**Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009) Risk Identification and Assessment and Management Model**

**Risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm.**

**The DASH (2009) Risk Checklist was created by Laura Richards, BSc, MSc, FRSA on behalf of ACPO and in partnership with CAADA.**

**It has also been endorsed by:**

**PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL**

If you do have comments or suggestions please send them to: Laura Richards, BSc, MSc, FRSA

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**Risk Identification for Trained Front Line Practitioners** (Please refer to the DASH (2009) Practice

Guidance on Risk Identification in full)

A number of high risk factors have been identified as being associated with serous violence and murder through researching many cases. Any professional using the DASH (2009) must be trained in it’s use. This is crucial to understanding what the high risk factors are and how they apply in each situation, and what needs to be done to keep the victim safe.

This form should be completed for ALL cases of domestic abuse by front line staff. Initial risk identification must be undertaken by asking ALL the questions on this checklist, as well as searching appropriate databases, such as the intelligence databases. First response staff and their supervisor should identify risk factors, who is at risk and decide what level of intervention is required.

Details of children resident at the address must be provided. Consider the nature of the information and what it means in terms of public protection - preservation of life, reduction and prevention of harm to victim and others.

Please ensure that when you ask these questions the victim is comfortable and understands why you are asking them – it is about their safety and protection. Particular sensitivity and attention is required when asking about whether the victim has been assaulted, physically and/or sexually by the perpetrator. The vulnerability of victims cannot be overstated. This could be further compounded by issues such as traditional gender roles, literacy, language and/or immigration or refugee status. Please take into consideration the victim’s perception of risk.

Please ensure you ask the victim about the abuser’s behaviour when stalking and honour based violence are present. Do not just tick the box ‘yes’. You must identify what is happening. There are specific risk factors that relate to these areas as well. Assessment of risk is complex and NOT related to the number of risks appearing alone. Rather, the risk posed to the victim or others in a particular situation will be dependent upon what they are and how they apply in that context. Refer to the full DASH (2009) Practice Guidance on Risk Identification.

Record what steps you have taken to ensure the immediate safety of the victim(s) and any children. Ask

 yo urs e lf ‘Am I s a tis f ied th at I ha ve don e a ll I c an? ’ Everything you do must be recorded.

The risk identification process must remain dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review. Risk identification is based on structured professional judgement. This model is most effective when undertaken by professionals who have been fully trained in its use. High risk cases may well require a multi-agency response and should be referred to the relevant risk management panel i.e. the Multi-Agency Risk Assessment Conference (MARAC) or Multi-Agency Public Protection Panel (MAPPP). MARACs are for the most serious and high risk cases.

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| CURRENT SITUATIONTHE 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 COMMENT 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 ofabuser(s)….. might do and to whom)Kill: Self  Children  Other (please specify) