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MANCHESTER WOMEN+S AID

A Guide for Spoken Language Interpreters Working with Adult Survivors of Domestic Abuse

2020

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This Guide has been created by Dr Rebecca Tipton, Centre for Translation and Intercultural Studies, University of Manchester.

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If you have any comments or questions about the Guide, please contact the author:
Rebecca.tipton@manchester.ac.uk

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Introduction: Context and Aims

Domestic abuse affects large numbers of people, regardless of race, sex, religion and age, but it often remains hidden.

> ***The human cost of Violence against Women and Girls (VAWG) is high. Experiences of abuse have serious psychological, emotional and physical consequences and may contribute to multiple disadvantage, or a chaotic lifestyle involving substance misuse, homelessness, offending behaviour, gang involvement, prostitution or mental health problems. That 41% of the prison population have witnessed or experienced domestic abuse is illustrative of the wider social harms these crimes cause.***
>
> (Ending Violence against Women and Girls Strategy 2016-2020, p. 8)

> ***An estimated 2.0 million adults aged 16 to 59 years experienced domestic abuse in the year ending March 2018, equating to a prevalence rate of approximately 6 in 100 adults (Figure 2). Women were around twice as likely to have experienced domestic abuse than men (7.9% compared with 4.2%). This equates to an estimated 1.3 million female victims and 695,000 male victims***
>
> (Office for National Statistics 2018)

> ***Not knowing English … forms a barrier in a very complex way. A [non-English speaking female] willing to disclose sexual violence at the first level needs a vocabulary through which to verbalise her experience, she then needs access to an interpreter to engage with external agencies. If this access is not forthcoming her experiences will be silenced at this level.***
>
> (Pande 2013, p. 158)

Working with survivors of domestic abuse (hereafter 'survivors' or 'service users') can be very challenging for interpreters and little training is available to support professional development in this area. Survivors from immigrant and refugee backgrounds face many barriers to help seeking. Even where interpreter provisions are available, survivors can feel ill at ease disclosing information and doubt the interpreter's impartiality.

This Guide provides an introduction to the federation of Women's Aid organisations, the range of services it offers and the sorts of issues that arise in meetings with survivors. It is designed to help spoken language interpreters manage expectations about interpreted communication, identify and reflect on ways to handle the emotional impact of the work, and plan assignments. It is intended to support interpreters in their approach and decision-making; it does not say what they 'must' or 'must not' do. The Guide supports the delivery of the Women's Aid National Quality Standards (published in 2018). According to the standards (p. 8):

> ***No survivor who has a need for support is refused a service because English is not her first language, because of her immigration or asylum-seeking status or because she has no recourse to public funds.***

The Guide provides supporting background information for interpreters on Women's Aid services, different types of domestic abuse, and risk assessment. It raises awareness of the type of language difficulties that commonly face survivors and interpreters and provides practical tips for effective pre-assignment briefings. Finally, it signposts readers to further sources of useful information

2. Women's Aid: core values, principles and services

Women's Aid has its roots in the women's rights' movement and was founded in 1974. Known initially as the National Women's Aid Federation, it brought together 40 refuge services across the country and was the first national body that co-ordinated new laws and campaigns to improve support for women and children experiencing domestic violence (Women's Aid website), work that continues today. A focus of Women's Aid is to support **change that lasts by:**

- removing barriers to women facing inequality of different kinds, including language barriers;
- helping to build stability and resilience through women-only spaces and a culture of mutual respect;
- offering gender-specific and gender-sensitive services where possible (in the case of emergencies a male interpreter may be used if this is the only person available);
- supporting service users to develop confidence in taking independent decisions affecting their future lives;
- involving service users in planning future services.

Examples of services:

1. Housing advice and emergency accommodation
2. Support with school / nursery
3. Legal support and protection
4. Information about welfare benefit and entitlement
5. Immigration information including women with no recourse to public funds
6. Help around child contact arrangements
7. Signposting to other specialist services
8. Drop-in sessions
9. Activities to support well-being and resilience building
10. Safety planning
11. Volunteer programmes

Examples of principles and standards (extracts taken from the Women's Aid National Quality Standards, revised 2018, pp. 9-10)

Rights and Access: Equal access to their rights and entitlements is ensured for all survivors and barriers to equality are addressed

- Women are believed and listened to with respect and sensitivity.
- Women are informed of their legal and human rights and the services they are entitled to receive.
- Women's needs and strengths are assessed in order to identify and address barriers to their safety and independence.
- Service interventions and practice are respectful of women's rights to confidentiality and women are informed of situations where that confidentiality may be limited.
- Women have sufficient time to make informed decisions and no action is taken on their behalf without their prior knowledge, unless there is an overriding need to safeguard a child or vulnerable adult.
- The organisation monitors service user profiles in order to identify and address under- representation of groups with protected characteristics under the Equality Act 2010.
- The organisation monitors management and staff profiles to ensure they are reflective of the diversity of service users in terms of their protected characteristics under the Equality Act 2010.

- The particular and individual needs of Black and Minority Ethnic (BME) survivors are addressed.
- The organisation removes or reduces barriers to physical access, support and communication for disabled women and employs a social rather than a medical model of disability.
- The organisation ensures it is accessible to lesbian, bisexual and transgender women.
- The organisation refers to, and engages with, sexual violence, Black and Minority Ethnic (BME), Lesbian, Bisexual and Transgender (LBT), disabled, young women's and other dedicated specialist services to ensure that women with those identities or experiences can access a specialist or identity-based service delivered from a gendered perspective if they choose to.
- The organisation responds positively to women's needs around their faith and spirituality.

Physical and emotional health: Women and children's rights to the highest attainable standards of physical, sexual, reproductive and mental health are upheld, promoting long term recovery and well-being.

