



# Policing, child protection and domestic violence and abuse (DVA): A summary of relevant literature

An output of the Rethinking Domestic Abuse and Child  
Protection (RDAC) research project

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The focus of this literature review was on the role of policing in child protection responses to domestic violence and/or abuse (DVA) – be that the assessment of risk, referrals/notifications to children’s social care (CSC), managing future risk, children as direct victims, disclosure schemes and/or multi-agency responses. The review included policy and practice reports as well as academic papers, and covered findings from international studies - where publications were written in English.

There were no specific limitations on year of publication, though recent changes in guidance and legislation specific to policing, children and DVA meant that most studies were published within the last fifteen years. Several studies on the Domestic Abuse, Stalking and Harassment and Honour-Based Violence Risk Identification, Assessment and Management Model (DASH) began as post-graduate theses and pre-date this period, but their inclusion is crucial to understanding the emergence of this risk assessment tool.

# Key learning from the review

The review focuses on key issues for policing DVA where children are involved. These include: the assessment of risk and subsequent referrals/notifications to CSC; Domestic Violence Protection Orders (DVPOs); Domestic Violence Disclosure Schemes (DVDSs); data collection and recording, and frontline officers' understanding of domestic abuse. The key issues that emerged from the review are outlined below.

The review highlighted a belief amongst frontline police, that that their **role is shifting towards a 'social services' focus**. Concerns were highlighted regarding the impact that this has upon capacity, as well as a general *discomfort* associated with the conflicts between the agendas of safeguarding and law enforcement. There were concerns that schemes such as the Domestic Violence Disclosure Scheme (DVDS) introduced as a means of empowering partners, were being used by CSC as a tool to measure a parent's commitment to protecting their children (Hadjimatheou, 2022), with a large proportion of *Right to Ask* requests being made as a response to *prompts* or *pressure* from CSC. His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) (2017) highlighted significant delays in disclosures, despite the increase in recorded DVA offences (reiterated by a recent Freedom of Information request by the Guardian, 2024). The extent to which such delays reflect police concerns regarding the risks to their relationship with victims/survivors and their concerns of increased potential *mother blaming* are unclear.

Research suggests that there is a **lack of consistency in policies** published by local Safeguarding Partnerships regarding the procedure for referral where there is a risk to children within a household where DVA is a potential concern. Inconsistencies include the risk assessment tools used (and/or transparency regarding these tools), as well as the recognition and recording of children as victims, irrespective of direct harm.

**Risk assessment outcomes influence police referrals to CSC** (as well as other agency responses) therefore, the importance of police protocols for completion; police judgement, perception and discrimination, as well as the fundamental accuracy of such tools as a measurement of future risk are crucial. As Myhill *et al.*, (2023) state:

*"The importance of the initial DASH interview cannot be over-stated: responses to the questions and the level of risk assigned by first response officers in their primary assessment can dictate the subsequent police response, including whether or not the case is reviewed and/or assigned to a specialist unit, the type and level of safe-guarding allocated to the victim, and whether the case is referred to partner agencies and support services"* (Myhill *et al.*, 2023, p. 857).

HMICFRS (2017) found examples of police forces downgrading risk to 'suppress demand'; however, Black and Lumsden's (2020) ethnographic study of one police force found a more precautionary approach, with a *worst-case scenario* approach to design out risk from a police perspective, resulting in an over-reliance on referring cases to CSC where there is any doubt regarding risk to a child.

Myhill *et al* (2023) found discrepancies in the completion of the DASH, including officers not following force policy, downgrading risk where they felt an assessment was not required, officers avoiding uncomfortable questions and officers improvising or adapting after the event. Myhill *et al* (2023) as well as Barlow and Walklate (2021) also found that the DASH elevated physical harm over coercive and controlling behaviours. Other studies suggest that different police forces use different approaches to grading their risk assessments (Robinson *et al.*, 2016), which raises concerns regarding the influence this could have upon accuracy, and crucially, *distancing* the victim from the final reviewer.

There is now a widespread body of literature **questioning the consistency and accuracy of the DASH risk assessment tool**. Whilst some forces use Domestic Abuse Risk Assessment (DARA), DASH is still the most commonly used risk assessment tool. Turner *et al* (2019 and 2021) argue that DASH *adds nothing* in terms of enhanced accuracy to their machine learning predictions; others express concern regarding an over prediction of risk (Bland and Ariel, 2015), missed risk of domestic homicide (Thornton, 2011) and *officer effects* (Medina-Ariza *et al.*; Myhill *et al*, 2023). Officer effect is understood here as the way in which victim/survivor responses can be influenced by the officer conducting the assessment in terms of their gender, ethnicity, professional position and so on.

When faced with a large quantity of information, **police officers tend to make judgements regarding risk and referral based on a small number of factors** and research suggests that there is broad agreement regarding both the most influential and the least influential variables (Robinson *et al.*, 2018).

Several studies have explored the efficacy of removing the *officer effect* via the introduction of **machine learning as a predictor of future risk**. Turner *et al* (2022) conclude that their model is more effective at predicting future high-risk than the DASH tool. Caution regarding reliance upon police-recorded data as opposed to victim accounts within such models is expressed by Wire and Myhill (2018) and Myhill and Kelly (2023). In contrast, the DARA tool indicates greater consistency in assessments and grading of risk, with an increase in disclosures of coercive and controlling behaviours (Wire and Myhill, 2018).

