

Accompanying forms to go with the DASH RIC Forms to aid with further identifying risk

1. LGBT Risk Identification Tool and LGBT Glossary
2. Stalking Checklist
3. Multiple Perpetrator Mapping Tool

LGBT Risk Identification Tool and Glossary

'ROAR'

Stonewall Housings

LGBT* Domestic Abuse Advocacy Service

(Pilot) LGBT* professional judgement special considerations checklist –

This pilot document is a set of LGBT* specific 'special considerations' to be used in-conjunction with the SafeLives DASH-RIC. Its purpose is to inform your professional judgement when assessing the risk associated with domestic abuse or HBV experienced by LGBT* people. 'Yes' answers indicate a heightened risk for consideration under professional judgement only.

(Please do not add to the DASH-RIC score.)

NB: Trans* or T* is an umbrella term to describe a broad spectrum of gender identities that include transgender, intersex, gender queer or non-binary people.

Organisation	Client Reference Number
Date of assessment:	
Gender	
Is your gender the same as that assigned at birth?	
Do you identify as intersex or non-binary?	
Preferred pronoun	
Sexuality	

		Yes (Tick)	Comments
1	Is this your first relationship since identifying as an LGB and/or T person?		
2	Is there an age difference between you and (.....) partner/ex-partner?		
3	Has (.....) threatened to out or has outed you to family, work, children, friends, education, services, religious or other communities regarding: Your gender identity		

		Yes (Tick)	Comments
	<p>Your sexuality</p> <p>Your HIV status</p>		
4	Has (.....) any history of hate crime/incidents, harassment, homophobic, biphobic, transphobic views or criminal charges related to the above?		
5	Has (.....) threatened to withdraw/ disrupt contact with children, due to your : Sexuality? Gender identity?		
6	<p>Do you use non-prescription drugs/chems (G, Tina, Methadrone etc) alcohol?</p> <p>Do you have concerns about consent when using drugs/chems/ alcohol?</p> <p>Does (...) coerce you into using chems/ alcohol?</p>		
76	Do you feel that you are at risk of contracting HIV, HEP C or any other STI?		
8	Does (.....) try to prevent you from expressing your gender identity or refuse to relate to you in your chosen gender identity?		
9	Does (.....) try to prevent you from accessing essential medications, surgery, services or other medical treatments?		

		Yes (Tick)	Comments
10	As an LGBT* person do you fear or have you experienced 'honour based' violence or forced marriage as a result of your family/ religion/ culture/communities beliefs regarding sexuality/ gender identity?		.
11	Does (.....) identify as		
	Lesbian	<input type="checkbox"/>	
	Gay	<input type="checkbox"/>	
	Bisexual	<input type="checkbox"/>	
	Heterosexual	<input type="checkbox"/>	
	Trans	<input type="checkbox"/>	
	Intersex	<input type="checkbox"/>	
	Non-binary	<input type="checkbox"/>	
	Cisgender	<input type="checkbox"/>	
12	Is there more than one person involved in the abuse?		
13	Does (.....) blame the abuse on your sexuality or gender identity?		.
14	Have you ever experienced or been threatened with: conversion therapies / corrective rape / exorcisms/ talisman/ corrective behaviours		
15	Has (.....) threatened you with being taken out of the country to a place where there is an increased risk due to your sexuality/gender identity?		
	Is a report to the Home Office a concern?		
16	Has (.....) attempted to isolate you from support?		

		Yes (Tick)	Comments
17	As an LGB and or T person, are you reluctant to approach services? Or have you been refused access to services or inappropriately referred?		
18	Do you have concerns about safety online- by (.....)? i.e. FB/Twitter/Grindr/Gaydar/girls/trans friendly		
19	Do other characteristics also feature in the abuse you experience or make you more susceptible? For example:		
	Age	<input type="checkbox"/>	
	Class/financial disadvantage	<input type="checkbox"/>	
	Disability	<input type="checkbox"/>	
	Ethnicity	<input type="checkbox"/>	
	Gender	<input type="checkbox"/>	
	Immigration Status	<input type="checkbox"/>	
	Pregnancy/childcare	<input type="checkbox"/>	
	Marriage/civil partnership	<input type="checkbox"/>	
	Religion/belief	<input type="checkbox"/>	

SafeLives DASH RIC Score	
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Has this case been taken to MARAC?

