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DASH 2009 RISK MODEL

(Domestic Abuse, Stalking and Harassment and ‘Honour Based Violence’)

This Risk Assessment forms a baseline assessment only. It is a guide to practitioners to indicate appropriate referral to MARAC and a tool to identify service intervention requirements. Risk assessment is a dynamic process and practitioners should be alert to sudden changes in circumstances which impact on Risk Levels

IF YOUR CONCERNS RELATE TO AN IMMINENT SERIOUS RISK OR THREAT TO YOUR CLIENT OR FAMILY MEMBERS INFORM THE POLICE WITHOUT DELAY (Emergency 999 or Non Emergency 0845 4580000)

Name of Client

CURRENT SITUATION	Yes	No
The context and detail of what is happening is very important. The questions highlighted in bold are high risk factors. Tick the relevant box and add <u>comments</u> where necessary to expand.		
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? <input type="text"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>
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) Kill: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury or Violence Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/> Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)...) try to stop you	<input type="checkbox"/>	<input type="checkbox"/>

from seeing friends/family/Dr or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you separated or tried to separate from (name of abuser(s).....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there conflict over child contact? (Please state what) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does (.....) 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: Harassment History. Criminal Damage. Following the victim/ loitering/ turning up unannounced. Aggression, Violence, Harassment or use of any third party). <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHILDREN/DEPENDENTS (If no children/dependents, please go to next section)	Yes	No
9. Are you pregnant or have you recently had a baby (within 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any children, step-children that aren't (...) in the household? Or are there other dependents in the household (i.e.older relative)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has (...) ever hurt the children/dependents?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has (...) ever threatened to hurt or kill the children/dependents?	<input type="checkbox"/>	<input type="checkbox"/>
DOMESTIC VIOLENCE HISTORY	Yes	No
13. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does (...) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has (...) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has (...) ever threatened to kill you or someone else and you believed them?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has (...) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does (...) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know if (...) has hurt anyone else? (Children/siblings/elderly relative/stranger. For example. Consider HBV. Please specify who and what) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has (...) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>

ABUSER(S)	Yes	No
23. Are there any financial issues? For example, are you dependent on (...) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has (...) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (...) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (...) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify) Bail conditions <input type="checkbox"/> Non Molestation/ Occupation Order <input type="checkbox"/> Child contact Arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you know if (...) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant information (from victim) which may alter risk levels. Describe: (consider for example victim's vulnerability – disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests – does this give unique access to weapons i.e. ex-military, police, pest control)		
Is there anything else you would like to add to this?		

In all cases an initial risk classification is required:

28. RISK TO VICTIM:

STANDARD MEDIUM HIGH

If your client is at HIGH RISK i.e.

14+ ticks relating to questions 1 – 9 and 13 – 27. OR

3 or more Domestic Abuse Incidents in the last 12 months. OR

Professional concern (noted above) Refer to local referral pathway

Medium and Standard Risk are identified according to professional judgement in each individual case.

Client Consent Signature: Date:

Practitioner Signature: Date:

Referring Practitioner Details:

Name of Referring Practitioner & Agency

Telephone

Mobile

Email Address

Halton Domestic Abuse Referral Pathways:

- **ALL** levels of risk → Complete PPU Referral Form and submit to Cheshire Police PPU Referral Unit (Tel: 01244 614 878) *High Risk / Request for MARAC referral will be assessed by MARAC Co-ordinator for inclusion on MARAC
- High Risk where crisis intervention is required → Complete additional Halton Domestic Abuse Service Referral Form and submit to Halton IDVA Service (Tel: 0151 422 1708) *Client consent required for onward referral where there are no children in household or vulnerable adult concerns.
- Medium / Standard Risk → Consider completion of Halton Domestic Abuse Service Referral Form and submit to Halton Domestic Abuse Lead Floating Support Worker (Tel: 0151 422 1704) or telephone referral to Victim Support (0151 424 2785) **Ensure essential safety planning and signposting completed in all cases.** *Client consent required for all onward referrals



PPU Referral Form.doc



HDAF REFERRAL.doc

Adapted from NPIA Guidance – ACPO / CAADA Domestic Abuse, Stalking and Harassment and ‘Honour Based Violence’ (DASH 2009) Risk Model.. Please do not cite or amend without prior permission from ACPO / CAADA and HDAF.

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