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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 Emergency101)**

**Name of Client …………………………………………………………………**

|  |  |  |
| --- | --- | --- |
| **CURRENT SITUATION**  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 comments** where necessary to expand. | **Yes** | **No** |
| 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)  Kill:Self ChildrenOther (please specifiy)  Further injury  or Violence Self  Children  Other (please specifiy)   |  | | --- | |  |     Other  (please clarify): Self  Children  Other (please specifiy)     |  | | --- | |  | |  |  |
| **4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)…) try to stop you from seeing friends/family/Dr or others?** |  |  |
| 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?** (Please state what)   |  | | --- | |  | |  |  |
| **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).   |  | | --- | |  | |  |  |
| **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)?** |  |  |
| 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)? |  |  |
| **11. Has (…) ever hurt the children/dependents?** |  |  |
| 12. Has (…) ever threatened to hurt or kill the children/dependents? |  |  |
| **DOMESTIC VIOLENCE HISTORY** | **Yes** | **No** |
| **13. Is the abuse happening more often?** |  |  |
| **14. Is the abuse getting worse?** |  |  |
| **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)   |  | | --- | |  | |  |  |
| **16. Has (…) ever used weapons or objects to hurt you?** |  |  |
| **17. Has (…) ever threatened to kill you or someone else and you believed them?** |  |  |
| **18. Has (…) ever attempted to strangle/choke/suffocate/drown you?** |  |  |
| **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)   |  | | --- | |  | |  |  |
| **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)   |  | | --- | |  | |  |  |
| 21. Do you know if (…) has hurt anyone else? (Children/siblings/elderly relative/stranger. For example. Consider HBV. Please specify who and what)  Children  Another family member  Someone from previous relationship  Other (please specify)   |  | | --- | |  | |  |  |
| **22. Has (…) ever mistreated an animal or the family pet?** |  |  |
| **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? |  |  |
| **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  Alcohol  Mental Health |  |  |
| **25. Has (…) ever threatened or attempted suicide?** |  |  |
| 26. Has (…) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify)  Bail conditionsNon Molestation/ Occupation Order  Child contact Arrangements  Forced Marriage Protection Order  Other |  |  |
| 27. Do you know if (…) has ever been in trouble with the police or has a criminal history? (If yes, please specify)  DV  Sexual Violence  Other violence  Other |  |  |
| 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. 0R**  **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: 01606 364878)** *\*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: 0300 11 11 247)) \****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: 0300 11 11 247) or telephone referral to Cheshire Cares Ensure essential safety planning and signposting completed in all cases.** *\*Client consent required for all onward referrals*

 

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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