- The organisation ensures that women have access to medical care and health services appropriate to their needs.
- The organisation ensures that women have access to sexual health and pregnancy advice services and are supported to explore their options in pregnancy, including their right to choose a termination.
- Women are enabled to disclose sexual violence, sexual exploitation and childhood sexual abuse and are offered specialist support with these issues, where available, from organisations accredited under the Rape Crisis England and Wales National Service Standards.
- Women have access to specialist support and mental health services to address coping strategies, including substance misuse and mental health issues.
- Women have access to individual counselling or group work to recognise their strengths and resources, and increase their capacity to identify the exercise of coercive control.

Stability, resilience, autonomy: Women survivors are supported to achieve long-term stability, independence and freedom from abuse.

- Women's needs and strengths are assessed on entry to the service, including their physical safety; health needs; children's needs; need for legal and immigration advice; and social and economic welfare.
- The organisation supports women to articulate their needs, access their rights and entitlements and take charge of decision-making about their own lives.
- Women are encouraged to identify goals for the future and access or maintain education, training and employment to maximise their financial independence.
- Women are supported to participate in community life and to develop strong support networks.
- Women are supported to achieve financial stability and independence.
- Women are supported to access stable accommodation and resourced to sustain independent tenancies.
- Women have access to resettlement and follow-up services with exit strategies tailored to individual need, sufficient to sustain their move to independence without promoting dependence.

3. Understanding different types of abuse

Individuals can be subject to many different types of abuse in the home and often experience more than one type at any one time. The situation is further complicated if children are involved and if the wider family is also contributing to the abuse.

3.1 Definitions

There is no statutory definition of domestic violence, but the Home Office (2013) provides the following working definitions:

Domestic violence: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass psychological, physical, sexual, financial or emotional abuse.'

Controlling behaviour: 'A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.'

Coercive behaviour: 'An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

3.2 Types of abuse

Economic / Financial abuse
This concerns issues such as controlling finances (including debit/credit cards and control over income/benefits), deliberately running up debts, unreasonable pressure to account for spending and withholding basic necessities.

Elder Abuse
This involves abuse against older people, for example those who suffer from chronic illness. It commonly occurs within the family and perpetrated by sons or daughters, often by more than one person in collusion.

Emotional or Psychological abuse
This includes things like name-calling and shaming (e.g. comments about weight, disability, parenting skills), isolation, intimidation, threats of violence and abandonment, loss of children by removal and false declarations.

Female Genital Mutilation
This involves 'any procedure that's designed to alter or injure a girl's (or woman's) genital organs for non-medical reasons' (www.gov.uk/female-genital-mutilation). It has long-lasting physical and psychological effects on victims.

Forced marriage
A forced marriage is different to an arranged marriage. In a forced marriage the parties do not consent to the marriage and it occurs under duress. A victim of forced marriage may also experience physical and sexual abuse, kidnapping and enslavement.

Honour-based violence
This concerns violence often against women but sometimes also men for violating codes of honour created by the family or a community. It can include things like having a boyfriend, wearing inappropriate dress or rejecting an arranged marriage.

3. Understanding different types of abuse

Physical abuse
This concerns a very broad range of actions such as punching, shoving, burning, strangling, pinching and pulling hair out. It may also concern kidnapping or separation from children and severe exploitation of household labour. Pregnant women can also be subject to physical abuse and a woman might be forced to have more children than she can cope with.

Sexual abuse
This concerns any situation in which an individual is forced to participate in unwanted, unsafe or degrading sexual activity. It encompasses issues such as trafficking, including mail order brides, sex workers, indentured workers; sex following forced marriage (not consensual arranged marriage) and rape (vaginal, oral, anal).

Stalking
Stalking involves repeated contact by someone that leads a person to feel afraid or harassed. The person may follow or spy on the victim, call frequently on the phone, send unwanted emails or letters or send posts on social media, send unwanted gifts, turn up at the victim's home or place of work.

The list above is not exhaustive and awareness of abuse against disabled people and lesbian, gay, transgender and within lesbian, gay and transgender relationships, teen abuse, workplace abuse is also important for interpreters.

An important component of Women's Aid services concerns assessing risk. If an individual is deemed at very high risk of further abuse or a severe escalation of abuse that could endanger life, the case will be referred immediately to the appropriate authorities for action.

4.1 How is risk assessed?

Women's Aid uses a risk indicator checklist and follows the relevant safeguarding children and adult at risk policy guidelines. The person conducting the assessment will:

- explain the purpose of asking the questions
- ensure that the victim can talk safely
- ensure that the interview takes place in the absence of the alleged perpetrator

4.2 What sort of questions are asked and why?

The questions on the risk assessment checklist have been developed on the basis of research on predictors of future violence. The information that follows each question below provides a guide as to why the question is important in assessing risk (adapted from Richards, Letchford and Stratton 2008, pp. 139-147).

Q1. Has the current incident resulted in injury?
Research by Browne et al. (1999) concluded that 'the greatest risk factor for partner homicide by men appears to be estrangement and prior assaultive and controlling behaviour'.

Q2. Are you very frightened?
The victim's perception of risk is crucial to the risk assessment because they have the most detailed knowledge of the perpetrator.

Q3. What are you afraid of? Is it further injury or violence?
If a victim is afraid of being killed, for example, they are likely to experience additional violence, threats and emotional abuse (Robinson 2006a).

Q4. Do you feel isolated from family/ friends, i.e. does the abuser try to stop you from seeing friends/family/doctor or others?
Isolation is a common factor in domestic abuse. It can also be linked to cultural contexts and issues that make it difficult for a person to leave (e.g. less access to informal and formal support networks, lack of language competence, among others).