Were there gaps in service provision available

Further Comments/ Information

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LGBT Risk Identification Tool - Glossary

LGBT	The acronym for Lesbian, Gay, Bisexual, Trans.
Lesbian	Refers to a woman who has an emotional, romantic and/or sexual orientation towards women.
Gay	Refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for Lesbian and Gay sexuality - some women define themselves as Gay rather than Lesbian
Bisexual	Refers to an emotional and/or sexual orientation towards more than one gender.
Trans	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including (but not limited to) Transgender, Transsexual, Gender-Queer (GQ), Gender-Fluid, Non-binary, Gender-Variant, Crossdresser, Genderless, Agender, Non-gender, Third Gender, Two-spirit, Bi-gender, Trans man, Trans woman, Trans masculine, Trans feminine and Neutrois.
Intersex	A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or Non-binary. Stonewall works with Intersex groups to provide its partners and stakeholders information and evidence about areas of disadvantage experienced by Intersex people but does not, after discussions with members of the Intersex community, include Intersex issues as part of its current remit at this stage.
Non-binary	An umbrella term for a person who does not identify as only male or only female, or who may identify as both.
Preferred Pronoun	Pronoun words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.
Gender Queer	In the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some.
Gender Identity	A person's innate sense of their own gender, whether male, female or something else (see Non-binary), which may or may not correspond to the sex assigned at birth.
Gender Expression	How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as Trans.

Gender Reassignment	Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice. It is a term of much contention and is one that Stonewall's Trans Advisory Group feels should be reviewed.
Outed/Threat of Being Outed	When a Lesbian, Gay, Bi or Trans person's sexual orientation or gender identity is disclosed to someone else without their consent
ChemSex	Defined by the use of any combination of drugs that includes three specific substances ("chems") before or during sex by MSM (Men who have Sex with Men). Chemsex is a word invented on Geo-sexual networking apps by Gay men (and adopted by the Gay men's health sector) that defines a syndemic of specific behaviours associated with specific recreational drugs, and is particular to a specific, high risk population.
Chems	Specific drugs (listed below) taken before or during sex by Men who have sex with Men.
Non-prescription Drugs	Drugs that can be bought without a doctor's prescription/over the counter medication.
G	GHB/GBL* (G, Gina).
Tina	Methamphetamine (Crystal/Crystal Meth/Tina/Meth).
Methadrone/MCAT	Mephedrone (Meph/Drone).
STI	Sexually Transmitted Infection, eg Chlamydia, Gonorrhoea.
Cisgender	Someone whose gender identity is the same as the sex they were assigned at birth. Non-Trans is also used by some people.
Conversion Therapies	Conversion Therapy (or 'cure' therapy or reparative therapy) refers to any form of treatment or psychotherapy which aims to reduce or stop same-sex attraction or to suppress a person's gender identity. It is based on an assumption that being Lesbian, Gay, Bi or Trans is a mental illness that can be 'cured'. These therapies are both unethical and harmful.
Corrective Rape	A hate crime in which one or more people are raped because of their perceived sexual orientation or gender identity. The common intended consequence of the rape, as seen by the perpetrator, is to turn the person Heterosexual or to enforce conformity with gender stereotypes. ^{[1][2][3]}

Exorcisms	Gay Exorcisms (or <i>Homosexual exorcisms</i> ^[1]), similar to demonic exorcisms, are where an exorcist evicts "Homosexual demons" ^[2] or other spiritual entities from an LGBT individual. These exorcisms are intended to "remove" homosexuality from an individual. Some Gay rights activists report these exorcisms occurring in modern times. ^{[3][4]}
Talisman	A <i>talisman</i> is an object that someone believes holds magical properties that bring good luck to the possessor or protect the possessor from evil or harm. The possessor will use the Talisman to "protect" them from the an LGBT individual.
Corrective Behaviours	Sexual Orientation Change Efforts (SOCE) are methods used in attempts to change the sexual orientation of Homosexual and Bisexual people to Heterosexuality. ^[1] They may include behavioural techniques, cognitive behavioural techniques, psychoanalytic techniques, medical approaches, religious and spiritual approaches, ^[2] and, in some parts of the world, acts of sexual violence ("corrective rape").
Grindr/Gaydar/Girls/Trans-friendly	<p><i>Grindr</i> is the world's social networking app for Gay, Bi, Trans, and Queer people to connect.</p> <p><i>Gaydar</i> is a profile-based dating website for Gay and Bisexual men.</p> <p>Girls an example for female only social networking applications</p> <p>Trans-friendly – someone who does not discriminate a person based on them identifying as Trans?</p> <p>Transphobia - the fear or dislike of someone based on the fact they are Trans, including the denial/refusal to accept their gender identity.</p>