**Post-release risk** is not being adequately addressed by prisons, probation and other key agencies including police and CSC. This includes insufficient pre-release risk assessments, limited access to perpetrator programmes, lack of home visits and checks and failures to refer to Domestic Abuse Safety Officers and IDVAs.

**Whole-systems responses** that take a public health approach to the prevention and reduction of DVA through multi-agency Violence Reduction Units indicate improvements in data collation and sharing, targeted interventions and a more trauma-informed approach.

**The intersection between policing and child protection in responding to DVA is extensive** and goes beyond the most apparent issue of referral (or not). Pregnancy, childbirth, the presence of children, child custody are among the factors that research suggests can impact the risk of DVA, the effectiveness of perpetrator interventions and compliance with civil and criminal.

# What did we find?

## Introduction

The ONS (2022) estimates that 2.4 million people in England and Wales, aged 16 years and over had experienced domestic violence/abuse (DVA) within the year ending March 2022 – 1.7 million women and 699,000 men. Women’s Aid estimate that one in seven children have lived with domestic abuse at some point in their lives. In 2022, over 650,000 children were referred to children’s social care (UK Government, 2022), up 8.8% from 2021 and 1.1% from 2020. Referrals from the police remained the most common source of referral – accounting for three in every ten referrals. Concerns about the child’s parent or carer being the victim of DVA and the mental health of the child’s parent/carer remained the most common factors, with both being identified in a third of cases where factors were recorded. It is estimated that around a half of all DVA call outs recorded by the police indicate children present (Fantuzzo and Fusco, 2007; Gjelsvik et al, 2003; Richardson-Foster et al, 2012; Swerin et al, 2018); most of the high and medium risk survivors of DVA have children (Hajimatheou, 2022), and those children, even if not directly harmed, will be classed as victims in their own right under the Domestic Abuse Act (2021).

The Domestic Abuse Commissioner’s report on provision, support needs and access highlights the ‘*patchwork of provision*’ for victims and survivors of DVA, and identifies the challenges faced when dealing with agencies such as the police and children’s social care. Whilst the report does not quantify the responses, it states that:

*“we heard from a significant number of respondents that their difficulties in accessing support were down to poor responses from statutory services. In particular, social services, the police and the legal profession”*  
(p.55-56).

Respondents expressed the view that there was a lack of understanding of controlling and coercive behaviour and non-physical domestic abuse, and that their concerns weren’t always believed, or taken seriously. Of the 4,000 victims/survivors who replied to the survey, 42% stated that they would like help speaking with social services, yet only 29% were able to access this level of support.



## Police, Child Protection and DVA

Several key areas of DVA policy, guidance and legislation require joint working between police and children's social care, not least *Working Together* (HM Government, 2018). Practical implementation of this relationship includes the assessment of DVA risk, largely through the Domestic Abuse, Stalking and Harassment and Honour-Based Violence Risk Identification, Assessment and Management Model (DASH); referrals to MASH and MARACs – Multi-Agency Risk Assessment Conferences and Multi-Agency Safeguarding Hubs; Domestic Violence Protection Orders (DVPOs); Domestic Violence Disclosure Schemes (DVDSs), the management of offenders post-sentencing, and the formal recognition of children who witness (Buckner et al, 2004; Ferrara et al., 2015; Ferrara et al, 2021; Lewis et al., 2010; Stiles, 2002;), hear (Smith et al., 1996; Ferrara et al. 2021) and experience the effects of domestic abuse, as direct victims in their own right (Domestic Abuse Act, 2021).

The final in the series of three thematic reports on policing domestic abuse (HMICFRS, 2017) highlighted the increase in demand and the subsequent challenges to policing and children's social care. Between the first (2014) and the third (2017) review, recorded cases of domestic abuse had increased by 61%, the subsequent management and referral of cases being referred to as a “*delicate balance*” (HMICFRS, 2017, p. 45) between the risk of overwhelming services and ensuring that victims are protected and supported. An *overwhelming* that may, in some part be linked to what Black and Lumsden (2020) refer to as a move towards *precautionary policing*.

Whilst areas of improvement were acknowledged in the most recent review, seven of the 43 forces were identified as being a ‘*cause for concern*’ in their response to DVA, and 33 of the 43 as having ‘*areas for improvement*’. Issues identified are covered in detail below, but they broadly fell within the categories of – suppressing demand through the downgrading of severity; a reduction in the use of DVPOs and DVDSs; poor data collection and recording, response times and the identification of risk; frontline officers’ understanding of domestic abuse and particularly coercive control; securing convictions; inconsistencies in the use of DASH; the identification of and engagement with children; referrals to MARAC/MASH and subsequent backlogs and the capacity of IDVAs (Independent Domestic Violence Advisors) to deal with the number of referrals.

The police's role in identifying, responding to, investigating and assessing future risk of DVA has been discussed within the context of responsibilities (and the extent to which police are comfortable with this changing role), the conflict between the empowerment of victim/survivors and the duty to protect/disclose risk, and their own preconceptions which are framed within their experiences, training and confidence. The literature on policing DVA is vast, even confining this to DVA involving children, and there is extensive literature on effectiveness, interventions, training (and much more). For the purposes of this review, the focus is on police practice in responding to DVA, assessing risk of further harm and working with children's social care to manage that risk.