Q5. Are you feeling depressed or having suicidal thoughts?
Homicidal behaviour, like suicidal behaviour is evidenced by a history of suicide attempts, self harm or thoughts about it.

Q6. Have you separated or tried to separate from the abuser within the past year?
Women's attempts to end a relationship are strongly linked to intimate partner homicide. The risk is particularly high within the first two months after separation.

Q7. Is there conflict over child contact?
Disputes over child contact are a frequent cause of domestic abuse incidents and has been shown (e.g. Robinson 2004, 2006a) to increase the likelihood of other risk factors for violence and abuse.

4. Assessing Risk

Q8. Does the abuser constantly text, call, contact, follow, stalk or harass you?
Stalkers are more likely to be violent if they have had an intimate relationship with a victim (Sheridan and Davies 2001) and is significantly associated with murder and attempted murder.

Q9. Are you pregnant or have you recently had a baby (within the past 18 months)?
Pregnancy can be a time when abuse begins or intensifies (Mezey 1997).

Q 10. Is the abuse happening more often?
Abuse is often judged to be low/medium risk but if assessed correctly then it should be high risk with escalation as the threshold. Escalation is dangerous because the abuser is showing their partner that they can use new and more damaging tactics to continue to build power and control in the relationship.

Q11. Is the abuse getting worse?
Previous domestic violence is the most effective indicator that further domestic violence will occur and research indicates that general violence tends to escalate as it is repeated.

Q12. Does the abuser try to control everything you do and/or is he/she excessively jealous?
Jealous/controlling behaviour has been shown to increase the likelihood of other risk factors for violence and abuse (Robinson 2004, 2006a) and have been associated with severe battering (Richards 2004) and murder.

Q13. Has the abuser ever used weapons or objects to hurt you?
Domestic violence perpetrators who have used a weapon on intimate partners or others, or have threatened to use a weapon, are more likely to be violent again (Sonkin, Martin and Walker 1985).

Q14. Has the abuser ever threatened to kill you or someone else and you believed them?
Threats to kill tend to be credible and are therefore a vital part of assessing risk. These types of threat are very effective at controlling people.

Q15. Has the abuser ever attempted to strangle, choke, suffocate or drown you?
These methods of killing are known to be common in domestic homicides. Any attempt to close down the victim's airway is to be considered as high risk.

Q16. Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?
Research shows that people who are sexually assaulted are subjected to more serious injury (Richards 2004) and those who report a domestic sexual assault tend to have a history of domestic abuse whether or not it has been reported previously.

Q17. Is there any other person who has threatened you or of whom you are afraid?
Relatives, including females, may conspire, aid, abet or participate in the abuse or killing, particularly in HBV cases and older people homicide.

Q18. Do you know if the abuser has hurt anybody else?
Abusers do not tend to discriminate in terms of who they are abusive towards and patterns of behaviour emerge over life (e.g. abuse towards siblings, school mates, etc) (Richards 2004).

Q19. Has the abuser ever mistreated an animal or the family pet?
Increasingly there is evidence of a link between cruelty to animals and domestic violence (Cohen and Kweller 2000).

Q20. Are there any financial issues? Are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?
Low income and financial stresses are risk factors for involvement in domestic violence, including a sudden change in employment status (being fired/made redundant) (Campbell 1986; McNeil 1987).

Q21. Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?
Research shows that when abusers have problems such as alcohol/drug and mental health related issues they are more likely to injure the victim, use weapons, and escalate the frequency or severity of the violence (Robinson 2003, 2006b).

Q22. Has the abuser ever threatened or attempted suicide?
There is a link between danger to self and danger to others. If a partner threatens or tries to leave, the perpetrator will often threaten to kill themselves.

Q23. Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?
Previous violations of criminal or civil orders may be associated with an increased risk of future violence.

Q24. Do you know if the abuser has ever been in trouble with the police or has a criminal history?
Abusers who have a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members (Stuart and Campbell 1989).

4.3 How is the risk assessment carried out?

The person assessing risk is unlikely to read through the questions one after the other and instead will elicit the victim's story in a way that allows the questions to be covered as the conversation unfolds. Assessors also need to use professional judgement and discretion in the risk assessment process and may need to add follow-up questions depending on the answers given. Victims very often minimise abuse, which highlights the importance of the person conducting the assessment. See Appendix 1 for a sample risk assessment template.

5. Understanding victim blaming and managing emotions

5.1 Perceptions of survivors

There is no such thing as a 'typical survivor' of domestic abuse. However, if you were asked to envisage what a survivor might look like, it is likely that an image of a female with a bruised and swollen face would be one of the first to come to mind. Although you may interpret for service users with facial and other injuries, it is not always the case. Just because a survivor (whether male, female or transgender) does not display clear physical signs of abuse this does not mean their situation is not serious or even life-threatening.

5.2 Victim Blaming

Victim-blaming is an attitude which suggests that the victim and not the perpetrator of abuse and/or violent behaviour bears responsibility for it.

In the 1960s Melvin J. Lerner, a Professor of Social Psychology, formulated the concept of 'just world' bias. This describes the idea that people often prefer to believe that someone caused their own misfortune because it makes the world seem a safer place. However, victim-blaming is known to put off survivors of sexual and domestic violence from reporting their assaults and therefore needs to be addressed by all those who work with survivors.

What are the signs? You may have heard phrases like: 'she was asking for trouble' because she was:

- 'wearing provocative clothes'

- 'had been drinking alcohol'

- 'travelled on her own at night'

Or

'why didn't she just leave?'

'why did she go back?'

'why didn't she fight back?'