References:

<http://www.safelives.org.uk/sites/default/files/resources/Roar%20LGBTQI%20DVA%20PP.pdf>

<http://www.stonewall.org.uk/help-advice/glossary-terms>

<http://www.chemsexsupport.com/for-professionals>

Wikipedia

Stalking Risk Indicator Checklist and Definitions

Risk Identification for Stalking and Harassment Cases

This risk identification checklist can be used in **ALL** cases of stalking and harassment. These questions direct you to specific areas that will give you an indication of the victim(s) risk of future violence/harm. Most the behaviours will be about coercive control. Do not think it is any less serious if there has been no physical violence. The more 'yes' answers you have, the higher the risk that the suspect could physically attack the victim at any time.

Please ensure that you write the additional notes about the context of what is going on and link the risk identification response to a risk management/safety plan.

THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THESE ARE ALL RISK FACTORS OF SERIOUS HARM.			
TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND <input checked="" type="checkbox"/>			
Name of Victim:		Date form completed:	
Name of Abuser:		Date of Birth:	
Name of Professional: Reference Number:		Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Is the victim very frightened?		<input type="checkbox"/>	<input type="checkbox"/>
2. Has (Insert name of abuser(s).....) engaged in harassment on previous occasions(s)? (this victim and/or other victims)		<input type="checkbox"/>	<input type="checkbox"/>
3. Has (Insert name of abuser(s).....) ever destroyed or vandalised the victim's property?		<input type="checkbox"/>	<input type="checkbox"/>
4. Does (name of abuser(s).....) visit the victim at work, home, etc., more than three times per week?		<input type="checkbox"/>	<input type="checkbox"/>
5. Has (.....) loitered around the victim's home, workplace etc?		<input type="checkbox"/>	<input type="checkbox"/>
6. Has (.....) made any threats of physical or sexual violence in the current harassment incident?		<input type="checkbox"/>	<input type="checkbox"/>
7. Has (.....) harassed any third party since the harassment began? (e.g. friends, family, children, colleagues, partners or neighbours of the victim)		<input type="checkbox"/>	<input type="checkbox"/>
8. Has (.....) acted out violently towards people within the current stalking incident?		<input type="checkbox"/>	<input type="checkbox"/>
9. Has (.....) persuaded other people to help him/her? (wittingly or unwittingly)		<input type="checkbox"/>	<input type="checkbox"/>
10. Is (.....) known to be abusing drugs and/or alcohol?		<input type="checkbox"/>	<input type="checkbox"/>

11. Is (.....) known to have been violent in the past? (This could be physical or psychological. Intelligence or reported)	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant information/additional observations made by Practitioner (e.g. level of fear in victim, details of threats and violence, duration of harassment, various harassing behaviours engaged in by abuser, victim's beliefs concerning abuser's motives, weapons owned by abuser, nature of unwanted 'gifts'/items left for victim, attitude/demeanour of abuser including mental health issues and whether victim has responded in any way to the abuser)		

Risk Factor Definitions

Q1. Is the victim very frightened?

Research demonstrates that the victim is frequently the best assessor of risk posed to them (Weisz et al. 2000). Stalking often consists of behaviours that, when taken at face value, may appear to be quite ordinary (e.g. walking past the victim's house, asking the victim to go out on dates). With repetition, however, these behaviours can become menacing, and the victim can feel unsafe and threatened. In all cases (even those where no direct threat has been made or where the victim does not yet have a great deal of evidence) it is important that the extent of the victim's fear is recorded. Research indicates that victims are often reluctant to be labelled as 'stalking victims', despite being very frightened, feeling that no one will take their fears seriously (Sheridan et al., 2002).