Elliffe and Holt (2019), Gearheart, et al (2021) and Millar et al (2022) highlight how police are increasingly being called upon to take on a ‘*social services*’ role, questioning capacity, training and efficacy, as well as the police's own discomfort in this shift:

*“The data would suggest that, although much less visible than the criminal justice and law enforcement aspects of policing, the social service role has in fact become a much larger part of routine policing and police work”*  
(Millar et al., 2021, p. 1072).

Issues surrounding children's fear, lack of trust and uncertainty in police and police responses (Ellifee and Holt, 2019; Overtien and Aas, 2016; Rodriguez et al., 2018), police discomfort in this increasing pressure to take on a social services role (Millar et al., 2022) and the potential conflicts between the two agendas of safeguarding and law enforcement (Hadjimatheou, 2022; Stanley and Humphreys, 2014) go some way towards describing what Stanley and Humphreys (2014) call *'the wicked problem'*.

Hadjimatheou (2022) highlights just one example of the potential conflicts between policing and children's social care in approaching the risk of DVA as demonstrated in the use of, and justifications for, disclosures through the Domestic Violence Disclosure Scheme (DVDS – often referred to as Clare's Law). Through interviews with 32 police officers in 14 police forces, they concluded that: *"Domestic abuse safeguarding and child protection display conflicting 'moral orientations' towards empowerment and responsabilization"* (p.231), with responsabilization largely over-riding empowerment.

Interviews revealed that a large proportion of the applications for disclosure received by the police under the *Right to Ask* were being made in response to prompts or pressure from CSC, and that police viewed this pressure to seek disclosure as a means of assessing a parent's duty and commitment to protecting their children – once the safeguarding parent has this information on risk, their failure to act to protect themselves and their children becomes *their* responsibility. Police expressed a view that this undermines the potential of this scheme to empower and risks their relationship with victim/survivors – referring to this pressure from children's services as: *'their biggest frustration'*, *'their biggest concern'*, and *'the bane of my life'*.

Hadjimatheou's (2022) findings suggest that this contradictory approach, of *"flipping from an emphasis on personal choice and autonomy, to responsabilization"* (p.332) places an implicit blame on mothers as soon as an ongoing risk to children is identified, and highlights the risk of police complicity in this *'burden'*. Police *'reluctance'* regarding disclosures may go some way towards explaining the delays in disclosures identified by HMICFRS (2017), many cases of which were high risk and involved children. In fact, despite the increase in DVA recorded offences, there were no increases in the use of the scheme. Das (2024) reveals similar delays and, reluctance, in their Freedom of Information Request data.

Data suggest a reduction in the rate of disclosures from 47.9% (2019) to 38.5% in 2023, with Essex police disclosing in just 5% of applications. Stanley and Humphreys (2014) reiterate these *potential* conflicts between police and children's social care in the measurement of risk and protective factors – police, as an example, viewing relationship separation in a DVA context as a risk factor, children's social care potentially viewing this as a desired goal (in many cases).

Russell et al (2021) examine the representation of DVA within local safeguarding policies – reviewing all 65 Safeguarding Partnerships and selecting the 59 policies that met their inclusion criteria (publicly accessible, provide information on what to do should you become aware of DVA within a household and allowing reasonable comparison). Previous research had demonstrated considerable variation in the initiation of both Section 47 enquiries and early help measures concerning DVA (Ellison and Renton, 2018), and this paper revealed that a lack of consistency remained in July 2021.

Policies ranged between three and 74 pages in length and were last updated between September 2014 and July 2021. Crucially, only 11.9% had been updated since the Domestic Abuse Act received royal assent in April 2021. As well as other limitations, including a lack of attention to societal dynamics, and a focus on DVA in relation to ‘incidents’ as opposed to something that is often ongoing and pervasive, policies showed some key differences in relation to risk assessment and referral. Whilst all referred to risk assessment, the tool to be used to measure risk was not stated in 35.6% of documents – 62.7% referred to the use of DASH, and 18.6% to DASH alongside the Barnados Domestic Violence Risk Identification Matrix.

Whilst policy would suggest that all incidents of DVA, where children are present, should be referred to children’s social care (particularly since the introduction of the Domestic Abuse Act, 2021), Myhill *et al*’s (2023) field observations suggest that this is not always the case. When police are making such screening decisions, they are effectively being tasked with determining who receives social work services (Stanley *et al*, 2011) and issues of judgement, perception and ultimately discrimination become key factors that require exploration.

Policies on referral to children’s social care differ, and where risk assessments are included as a threshold, there are issues with police protocols for completion (see Robinson *et al*, 2016) as well as the accuracy with which these risk assessments measure future risk (see Myhill and Kelly, 2023). As an example, West Yorkshire’s Safeguarding and Child Protection Procedures state that a referral is to be made where a child made the call, where a child is injured, where a child has been used as a shield, where there is a pregnant woman involved, where the victim is assessed as ‘high’ using the DASH, where a MARAC is convened and there are children in the household and any other circumstances that are judged to warrant a referral.