How might interpreters blame victims?
Police officers and domestic abuse caseworkers report interpreter behaviours that can be perceived as victim blaming. Examples include:

- rolling eyes to show boredom when interpreting for the same service user who has decided to return to the family home and suffered further abuse

- showing impatience with tone of voice

- tutting audibly at certain responses

Sometimes gestures or verbal behaviours intended to show empathy can have the opposite effect. Examples include: - saying 'wow' (or similar) when difficult elements of a person's experience are recounted;

- saying phrases like 'I cannot believe s/he did that to you' / 'I don't know how you have put up with it'.

What action can interpreters take to avoid victim blaming?
It is a normal and natural reaction to want to reach out to someone experiencing emotional distress. However, the survivor needs to be given the space to think and articulate experiences without being interrupted. What seems like an empathetic gesture may be taken as a judgement.

Interpreter behaviours that support victims:
- reiterating confidentiality at the start of a meeting, and if necessary during interaction;

- explaining that notes may be taken to support information recall but will be destroyed in front of everyone at the end;

- showing active listening, e.g. by silent head nodding* or adopting an active listening body posture, e.g. leaning slightly into the conversation to signal attentiveness and focus;

- remind survivors that if you need to seek clarification about something that they have said, it is not to suggest that their answer was wrong in any way;
- if a survivor finds it difficult to stop talking (i.e. they try to get everything out in one burst), don't be afraid to gently request the person to pause for the interpretation ;
- empowering survivors to communicate directly in English if they express a desire to do so, but remain alert to potential problems arising from the pace of the conversation and/or the challenges in expressing emotions, stepping in to interpret to mitigate against risk and/or misunderstanding.

* note that in some interactions direct eye contact may be seen as a victim blaming behaviour and averting gaze can be a strategy to build trust

*Remember: Women's Aid places emphasis on **validation**. This means showing a service user that s/he is being taken seriously by being listened to and not judged. It is important for interpreters to reflect these aims in their demeanour and approach to interpreting.*

5.3 Interpreting for survivors you have met previously

You may have worked with the same survivor on a previous occasion with several months or longer in between assignments, and/or in the context of a different service. This can have a mixed impact on the survivor. On one hand, if good levels of rapport and trust were established in the past, these can serve as a solid foundation for current needs. On the other hand, the victim may feel embarrassed and ashamed of meeting you again.

Points for reflection

How would you feel meeting a service user, knowing the details of past experience and knowing that s/he decided to return to the family home and further potential abuse only for the situation to deteriorate again?

How might your feelings come across in your interpreting?

How can you reduce any impact on the meeting?

Remember: empowering individuals to make decisions that are right for them is at the heart of the work of Women's Aid.

5.4 Managing emotions

Interpreters can find that an emphasis on impartiality and neutrality in training leads to conflicting views about the role of empathy in their work, with many concluding that it is not professional or appropriate to show empathy. Codes of conduct and other guidelines for interpreters often overlook the emotional challenges that interpreters face in the workplace. In reality, however, most interpreting work, like other occupations, involves managing emotion and many assignments generate a mixture of feelings from exhilaration to trauma.

Recognising the different types of emotional response in interpreting for survivors of abuse is important in coming to terms with how you feel about a particular assignment, both during the assignment and afterwards. Commonly reported feelings by professionals who work with survivors include: anger, pity, helplessness, shock, pride (at being able to help), impatience, and fear.

All of these emotional responses form part of working life and can be described as 'emotional labour' (a term created by Hochschild in 1983). Studies show that this type of work generally remains invisible, but it can have an emotional cost if it is not addressed appropriately. For example, over time an individual may no longer feel like him or herself, and this may lead to changes in behaviour (e.g. lack of sleep or increased irritability).

Although it is important for interpreters not to take the attention away from a service user by displaying an emotional response during an assignment, sometimes feelings can become overwhelming and if this occurs, a short break may be a useful strategy. Principal service providers are trained to remain as impassive as possible when hearing survivors' stories; this does not mean they are cold and unprofessional, rather it means that they are allowing space for the survivor's story, feelings and emotions to be the main focus.

5.5 What to do when...

.... a service user asks you for advice? Politely decline and say that you are not qualified to advise.

....a service user asks you to embellish her/his story to make the abuse seem worse than it is? Politely remind the service user that your role is to interpret only what is said by others in the room.

...a service user discloses information that suggests their life or their children's life is at risk when the service provider is out of the room? This type of disclosure cannot be ignored or kept confidential by the interpreter. It is important that the safety of individuals is prioritised and any such instances of disclosure must be reported at the earliest opportunity to the service provider.

...a service user attends a counselling session but does not talk about the abuse? It is fairly common for individuals who have suffered abuse not to want to talk about it openly and it may take several sessions before an individual discloses information.

6. Interpreting in different assignments involving domestic abuse

6.1 Interpreting at a risk assessment

Risk assessments involve interpreters in the face-to-face mode and telephone mode. Principal service providers have reported that when they use telephone interpreting they tend to go through the questions more systematically rather than establishing facts through general conversation, as indicated in Section 4.3 above in relation to the face-to-face mode.

General points for interpreting over the phone:

- check that the question has been understood/heard clearly
- take account of the need for the victim to reflect on questions before repeating a question or interrupting
- be confident in taking action to ensure all parties are kept informed of what is happening, e.g. by re-establishing links to the previous exchange so that the thread of the conversation is not lost.

6.2 Interpreting at a refuge

General points:

The location of refuges or hostel accommodation must be **kept strictly confidential.**

Turn off your mobile phone once you arrive at the assignment. **IT IS NOT ACCEPTABLE** for interpreters to take phone calls about other assignments while interpreting.

Inform the service provider if you need to leave by a certain time to travel to another assignment. This will mean the time can be managed properly and the service user will not feel unduly rushed.

