultural competency, and structural reform and to develop alongside a framework for meeting victim-survivors' needs, it should form part of a coordinated response, not operate in isolation.

### **Understanding perpetration and multiple perpetrators**

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. The research explored 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.



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.

### **Mental health and suicide risks**

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, risk is compounded by misogynoir—the intersection of racism and sexism which is often overlooked in current frameworks. The DASH question on mental health fails to capture the complex realities of depression and suicidality among Black and minoritised women. There is an urgent need for culturally competent, anti-racist approaches within mental health and risk assessment systems.

### **Inadequate police response and impact on risk assessments**

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 victim-survivors. Inconsistent or incomplete recording of risk factors can delay appropriate safeguarding measures, reduce the likelihood of MARAC referrals, and contribute to decisions that fail to reflect the true level of danger faced particularly for Black and minoritised women, whose experiences can be minimised or misunderstood.

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.

### **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. 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.



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

## 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 the experiences of Black and minoritised victim-survivors, including migrant, refugee, and asylum-seeking women. 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. Participants noted that training for statutory services is largely delivered by commissioned providers, often white-led agencies, which may not sufficiently address the specific needs and challenges faced by Black and global majority communities, limiting their effectiveness in supporting Black and minoritised survivors. Where services do understand cultural and religious contexts, barriers for women are significantly reduced. Faith-based by and for agencies play a crucial role in educating professionals on culturally appropriate communication and providing sensitive support, thereby influencing wider service responses.

# Conclusion

The current risk-led model is insufficient. A shift is needed toward approaches that centre both risk and need, addressing not just physical harm but long-term safety, housing, mental health, immigration status, and systemic oppression. This research highlights that many Black and minoritised women feel unable or unsafe to disclose abuse particularly in cases involving sexual violence, coercive control, or harmful practices due to limitations within the DASH tool, which lacks the intersectional framing needed to reflect their lived realities.

There is a clear call for change. The sector must critically consider whether a specialist tool is needed for by and for agencies, or whether the DASH must be fundamentally improved to become inclusive, survivor-led, and fit for purpose. Central to this work is the expertise of by and for agencies, and the need for investment in culturally responsive, trauma-informed, and anti-racist practice.

This research offers practical, survivor-informed recommendations for agencies, commissioners, funders, and policymakers to take coordinated action ensuring no survivor is invisible in the systems designed to protect them.

# Recommendations

## 1. Improve Engagement and Referral Pathways

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' organisations 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**

- Mandatory, well-funded training is essential across statutory and non-statutory agencies.
- Training must cover harmful practices, coercive control, the mental health impact of VAWG, systemic inequalities, and how professional bias and assumptions shape risk assessment and access to justice.

### **4. Sustained Investment in the by and for VAWG Sector**

- A crisis-driven funding model is insufficient. National policy must prioritise the full implementation of protections and sustained investment in by and for services.
- Long-term funding is essential to deliver stable, trauma-informed, culturally competent, and needs-led support.
- Equitable access to specialist services must be guaranteed across the UK.

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

- Convene a Strategic Roundtable

Bring together national stakeholders—such as the Domestic Abuse Commissioner, PCCs, MOPAC, Imkaan, and by and for agencies to lead a sector-wide review of current risk assessment frameworks.

- Review the DASH Checklist

Undertake a formal review of DASH through wide consultation, collating best practice across the VAWG sector, and ensuring tools are inclusive and relevant to diverse survivor experiences.

- **Centre Victim-Survivor's Voices**

Victim-survivors must shape any reform of risk assessment tools. Their lived experience is vital to building safe, effective, and survivor-centred responses.



# Glossary

<b>CCR</b>	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 <a href="#">here</a>
<b>By and for agencies</b>	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 <a href="#">here</a>
<b>Domestic Abuse Related Death Reviews</b>	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 <a href="#">here</a>
<b>MARAC-Multi Agency Risk Assessment Conference</b>	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.
<b>Mainstream Statutory Services</b>	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.



<b>Mainstream domestic abuse services</b>	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.
<b>Intersectionality</b>	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.
<b>White-led Organisations</b>	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
<b>The Traveller and Traveller Movement Risk Assessment Tool (TTMRAT):</b>	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 <a href="#">here</a>
<b>Racism</b>	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 <a href="#">here</a>

<b>HPs-Harmful Practices</b>	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.
<b>IDVA</b>	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.
<b>FGM</b>	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 <a href="#">here</a>
<b>Forced Marriage</b>	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 <a href="#">here</a>

<b>'Honour' Based Abuse</b>	<p>'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 <a href="#">here</a></p>
<b>Dowry and Dowry based abuse</b>	<p>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 jahez or dahej—often placing significant pressure on brides within some South Asian communities. More information <a href="#">here</a></p>
<b>Caste and Caste-Based Abuse</b>	<p>Caste is a discriminatory social hierarchy, caste based abuse reinforces gendered discrimination and exclusion on oppressed castes. More information <a href="#">here</a></p>

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