Policy on the role of police staff within this procedure includes the Contact Management Centre staff being responsible for checking police crime and incidents records for prior reports, as well as MARAC and MAPPAs for child protection history. It is the responsibility of the attending police officer to ensure that they have received all relevant information. They must complete the DASH with the victim, if the victim is unwilling then they must complete it based on the known information. They must record details of the children present – even though research including from Elliffe and Holt (2019) and Rodriguez *et al* (2018) found that children will often hide from the attending police in DVA cases.

HMICFRS (2017) also identified a reluctance amongst many frontline officers to physically *check* children, providing examples of cases where children have hidden or barricaded themselves within a room and police not persisting in those checks. Before leaving the scene, the police officer must consult their supervisor, or designated officer regarding their actions and secure their agreement on the DASH risk assessment. They must also discuss concerns relating to a child’s wellbeing with their supervisor/designated officer regarding referral to children’s social care. According to this model, a Safeguarding Sergeant would always sign off the DASH risk assessment made by the attending officer, and the District Safeguarding/Domestic Abuse Units would also complete a further validation of this risk assessment.



## DASH and the identification of risk

For a detailed review of the history and context of the police's use of the DASH risk assessment tool, see Myhill *et al.* (2023). To summarise, in 2009, The Association of Chief Police Officers (ACPO) endorsed DASH as the standard model for identifying, assessing, and managing the risk of domestic abuse. The tool is based upon 27 questions (24 with an additional three specific to children) to be undertaken by the first response police officer, alongside the victim.

Whilst DASH was intended to introduce a consistent approach to measuring risk across police forces (Robinson, 2010), policies and procedures for completion and validation do differ between forces (discussed in more detail below). Questions include a mix of closed 'yes/no' responses, as well as follow-up questions to probe and add context. Following completion, a grade of risk is assigned – standard, medium and high – and it is this allocation that directs many agency responses including: assessment for physical security interventions in the home such as Sanctuary schemes which are typically reserved for high risk victim/survivors or Operation Encompass available to all risk levels); perpetrator programmes such as Cautioning and Relationship Abuse (CARA) (only available where perpetrators pose a standard risk) and referrals/responses from children's social care, Multi-agency public protection arrangements (MAPPA) and MASH (Shorrock *et al.* 2019; 2023) – to name just a few.

As Myhill *et al.*, (2023) state:

*“The importance of the initial DASH interview cannot be over- stated: responses to the questions and the level of risk assigned by first response officers in their primary assessment can dictate the subsequent police response, including whether or not the case is reviewed and/or assigned to a specialist unit, the type and level of safe- guarding allocated to the victim, and whether the case is referred to partner agencies and support services”* (Myhill *et al.*, 2023, p. 857).

While the risk assessment directs response and referrals, HMICFRS (2017) found examples of police forces downgrading risk to 'suppress demand', be that through the downgrading of the severity by call handlers to justify a slower response, downgrading from high to medium risk to avoid overloading the MARACs, or downplaying 'complex needs' where risk is classed as medium, again to reduce overloading the MARAC teams.

As well as concerns regarding its consistency and accuracy, some studies question the content of the risk assessment as a means of predicting future risk. These go beyond what Turner *et al* (2019 and 2021) describe as *adding nothing* to their machine learning predictions, to concerns regarding the over-prediction of risk (Bland and Ariel, 2015) and the much more serious missed risks of domestic homicide. Thornton (2011) concluded that none of the offenders charged with domestic homicide or attempted domestic homicide, who had previously been assessed with DASH, had been identified as high risk.

Whilst the College of Policing has trialled a new risk assessment tool, the domestic abuse risk assessment (DARA) within some police forces, DASH is still the most commonly utilised tool to identify future risks of DVA. It is Authorised Professional Practice that it is the responsibility of the attending officer to complete the risk assessment at the first opportunity, including to identify the presence/absence of children. As is highlighted in Robinson *et al* (2016), there are different models of scrutiny/verification once this first assessment has been completed.

HMICFRS (2017) found that these secondary ‘checks’ did not always happen, and that some officers still viewed the completion of these risk assessments as a *process that they had to go through*, as opposed to a crucial identification of risk. Moreover, questions were often left unanswered on some forms, and some officers were completing the assessments over the phone. Fifteen of the 43 forces were classed as requiring ‘*areas for improvement*’ in their use of risk assessments, and for one force, their inspection found that 20% of the 300 domestic abuse incidents did not have a DASH record.

Myhill et al (2023) present the findings of an in-depth and extensive review of DASH risk assessments (118,512) between 2018 and 2022, as well as interviews with frontline police officers and field observations. Findings demonstrate some key issues regarding the accuracy of DASH assessments based upon the ‘*officer effect*’ – victims’ responses being influenced by the specific officer that completes the assessment. This officer effect was found to be strongest in relation to questions intended to capture coercive and controlling behaviours and least apparent with the responses specific to physical harm.

More specifically, the research demonstrates the variance in scores that can be explained by officer-level characteristics, with the lowest officer influence seen in questions relating to physical injury (7%), pregnancy or recent childbirth (8%) and conflict over child contact (8%) – factors less likely to require ‘disclosure’. The greatest officer-specific variance was demonstrated for questions relating to whether the abuser has hurt anyone else (32%), sexual coercion and abuse (29%) and abuser threatening or attempting suicide (28%).