Try your best to maintain composure (i.e. keep your facial expression and body language neutral) if:

- information is disclosed that is shocking;
- a survivor's response seems illogical; or
- a survivor seems to laugh at inappropriate things.

Do not offer any comment on what is said by survivors even if you think you are being supportive. This includes comments such as '*I cannot believe this has happened to you*', *'why did you stay for so long'*, *'I don't know how you put up with that behaviour'.*

Report any information that is disclosed in the service user's language to you in an aside to a relevant staff member that you think puts the service user's and/or her children's safety in danger.

What to expect:

- service users may stay up to six months before moving into other accommodation to live independently in the same geographical area or relocate to a different one. Some service users stay for longer;
- if you work with the same service user over a period of time, do not always expect the same level of engagement in the conversation as emotions and levels of stress will vary;
- the service user may be there alone or with children;
- the service user may be only person with limited English proficiency in refuge;
- service user mood may be affected by interactions with other people at the refuge from different cultural backgrounds (there may be disagreements over cooking (different smells are not always well tolerated) and other lifestyle choices);

- the service user may have anxieties about moving out to other accommodation;
- service users may not fully understand and/or comply with the rules of the refuge (e.g. cleaning, smoking, alcohol) and be reminded of these during the interpreted meeting.

6.3 Interpreting at group support sessions

Women's Aid offers a range of courses and group activities to support survivors as they adjust to life after leaving an abusive situation and coming to terms with their experiences.

General points

Speak to the facilitator before the session begins to agree on the best **seating position** and **mode of interpreting** (e.g. consecutive or whispered simultaneous).

Not all service providers will expect an interpreter to be able to interpret **simultaneously. Consecutive interpreting** is commonly used in group work but it can feel intrusive for the other group members. Where possible, ask the facilitator if you can introduce yourself and explain what services you provide.

If you are able to provide **whispered simultaneous interpreting**, make sure you remind the facilitator to let the other group members know (otherwise they will assume you are being rude and talking over the facilitator).

Where appropriate, **encourage the service user to speak to others** in the group informally and as part of group discussion exercises, even if this person has only a few words of basic English. It is important that the service user sees the group as supporting the development of friendship and not to hide behind the interpreter (the group facilitator will also be alert to this and provide support).

6.4 Interpreting at counselling sessions

Not all Women's Aid organisations provide counselling and instead may refer service users to other available services e.g. through their GP. If you are involved in counselling assignments, the following information will help to manage expectations about the service user and service provider's approach to the interpreting process.

6.4.1 Victim experiences that can impact on counselling sessions

Individuals who have experienced severe domestic abuse may self-harm and/or suffer from anxiety, depression, substance abuse, and post-traumatic stress disorder (PTSD). Signs of PTSD include:

Intrusive events
Repeated memories, dreams or flashbacks to past assaults

Avoidance
Of places, people, memories, feelings or conversations associated with the abuse or general numbing (loss of interest in life).

Arousal
Including: sleeping difficulty, irritability, difficulty concentrating; hyper-vigilance (being overly watchful); startled easily (jumpy) and anxious.

(Source: Asian Women, Domestic Violence and Mental Health: A Toolkit for Health Professionals (2009, p.24).

6.4.2 Retraumatization

There are several definitions of 'retraumatization'. The term is used here to 'capture the distress that occurs with the retelling of a trauma narrative' (Follette and Duckworth 2012, p. 2). Survivors of domestic violence are often required to explain what happened to them to several people in different agencies, and sometimes to more than one person in the same agency. Each time the details are

recounted, deep and unpleasant emotions can be triggered, leading to physical and mental distress.

Interpreters may contribute to retraumatization by:

- not giving enough space for reflection on answers, appearing impatient to move to the next question or event the next assignment (e.g. looking at watch, phone);
- adopting a tone of voice that does not suggest the victim is being taken seriously or listened to;
- not listening carefully enough to the language used by the service provider to minimise trauma and rendering it accurately.

6.4.3 The therapist's perspective

Counsellors and therapists who work with survivors of domestic abuse may adopt different approaches to interpreted sessions with service users. The work by Hanneke Bot (2005) on Dialogue Interpreting in Mental Health, can help interpreters understand the different approaches. Counsellors / therapists may view the interpreter, for example as:

1) an 'instrument'

2) someone that 'helps to form a therapeutic reality'

In the case of (2):

- the interpreter is viewed as someone that has influence on the treatment;
- self disclosure by the counsellor/ therapist and the interpreter may be used as a technique;
- the spontaneity of both the therapist and the interpreter are considered to have a place in the therapeutic relationship.

The involvement of the interpreter in sessions under approach (2) is likely to be very different to interpreting in other settings in which you work. It requires careful planning and negotiation of role boundaries and expectations with the therapist/counsellor, especially with regard to issues of self disclosure (i.e. giving information about yourself to support relationship building and trust). Even in cases where the second approach is taken, the interpreter needs to understand how the service provider will manage the session.

Note that:
Interpreter involvement is not an invitation to comment on the conversation as it unfolds; the principles of impartiality and professionalism still need to be promoted.

An interpreter would never be put under any pressure to self-disclose in therapeutic sessions.

6.4.4 Maintaining the 'therapeutic perspective' in counselling sessions

According to Bot (2005: 148) the therapist/counsellor is likely to adopt several approaches to the session with service users. These include using silence, giving information, direct guidance, using closed and open questions, restatements, reflection, confrontation, and self-disclosure. The term 'therapeutic perspective' is sometimes used to describe these approaches in general terms; it reflects the expertise and skill of the therapist.