Q2. Has the abuser(s) engaged in harassment on previous occasions(s)? (this victim and/or other victims)

One of the best predictors of future behaviour is past behaviour, and stalkers are no exception to this general rule. Those who stalk strangers and public figures are particularly prone to serial stalking (Dietz et al., 1991; Sheridan, 2001). Even though the victim may not know the stalker very well, he or she may be aware of a local reputation the stalker has for this type of behaviour. Stalkers may also seem to stop stalking their victim (usually for reasons unclear to anyone but the stalker), only to suddenly resume the harassment at a later date.

Q3. Has the abuser(s) ever destroyed or vandalised the victim's property?

Various studies have identified that a sizeable proportion of stalkers (up to two thirds) will damage their victim's property (Blaauw et al., 2002) and this includes stalking engaged in by adolescents (McCann, 2000). Property damage may be associated with rage or frustration (perhaps because the offender is unable to attack the victim directly), revenge, a desire to harm something the victim cares about (i.e. destroying her wedding photographs), a wish to undermine her belief in a safe environment (i.e. by cutting brake cables), as a form of threat, or it may be connected with breaking and entering the victim's property or spying on the victim. Property damage has been identified by researchers as preceding or co-occurring with physical attacks on the victim (Harmon et al., 1995, 1998).

Q4. Does the abuser(s) visit the victim at work, home, etc., more than three times per week?

Stalking rarely takes place entirely at a distance. Research tells us that nearly all stalking cases will ultimately involve face-to-face contact between victim and stalker (Mullen et al., 2000). Some stalkers may appear or approach their victims regularly (i.e. on the victim's daily route to work). Others, particularly

stalkers with an obvious mental illness, will appear in diverse places at unpredictable times (Sheridan and Boon, 2002). The research informs us that those stalkers who visit the victim's home, workplace, or other places frequented by the victim more than three times in a week are those who are most likely to attack. It should be borne in mind, however, that some stalkers will have no regular pattern of harassment and in such cases an average of stalker visits could be estimated.

Q5. Has the abuser(s) loitered around the victim's home, workplace etc?

Most stalkers will be seen by their victims. The positive aspect of this is that evidence can be collected, particularly if the victim keeps a log of stalker sightings and behaviour. Stalkers who loiter around places frequented by the victim tend to be those who are most likely to attack their victim. Such stalkers may be compiling victim-related information or tracking the victim's habits. Alternatively, an attack may be prompted by the stalker's frustration at not achieving his or her aims (such as a relationship with the victim), despite devoting a great many hours to the harassment. Stalkers are a varied group and some will attempt to loiter secretly (even camping out on or in the victim's property), whilst others will make no attempt at concealment. Whether secretive or overt, whether mentally disordered or not, most stalkers will share a belief that their behaviour is an appropriate response to circumstances.

Q6. Has the abuser(s) made any threats of physical or sexual violence in the current harassment incidents?

Stalkers frequently threaten their victims, either directly or indirectly. Examples of indirect threats include sending wreaths or violent images to the victim (often anonymously). Stalkers will often make specific written or verbal threats, however, and research demonstrates that these should be taken particularly seriously. Stalkers have been known to threaten violence months or even years into the future, and have indeed followed through on their threats. A review of eight studies by Rosenfeld (2004) revealed that the strongest predictors of stalker violence were threats to the victim. Threats have been found to be even stronger predictors in cases of very serious violence (James and Farnham, 2003).

Q7. Has the abuser(s) harassed any third party since the harassment began? (i.e. friends, family, children, colleagues, partners or neighbours of the victim)

In the majority of stalking cases, secondary victims will be identified. Although stalkers may stalk more than one person at a time, this question relates to associates of a primary victim. Stalkers will involve third parties for several reasons, principally to upset the victim (i.e. by harassing the victim's children), to obtain information on the victim (i.e. by hounding the victim's friends), to remove perceived obstacles between the stalker and victim (i.e. by harassing the victim's partner), and to punish those perceived as helping or shielding the victim (i.e. work colleagues who state that the victim is not available). Individual stalkers have been known to harass hundreds of third parties who they perceive as connected with the primary victim (Mohandie et al., 2006; Mullen et al., 1999).