Other issues highlighted in the research included officers not following the force policy of completing an assessment for every case; officers grading as low risk where they felt an assessment was not required, on the basis that ‘*completing an assessment was easier than arguing the case for not completing one*’; officers avoiding uncomfortable questions – these being those more likely to receive a ‘yes’ response, thus minimising risk; and improvising/ adapting after the event – the final assessment not accurately reflecting what the researchers observed in the presence of the victim. Myhill et al conclude that:

*“Attitudes and understanding play a significant role in explaining the officer effect on risk assessment”*  
(Myhill et al., 2023, p. 869).

Beyond the technical issues relating to prediction and accuracy, the extent to which DASH adequately measures risk cannot be underestimated. Scores influence the extent to which a case is reviewed/assigned to a specialist, safeguarding responses and referral to tailored support services and interventions. Where officer influence impacts assessment, there is clear discrimination specific to certain behaviours, experiences and, crucially, demographics.

One of the outcomes of the use of risk assessments that will, by their very nature, focus on incidents as opposed to processes, is the consequent elevation of physical harm as a risk factor over coercive and controlling behaviours, and this is influenced by officer perceptions, judgements and interpretations:

*“In terms of risk assessment tools...judgements and feelings frequently supplement what is measured by such tools. Thus, there is a well-evidenced tension between the claims made for the efficacy of risk assessment tools per se and how they are used in practice”*  
(Barlow and Walklate, 2021, p. 889).

Using police recorded crime data, focus groups and interviews with police and interviews with victim/survivors, Barlow and Walklate (2021) confirm that intimate partner violence involving physical harm is more likely to result in arrest and more likely to be classified as high (as opposed to medium or standard) risk.

For Medina-Ariza *et al* (2016), the issues of risk assessment in DVA are much broader than the predictive accuracy of the tool itself (Medina *et al.* 2015; Turner *et al.*, 2021), and include process and practice concerns including ambiguous and complex wording (Robinson *et al.*, 2016), a lack of time allocated to completing the assessment and issues of judgement, perceptions and institutional biases. Confirming concerns raised by Myhill *et al* (2023), regarding judgement, rapport, disclosure, and the potential for errors and mistakes where interactions are *rushed and stressful*, they conclude that:

*“...the officers and citizens involved in these interactions are often encountering each other from very different gender, ethnic, and professional vantage points. An endless combination of misunderstandings, judgment errors and procedural mistakes can occur in the policing of domestic abuse at the frontline”*  
(Medina-Ariza *et al.*, 2016, p. 342).

Robinson *et al*'s (2016) extensive review of the use of DASH within frontline policing included 61 interviews, 120 hours of field observations, 1296 responses to force-wide surveys and analysis of case files. Findings confirm a *“mismatch between the current tool and the practical realities of frontline policing”* (p.iii).

The review identified three distinct models of risk assessment that can be summarised as:

1. Frontline police officers complete the DASH interview at the time of the incident but do not apply a risk grading. The grading is applied in all cases by a specialist officer/ member of police staff.
2. Frontline police officers identify risk and apply an initial grade; a secondary risk assessor reviews a subset of cases – those graded as medium or high, or in some forces, just high.
3. Frontline police officers identify a risk and apply an initial grade. A secondary risk assessor reviews that risk grade for all cases. Each model demonstrated limitations, including significant backlogs and delays where specialist officers were grading/ confirming risk, a filtering out of potentially medium or high-risk cases before that specialist confirmation and a *'distancing'* between the victim and final reviewer.

As well as inconsistent approaches to the identification of risk, the research identified negative and uninformed attitudes to domestic abuse, consistent with those identified in previous research (see Hoyle, 1998; Kelly *et al.*, 1999; Loftus, 2009; Monckton-Smith *et al.*, 2014), less than total DASH form completion rates (one force had a completion rate of 86%), and an uneven application of the risk assessment tool by frontline officers. Observations revealed that, whilst some officers asked the questions in a standard order, others wove the questions into the conversation, sometimes excluding questions that they had pre-determined were not relevant.

Situational pressures were also identified – whereby victims didn't always disclose the full extent of the abuse, be that due to being injured, upset, fearful of further abuse, children being present or feeling rushed. Officers shared their view that disclosure by victims in certain situations might differ by time of day or setting and that time pressures, trust and police attitudes towards the victim can play a key role in collating accurate information for that risk assessment and grading. Where grading determines referrals for support/safeguarding, such limitations can have major risks, including significant delays, or missing victims entirely:

*“We can have standard ones, it can take a couple of weeks ... sometimes you'll read it and you think, hmmm hang on a minute, this shouldn't be standard, or you'll read a medium one and think hang on a minute, f\*cking hell, the incident happened a week and a half ago, I'm getting it today, this [victim] needs to be contacted straightaway. IDVA, Force 3”*  
(Robinson et al., 2016, p. 22).