Bot's study shows that sometimes interpreters approach their practice in ways that do not help to maintain the 'therapeutic perspective'. This can happen in cases where the therapist refers to her/ himself as a means of showing sincerity and commitment to listening. An example:

The therapist says: 'but I am here for you' Interpreted as (back translation): 'but I want to talk about your problems'

It may appear in the example above that the interpreting is sincere and conveys a similar message, but in this case the therapist's expertise is diminished.

Another example of the impact of the interpreter concerns the omission of phrases that help to establish the relationship between the patient and the therapist, such as 'as I told you before'.

Accuracy and manner of delivery are important in all assignments, but these seemingly smaller details can impact on the success or otherwise of the therapeutic intervention.

6.4.5 Pre-brief

Interpreters should receive a **pre-brief** before a counselling session, or indeed any type of assignment. They should not expect to receive very specific details about the service user for reasons of confidentiality, but the following questions can help the interpreter manage expectations:

- has the service user attended any sessions before (i.e. is she used to working with an interpreter)?
- how will you be introduced as the interpreter (will they do it / will the interpreter do it and what will be said?)
- if the service user has attended sessions in the past were there any particular difficulties with self expression?
- what are the aims of the session?
- are there any particular words or expressions the interpret needs to be aware of and that might be difficult to translate?
- ask the counsellor which approach they prefer to take to interpreting and if they prefer the second option above, discuss the way in which the meeting will be conducted;
- request time at the start of the session to explain why you need to take notes as an interpreter and reassure the survivor that they will be destroyed immediately.

6.5 Interpreting in pre-court preparation meetings

Women's Aid provides moral and practical support for survivors prior to a case going to court and can co-ordinate access to legal advice. Court hearings may concern criminal proceedings against the perpetrator of the abuse and family court hearings in the County Court, which deal with issues like child custody.

Only accredited and appropriately security-vetted interpreters are able to interpret at the court hearing but you may encounter legal terminology in meetings with service users at Women's Aid. Some knowledge of the court system and issues of prosecution and child custody will be useful and can be easily found online (see 'useful resources' at the end of this document).

6.6 Other agency involvement

What is a Marac?

A Marac, or multi-agency risk assessment conference, is a meeting where information is shared on the highest risk domestic abuse cases between representatives of nine core agencies: local police, probation (NPS or CRC), children's services, housing, adult safeguarding, substance misuse services, mental health, primary health, Independent Domestic Violence Advisors (Idvas).

After sharing all relevant information about a victim, representatives discuss options for increasing safety for the victim and turn these options into a coordinated action plan. The primary focus of the Marac is to safeguard the adult victim.

Survivors do not attend Marac meetings and so you would not be required to interpret at them; however, it is important for interpreters to be aware that they exist and what their remit is, in case they are mentioned in assignments.

7. Pre-assignment preparation

7.1 Difficulties in service user expression

It is easy to think that interpreting services automatically eliminate language barriers; however, in assignments involving domestic abuse the language barrier is particularly complex. This is because, for some survivors, finding the words to express feelings and describe what has happened is affected by a range of factors such as the social and cultural background of the survivor and their frames of reference.

For some survivors:

- telling their stories would be considered as dishonouring the family and lead to risks for family members back home (i.e. in the survivor's country of origin)
- holding themselves responsible for not being able to protect their honour is common
- a word or description used may not be understood even by someone in the same language community
- describing instances of serious sexual violence is very difficult because the only words available to discuss male/female anatomy may be swear words, and the act of sex / issues of sexuality may be spoken through circumlocution (i.e. talking in a way that evades direct mention of a particular subject).

Table 9.1 Translation for Sex, Sexual Gratification, Sexual Feeling, Sexual Act

Word in English	Word in Hindi	Back Translation	Number of Participants
Sex	Pyar	Love	3
	Miya Beewee ka rishta	Relationship between husband and wife	1
	Admi aurat Ka rishta	Relationship between man and woman	1
Sexual Gratification	Anand	Pleasure	2
	Sharirik Sookh	Bodily pleasure	2
	Maza	Fun	1
Sexual Feeling	Akarshan	Attraction	3
	Chah nahi hai	Does not want	2
	Pyar nahi korti	Does not love	1
	Letne ka jee nahi karta	Does not want to lie down	1
	Yaun sambandh nahi chahti	Does not want sexual relationship	1
Sexual Act	Gande Kaam	Bad/dirty act	1
	Blue film	Blue film	1
	Ashleel Sambhog	Obscene sex	1
	Sambhog karte hue dikhaya	To show someone having sex	1
	Bacche ko nanga film dikhaya	Show naked film to a child	1
	Sambhog dikhaya	To show sex	1

Table 9.6 Shame and Honour in Translating Child Sexual Abuse and Rape

Word in English	Word in Hindi	Back Translation	Number of Respondants
Rape	Izzat loot le	Robbed one's honour	4
	Sharam ho gayi	Brought shame	1
Child Sex Abuse	Baccho ki Izzat Lootna	To rob a child's honour	1
	Baccho ke saath Besharmi Kama	To do something shameful to a child	1

(pp. 159, 163)

The examples in the tables on page 22 are from a study (Pande 2013) on difficulties naming and disclosing sexual violence in Hindi. Participants in the study who spoke both Hindi and English were asked to provide translations for key words in English linked to sexual violence.