Q8. Has the abuser(s) acted out violently towards people within the current stalking incidents?

As noted immediately above, secondary victims will be identified in a majority of stalking cases, and these can be a valuable source of evidential information. Research suggests that third parties will be physically attacked by the stalker in between 6% and 17% of cases (Mohandie et al., 2006; Mullen, Pathé, Purcell, and Stuart 1999; Sheridan & Davies, 2001). Stalkers who attack those associated with the victim are more likely to also attack the primary victim. Persons perceived as preventing access to the victim or protecting the victim are at particular risk.

Q9. Has the abuser(s) persuaded other people to help him/her? (wittingly or unwittingly) The abilities of a stalker to pose as other persons and/or to draw information out of third parties should never be underestimated. Many stalkers will devote hours each day to their stalking campaign, and are capable of stalking their victims for many years (Meloy, 1996). New technologies can facilitate harassment, enabling stalkers to impersonate another online; to send or post hostile material, misinformation and false messages (i.e. to Usenet groups); and to trick other internet users into harassing or threatening a victim (i.e. by posting the victim's personal details on a bulletin board along with a controversial invitation or message) (Sheridan and Grant, 2007).

Q10. Is the abuser(s) known to be abusing drugs and/or alcohol?

Substance abuse by the stalker has been found to be associated with physical assault on the victim in a significant number of cases (Rosenfeld's 2004 review of 13 relevant studies). The abuse of various substances by stalkers can contribute both to the basis from which the stalking occurs and to individual violent episodes. Binge drinking or drug taking may directly precede an attack, fuelling obsessional, yearning or angry thought patterns, or by lending the stalker the confidence to approach or attack the victim. It is well known that substance abuse compounds the violence risk among those who are already mentally ill (Steadman et al., 1998), although non-mentally ill stalkers may also abuse alcohol and drugs.

Q11. Is the abuser(s) known to have been violent in the past? (Physical or psychological. Intelligence or reported)

One of the best predictors of future behaviour is past behaviour. It may not always be physical violence but could include the psychological impact as well. This might be in terms of coercive control and/or jealous surveillance of the victim (Regan, Kelly, Morris and Dibb 2007) if the suspect(s) feels a real sense of entitlement or ownership of the victim. Generally speaking, stalkers who have been violent before – whether as part of a stalking campaign or in relation to separate offences – are more likely to be violent again. It should be noted, however, that some of the most seriously violent stalkers identified in the past had no recorded criminal history (James and Farnham, 2003).

For support regarding Stalking please contact:

- Juno Women's Aid 24 hours Freephone domestic and sexual abuse Helpline: Tel - **0808 800 0340**
- National Stalking Helpline: Tel. **0808 802 0300**

Multiple Perpetrator Mapping Tool

Nottingham City Multiple Perpetrator Mapping Tool

ASSOCIATE

Name:
 DOB:
 Address:

Risk:

Connection to Perpetrator:

Any Other Known Survivors:

Connection to Survivor:

ASSOCIATE

Name:
 DOB:
 Address:

Risk:

Connection to Perpetrator:

Any Other Known Survivors:

Connection to Survivor:

PRIMARY PERPETRATOR

Name:
 DOB:
 Address:

DOB:

Address:

Risk:

ASSOCIATE

Name:
 DOB:
 Address:

Risk:

Connection to Perpetrator:

Any Other Known Survivors:

Connection to Survivor:

ASSOCIATE

Name:
 DOB:
 Address:

Risk:

Connection to Perpetrator:

Any Other Known Survivors:

Connection to Survivor:

ASSOCIATE

Name:
 DOB:
 Address:

Risk:

Connection to Perpetrator:

Any Other Known Survivors:

Connection to Survivor:

Examples of connection to perpetrator:

- Criminal
- Family member
- Community member
- Friendship group with criminal activities
- Other, *please specify*

Examples of connection to survivor:

- Family member
- Friendship group
- Drug dealer
- Via perpetrator association
- Other, *please specify*