Turner et al (2019 and 2021) utilise existing police data (350,000 incidents) to assess the extent to which DASH is effectively identifying future high-risk victims, and whether a machine learning model can better predict future risk in one UK police force. They conclude that not only is their model more effective at predicting future risk, correctly identifying 5.2 Intimate partner violence (IPV) and 8.2 (Non-IPV) times the number of high risk victims than officers using the DASH model, but that the addition of DASH variables *adds nothing* to the model in terms of predictive accuracy. They identified two DASH variables that appeared in their top IPV predictors, and these were being pregnant or recently having had a baby (increases risk) and child custody conflict reduces risk).

A finding that raises key issues in terms of identification and referral for support, was that 96.3% of correctly identified high risk victims had been mislabelled as either standard or medium risk. Turner et al (2019) raise the two possibilities of *'the wrong questions'* as well as *'officer/victim interaction'* – highlighting inconsistent models of implementation as well as *'pejorative attitudes'* by some officers. Their conclusion that officer prediction is little better than random for an offence with a high likelihood of repeat victimisation (Ybarra and Lohr, 2002) raises serious questions regarding the current implementation of DASH to direct agency responses.

*“In our data, police performance in the identification of high risk cases is little better than random, and for every recidivism and revictimization definition, is outperformed by the logistic regression model”*  
(Turner et al., 2019, p. 1028).

However, Wire and Myhill (2018) and Myhill and Kelly (2023) caution against the reliance upon police recorded data (alone) within machine learning predictive models (Grogger, 2021; Turner et al, 2019; Turner et al., 2021). They argue that a focus upon police or criminal justice data (such as harm indices) minimises the widespread under-reported coercive control, and increases the risk-focus upon physical harm (Myhill et al. 2022; 2023). Excluding victim accounts of risk places a greater reliance upon disclosure as well as accurate reporting and recording, and risks the amplification of existing biases, judgements and errors (Wire and Myhill, 2018).

Taking an approach of improvement to the existing DASH risk assessment tool (DARA), as opposed to developing a machine learning approach, Wire and Myhill (2018) present a review of an adapted risk assessment tool, completed by frontline police officers, but based upon a series of 16 statements that are graded (based on the frequency of occurrence), with a free text officer justification/rationale for their assigned level of risk. Designed to address many of the limitations presented above, the tool focuses on improving the disclosure of and recognition of risk associated with coercive control; an increased focus on patterns of behaviour, as opposed to an incident-focused approach, and a focus upon evidence-based risk factors.

The tool was piloted in three police forces (Sussex, West Midlands and Humberside), with an extensive evaluation that included case file analysis, interviews and field observations. The evaluation showed greater consistency of assessments and grading – with higher rates of agreement between researchers and the first responding officers when using the new tool – for example, in Sussex there was agreement in 57% of cases prior to the pilot, and 71% during the pilot, the control site remained at 56% agreement. A similar pattern was seen in West Midlands (53% pre and 73% during the pilot).

Overall, the new risk assessment saw an increase in cases graded as medium risk and a decrease in those graded as standard (this change would be unlikely to affect the number of MARAC referrals – only high risk). Frontline officers felt that it helped them to better understand risk, and supervisors and secondary risk assessors felt that officers were grading more efficiently. The disclosure and identification of coercive control was a key improvement identified with an increase in disclosure in one force from 25% pre-pilot to 45% during the pilot<sup>1</sup>.

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<sup>1</sup> Conversations with the College of Policing suggest that whilst this would be the preferred risk assessment tool (DARA), force IT restricts its use in many areas at present. Indications were that it would be rolled out in 2025.



## Sifting, perceptions and judgements

Building on the inconsistencies identified above, it is important to explore some of the literature relating to police officer's (frontline and Sergeant) perceptions of the importance of specific risk factors in predicting future threat, and their reliance on situational/ context-related variables in making those decisions. With a sample of over 700 US and UK police officers, Robinson *et al* (2018) build on the previous research that highlights how police will often make judgements based upon a small number of factors, irrespective of the availability of a larger quantity of information (Belfrage and Strand, 2008; Bennett Cattaneo, 2007; Robinson and Howarth, 2012; Trujillo and Ross, 2008). They found that judgements of risk were largely based upon 'a *small constellation of risk factors*' including victims' level of fear, escalation of incidents, number of prior incidents and the involvement of alcohol and drugs in the current situation, concluding that:

*"Police officers create schemas or working rules to provide a framework from interpreting events, people and situations, which will inevitably influence their frontline responses"* (Robinson, *et al.*, 2018, p. 191).

Whilst officers tended to agree on the most influential risk factors, the same applied for the least – which included socio-economic variables such as blended families and employment status. However, their confirmation that 'context matters' and that every risk factor is or can be important depending on the situation, does raise some concern regarding the interpretation of risk based upon their perceptions or judgements of the situation and those involved in that situation.

HMICFRS (2017) identified some issues with the identification of risk, based upon the use of threat assessments (THRIVE), making assessments without face-to-face contact with the victim, and the inability to identify repeat callers/victims due to limitations with computer systems. Black and Lumsden's (2020) ethnographic study of one police force's response to domestic abuse, from control room through to dispatch and response, shows the issues emerging regarding the shift towards a risk-averse culture led by precautionary approaches to policing domestic abuse.