7.2 Communicating language difficulties to the service provider

> ***[t]he language barrier can also be a deeper problem than translation can resolve; it relates to the way that victims are able to identify and articulate what they are experiencing in a way that professionals understand***
>
> (SafeLives Report 2017, p. 38)

> ***They [professionals] will use words, like "did your family talk to you about dishonouring the family and that you have to go into a forced marriage?" These words don't mean anything to them [the victims], because those are not the words their families are using with them.***
>
> Ariana, Saheliya (BME women's organisation)

Principal service providers are trained to be aware of specific cultural and linguistic issues and in some cases bilingual workers are available; however, in areas where providers work with very linguistically and culturally diverse service users interpreters can provide an indication of common difficulties in the pre-brief. In addition:

- keep the lines of communication open with the service provider at all times.
- if a close equivalent to a term or phrase does not exist, don't be afraid to inform the service provider:
  - 'in (x) language a clear distinction is not made between (x word) and (x word), which is why I have said (x)' (NB -provide a literal translation so that the service user can hear how you have expressed the idea)
  - 'in (x) culture (x) expression would not be easy to contextualise for the service user'
  - 'in order to express (x) I need to say (xxx); is there anything you would like to add'?

7.3 Identifying difficulties in cross-cultural communication

Look at the list below and translate each word into its closest equivalent in your working language(s). Consider the connotations of each word and why using one or another may have a different implication in the assessment of risk. Add to this list as you research further on this topic.

rocking / shaking

punching / slapping / kicking

sex

prostitution

sexual assault / rape

penetration

battery / beating

safeguarding

stalking / loitering

depression

court order / injunction

8. Understanding the victim-survivor's experience in other services

Even if you are not an accredited and registered police interpreter it can be helpful to have some awareness of the type of interviews and approaches taken to survivors by the police, particularly in relation to the issues of potential retraumatization mentioned in section 6.4.2.

8.1 Victim interviews: police officer guidelines

Interviewers elicit the following information, depending on the individual circumstances of each case. A suitably accredited and appropriately security-vetted interpreter will be employed for interviews with limited proficiency speakers in such cases. Officers need to identify:

Current incident

- full details of the current incident, including evidence to support any alleged offence and points to prove
- nature and seriousness of the victim's injuries (physical and emotional)
- whether a weapon was used (how and what type) and whether any attempt at choking, suffocation, drowning or strangulation was made
- victim's view of how the incident stopped, e.g. victim appeased the perpetrator, the incident was interrupted by someone or something, or the perpetrator stopped of their own accord
- whether any children were present and, if so, the effect that the incident has had on them
- details of witnesses present during the incident
- details of any threats made before or since the incident
- whether the suspect planned the incident
- whether any sexual offences have been disclosed arising from the current incident.

General information

- details of relevant family members
- details of any third party to whom disclosure of abuse has been made
- details of any relevant social networking accounts (both victim and perpetrator)
- whether there is likely to be any supporting evidence on mobile phones or in email communications
- medical consent where relevant.

Context

- history of the relationship and any other incidents
- whether any previous sexual offences have been disclosed
- any incidents involving previous partners of the suspect
- if they are aware of the suspect ever having lived in another force area or abroad for a significant period of time
- whether the parties are separated
- victim's view of the future of the relationship
- victim's view of the likelihood of further abuse and victim's views about their own safety and that of any children
- whether any civil action has been taken by the victim or any previous partners
- whether the perpetrator is believed to be experiencing issues relating to mental health, substance misuse or financial difficulties, or to have a propensity to harm animals
- any specialist skills the perpetrator may have, e.g. martial arts or other combat skills, firearms, covert investigation.

Controlling or coercive behaviour

- victim's view of how they feel the suspect controls their life and, if so, how (this can be difficult to explain and describe to an outsider as the small controlling behaviours on their own can sound trivial)
- victim's views on the rules or expected behaviours set by the suspect in the relationship, e.g. what the victim must and must not do
- victim's account of any threats used to maintain control, e.g. to 'out' their sexual orientation, medical condition, immigration status, other personal information or criminal activity, or to use intimate photos on social media to cause upset and risk of exclusion or dishonour from wider family members or community
- victim's account of the use of threats relating to children, e.g. to limit child contact, to take the children or to have them taken away
- whether other persons are involved in planning and/or executing the abuse.

See updated guidance by the College of Policing : https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/domestic-abuse/investigative-development/#checklist-lines-of-enquiry [accessed 6 April 2020]

8.2 Risk assessment by police officers

The police use risk assessment models that are very similar to the model used by Women's Aid and other organisations. They ask all the questions at incidents and grade them standard, medium or high risk. The first response officer (the officer attending the scene after a call out) will conduct the initial risk identification and then the specialist staff based in a specialist domestic abuse unit will then conduct the risk assessment in full. Risk is monitored to ensure appropriate action is taken if there is an escalation in the abuse.

8.3 Examples of offences that perpetrators of domestic abuse may be charged with

This list is not exhaustive but provides some idea of the range of offences often relating to domestic violence that a perpetrator may be charged with and which may be discussed in a pre-court meeting at Women's Aid. Note that whether any particular behaviour amounts to a criminal offence will always depend on the circumstances of the particular case. **See Table 1.**

8. Understanding the victim-survivor's experience in other services

Table 1.

Offences Against the Person Act, 1861 Section 47 Section 20 Section 18	Actual bodily harm (may be physical or psychological injuries.) Unintentional GBH or wounding GBH with intent
Protection from Harassment Act, 1997 Section 2 / 4	Harassment, fear of violence
Public Order Act, 1986 Section 3	Affray
Offences Against the Person Act, 1861 Section 21 Section 23	Attempted choking, strangulation, and suffocation with intent to commit an indictable offence. Administer poisonous / noxious substances with intent to endanger life.
Common Law Offences	Kidnap, unlawful imprisonment Breach of the peace
Criminal Law Act, 1977 Section 6	Use / threaten violence to secure entry to premises.
Criminal Justice and Public Order Act, 1994 Section 51	Intimidating / harm / threat to harm witness
Civil Law Court Order Section 7 Bail Act, 1976	Breach of injunction. Breach of bail.
Offences Against the Person Section 16	Threats to kill
Sexual Offences Act 2003	Including rape and other sexual offences

8.4 Police and Court orders

1. The police now have powers to serve a Domestic Violence Protection Notice (DVPN) on an abusive partner who presents an ongoing risk of violence. This will be provided in writing and served to the abusive partner by a police officer. The order lasts for 48 hours and requires the abusive partner to leave the premises and not contact the victim. This can be extended further (up to 28 days) by a magistrate at court, who can grant a Domestic Violence Protection Order (DVPO).

2. Survivors of domestic violence can apply to civil courts (family proceedings courts or county courts) for an injunction or court order to help protect them. The most common types of court orders are:

non-molestation orders
This type of court order is used to stop someone from pestering, attacking, threatening or harassing the victim or her/his children.

occupation orders
Occupation orders state who can live in a property. Similar to non-molestation orders, they are tailored to an individual victim's circumstances. The orders could say that the abuser must leave the property. Injunctions will state how long this applies for – some orders may be given until further notice if the court feels it's necessary to protect the victim or her/his children. Any of the following can apply for an occupation order:

- co-habitants or former co-habitants (does not include tenants, lodgers or boarders)
- married or formerly married people
- civil partners or former civil partners
- relatives – father, mother (includes step-parents), son, daughter, (includes step-children), grandparent and grandchildren, brother, sister, uncle, aunt, niece, nephew, or first cousin
- people who have agreed to be married or enter into a civil partnership (whether or not the agreement continues)
- both parents of the same child or people who have or had a parental responsibility for a child.

prohibited steps order
A prohibited steps order is granted by a court when threats have been made by an individual victim's partner to take the children away. It stops the partner from taking the child away from the victim's care and control. It does not necessarily stop all contact with the children, but will determine how contact can be safely maintained.

Victim Support: https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/getting-legal-help
[accessed 6 April 2020].

8.5 Safety planning

A safety plan is about allowing women to identify the options available to them within the context of their current circumstances. Common questions asked when devising a safety plan:

- Who can you tell about the violence who will not tell your partner/ex-partner?
- Do you have important phone numbers available e.g. Family, friends, refuges, police? Do your children know how to contact these people?
- If you left, where could you go?
- Do you ever suspect when your partner is going to be violent? e.g. After drinking, when he gets paid, after relatives visit
- When you suspect he is going to be violent can you go elsewhere?
- Can you keep a bag of spare clothes at a friend's or family member's house?
- Are you able to keep copies of any important papers with anyone else? e.g. passport,birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when he is being violent and abusive (don't run to where your children are as your partner may harm them as well)?
- What is the most dangerous part of your house to be in when he is violent?
- Have you discussed with your children a safety plan for what they need to do during an argument (do not intervene, get away and get help)?

London Safeguarding Children Board: https://www.londoncp.co.uk/chapters/sg_ch_dom_abuse.html?zoom_highlight=safety+planning#appendix_8
[accessed 6 April 2020].

The police can provide practical support for victims (through 'Sanctuary Schemes') in making security changes to their home such as adding locks, changing lighting, creating a safe room in the home.

9. References and Useful resources

9.1 References

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9.2 Useful resources

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Appendix 1

Sample risk assessment template. SafeLives Dash risk checklist for use by Idvas and non-police agencies for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed. Reproduced with kind permission of SafeLives.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column**	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury.	❑	❑	❑	
2. Are you very frightened? *Comment*:	❑	❑	❑	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	❑	❑	❑	
4. Do you feel isolated from family/friends? Ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? *Comment:*	❑	❑	❑	
5. Are you feeling depressed or having suicidal thoughts?	❑	❑	❑	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	❑	❑	❑	
7. Is there conflict over child contact?	❑	❑	❑	
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	❑	❑	❑	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	❑	❑	❑	
10. Is the abuse happening more often?	❑	❑	❑	
11. Is the abuse getting worse?	❑	❑	❑	

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info if not the victim
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	❑	❑	❑	
13.Has [name of abuser(s)] ever used weapons or objects to hurt you?	❑	❑	❑	
14.Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You ❑ Children ❑ Other (please specify) ❑	❑	❑	❑	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	❑	❑	❑	
16.Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	❑	❑	❑	
17.Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	❑	❑	❑	
18.Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: **Children** ❑ **Another family member** ❑ **Someone from a previous relationship** ❑ **Other (please specify)** ❑	❑	❑	❑	
19.Has [name of abuser(s)] ever mistreated an animal or the familypet?	❑	❑	❑	

Appendix 1

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info if not the victim
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	❑	❑	❑	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. Drugs ❑ Alcohol ❑ Mental health ❑	❑	❑	❑	
22. Has [name of abuser(s)] ever threatened or attempted suicide?	❑	❑	❑	
23.Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. **Bail conditions** ❑ **Non Molestation/Occupation Order** ❑ **Child contact arrangements** ❑ **Forced Marriage Protection Order** ❑ **Other** ❑	❑	❑	❑	
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? **If yes, please specify: Domestic abuse** ❑ **Sexual violence** ❑ **Other violence** ❑ **Other** ❑	❑	❑	❑	
Total 'yes' responses				

For consideration by professional

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? *Describe.*	
Consider abuser's occupation / interests. Could this give them unique access to weapons? *Describe.*	
What are the victim's greatest priorities to address their safety?	

Do you believe that there are reasonable grounds for referring this case to Marac?			YES ❑ NO ❑
If yes, have you made a referral?			YES ❑ NO ❑
Signed			
Do you believe that there are risks facing the children in the family?			YES ❑ NO ❑
If yes, please confirm if you have made a referral to safeguard the children?	YES ❑ NO ❑	Date referral made	
Signed		Date	
Name			

The document in Appendix 1 reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

GSW/RT/20/02