Whilst HMICFRS (2017) highlights the use of THRIVE as a threat assessment model used by call handlers in domestic abuse incidents, this study identifies a much more *protectionist approach*, led to some extent by the lack of tolerance for public dissatisfaction, that involves a policy of requiring all domestic calls to be graded as either immediate response (1) or priority (2). And whilst all calls are graded as requiring a response, all responses will require a DASH – linking to the earlier comments on overwhelming numbers of referrals to children's social care. Black and Lumsden (2020) argue that this blanket approach often goes against the judgement of those officers, thus impacting the extent to which they are committed to the accurate completion of risk assessments when dispatched. They argue that this policy intends to 'design out' any potential for risk, and "represents a shift from managing probabilistic outcomes based on THRIVE to possibilistic 'worst case scenario' outcomes" (Black and Lumsden, 2020, p. 72).

## Release – risk and communication with family

Extensive evidence demonstrates that separation is a risk factor for lethal, continued or worsening intimate partner violence (Adhia et al, 2019; Brownridge, 2006; Brownridge et al, 2008; Campbell et al., 2003; Fridel, 2021; Johnson and Hotton, 2003; Rezey, 2020), as well as sexual assault and rape (DeKeseredy, Rogness and Schwartz, 2004).

In their 2003 study, Campbell *et al* found that 44% of women murdered by an intimate partner had separated or were in the process of leaving their partner. A similar figure was demonstrated by Bybee and Sullivan (2005) who found that 36% of women were assaulted by partners during the two-year period post separation.

Looking at data on post-release risk to the victim/survivor and family, several key thematic reviews of prison and probation identify a lack of information sharing and checks between probation, police and children's social care; poor quality risk assessments; limited access to and monitoring of interventions and programmes to help perpetrators make positive changes to their lives; failures to refer to Domestic Abuse Safety Officers and IDVAs, a lack of home visits/checks and poor quality in monitoring adherence to orders.

Approximately 30% (74,996 of 240, 674) of current probation workload are identified as current or previous perpetrators of DVA. The 2023 HM Inspectorate of Probation Thematic Review (HM Inspectorate of Probation, 2023) found that only 28% of the cases inspected had a sufficient assessment which analysed the risks of further DVA, and pre-release work to address DVA was considered to be '*sufficient*' in only half of the cases inspected.

Forty-five per cent of the sample 'who should' have had access to an intervention (as part of their sentence) to help them make positive changes in their lives, had not accessed such an intervention. As an example, between June 2021 and September 2022, 6723 referrals were made to the Building Better Relationships (BBR) programme. By November 2022, only 3287 requirements were recorded as having commenced – 2757 were on the waiting list and of those, 18% (489) had already been waiting over 52 weeks to start the programme. Low referrals were demonstrated for other programmes such as Help, Positive Pathways and Stepwise Relationships. Of the 60 cases reviewed, the Inspectorate found just one referral to the Commissioned Rehabilitative Services (CRS).

Six of the 31 cases inspected lacked the necessary pre-release checks with children's social services; and for the 17 cases that should have seen children considered as victims in their own right (under the Domestic Abuse Act, 2021), 14 did not.

In terms of post-release assessment, monitoring and supervision planning was considered to sufficiently address the risk of DVA in only 37% of cases; opportunities were missed to support families through late referrals to Domestic Abuse Safety Officers and IDVAs; in 9 of the 28 cases inspected, license conditions had been missed and only 40% of cases received the necessary home visits post-release.

## The intersection between police and child protection services

There are many points at which the intersection between policing and children's social care overlap, which allow referrals for interventions and support or notifications for further risk assessment, but also risk duplication (and the subsequent overwhelming of services) or missed opportunities for multi-agency involvement.

The presence of children within a domestic abuse setting are referenced within research in relation to risk factors – pregnancy/ recent childbirth increasing risk (Turner *et al.*, 2019, 2021), the presence of a child within the home creating a direct victim (Domestic Abuse Act 2021), child custody conflicts reducing risk (Turner *et al.*, 2019, 2021) or increasing the risk (Douglas, 2018; Laing, 2017); the impact of interventions – research on CARA demonstrating positive impacts specific to perpetrator relations with children (Morgan *et al.*, 2019) as well as reductions in re-arrest and in the frequency and harm of re-offending; Sanctuary housing increasing feelings of safety and stability in terms of community, schooling and family/friendship support (Armitage *et al.*, forthcoming; DCLG, 2010; Jones *et al.*, 2010); and compliance with civil or criminal orders – Meyer (2018) identifying children as a key factor increasing risk of breach, but that such orders increased feelings of safety for survivors/ children and allowed time to consider options (Cordelier *et al.*, 2021; Kelly *et al.*, 2013).

The effectiveness of domestic abuse interventions is outside the scope of this review and is covered in detail elsewhere (see for example, Asmussen *et al.*, 2022); however, the policy and practice processes that enable referral to such programmes or interventions are worthy of some discussion, as are the issues in defining or measuring 'success'. As an example, of the latter, several issues are identified in relation to the CARA programme as well as the success of Orders such as the Domestic Violence (now Domestic Abuse) Prevention Orders and notices.

Conditional cautions were introduced, in part, as a response to the high proportion of costly mandatory arrests resulting in No Further Action (Cornelius, 2013; Jarman, 2011; Rowland, 2013). Measures of 'success' included: re-arrest for offences with a lower total Cambridge Crime Harm Index, a reduction in the frequency of re-arrest for any offence, and for DVA (Strang *et al.*, 2017), interviews with perpetrators and survivors (Morgan *et al.*, 2019), frequency of re-offending and re-arrest, number of repeat offences and repeat arrests, severity of re-offending and cost-benefit analysis (Flowe *et al.*, 2021).

Evaluations showed positive outcomes for the above measures, though limitations in these determinants of 'success' have been presented (see Myhill and Kelly, 2023 for a detailed discussion). One of the key criticisms of existing evaluations is the focus upon crime severity scores as an outcome measure (whether that is the Cambridge Harm Index or the Crime Severity Score) where coercive control or other non-physical harms (depression, unwanted pregnancy etc) would be scored as low, or even non-existent harm. Myhill and Kelly (2023) demonstrate a 100% reduction in Cambridge Harm Index terms, for a case that involved continued abusive controlling and coercive conduct recorded by police as none-crime incidents, but that nevertheless caused psychological and emotional harm as well as behavioural impacts to the victim.

The offence of controlling and coercive behaviour would score 84 points (after a 2020 upweighting from 19) – as a comparison, distraction burglary scores 365 points. Whilst using slightly different measures – the Cambridge Index using sentencing start points and the Crime Severity Score using average sentences passed down, this assumes that crimes representing violence against women are given a status in criminal law that is commensurate with the actual impact. As is highlighted in Myhill and Kelly (2023), survivors’ definitions of successful outcomes for abusive men attending perpetrator programmes, do not necessarily prioritise the reduction of physical violence over other coercive and controlling behaviours such as reduced isolation and respectful communication (Westmarland et al., 2010).

*“Harm indexes and severity scores, in their current form, do not reflect the lived experience of many victim-survivors of domestic abuse”*  
(Myhill and Kelly, 2023, p. 7).

Measures of success are also discussed in relation to civil orders, Bates and Hester (2020); Kelly et al., (2013) and Cordelier et al, (2021) evaluating the effectiveness of Domestic Violence Prevention Orders (DVPOs) now replaced with Domestic Abuse Protection Orders and Notices (as part of the Domestic Abuse Act, 2021). Analysing police crime data for 400 cases and interviews with 65 victim/survivors, Bates and Hester (2020) highlight the use of DVPOs as an alternative to *criming* an incident; Kelly et al., (2013) highlight the issue of breaches often failing to come to the attention of police (and therefore remain unrecorded) and Bates and Hester (2020) as well as HMICFRS (2017) highlight the low use of these orders, as well as poor recording practices and no central reporting mechanism to allow regular measurement of use.

Police referral, or ‘notification’ for further assessment, support and intervention (as has been discussed throughout) has also been discussed in relation to limitations in process, accuracy and duplication. Calls received in control rooms and responded to by frontline police requiring a DASH risk assessment that, where children are present would be sent to children’s social care. The same incident would flag a referral to the local authority and the child’s school through Operation Encompass, and validation of the DASH assessment, as well as further scrutiny from a specialist police domestic abuse team (examining further multi-agency intelligence) would also trigger a notification. In contrast, limitations in police confidence in engaging with children (HMICFRS, 2017), as well as children’s lack of trust in police (Elliffe and Holt, 2019), have been identified in risks of missed opportunities for further assessment and engagement from children’s services.

Whilst much of the research is *process* as opposed to *outcome* focused, early indications show that the Violence Reduction Units (twenty funded thus far) are improving multi-agency responses to DVA. These Units bring together key partners including police, education and CSC and have demonstrated improved trauma informed approaches (Quigg et al, 2021); improved collation and sharing of data (Craston et al, 2023), improved delivery of targeted interventions<sup>2</sup>; the funding of research to highlight gaps and identify good practice<sup>3</sup>, and facilitating multi-agency responses – Craston et al. (2023) finding that 91% of respondents stated that the Violence Reduction Units (VRUs) enabled them to *get all relevant parties on board*.

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2 Examples include the expansion of Operation Encompass and a redesigned MARAC – that reduced waiting times and improved outcomes for families in Lancashire.

3 An example being Merseyside’s Violence Reduction Partnerships’ funding of additional programmes of prevention/support based on the ability to commission research to review provision, identify gaps, inform good practice in DVA involving child and adolescent to parent/caregiver.

# Where next?

## Key learning points and gaps in the literature

The extant literature specific to the role of policing in child protection responses to DVA aligns with some of the key issues present in the quantitative and qualitative strands of R-DAC, specifically the recording of children as victims - why does this remain low given the victim status of all child witnesses? Police referrals/notifications to CSC - given the significant increase in recorded DVA offences, why do police referrals remain stable at approximately 30%? What risk assessment tools are being used by police forces and how do these impact referrals for services/support? Are police referrals to CSC increasing and does this reflect an increase in DVA or a more precautionary approach; are there duplications in referrals and how does this impact capacity, and do police feel their relationship with victims is being compromised as their role *shifts* towards a more social services-based approach?

There remains a significant gap in the literature regarding the role institutional racism occupies in how and why minoritised families who interact with CSC, often do not engage with the police. This is coupled with a lack of intersectional analysis of how histories of racism, over-policing and or under-protection of black, Asian and other minoritised communities can shape the extent to which victim-survivors and their families regard the police as protective or as a mechanism for increasing their safety.



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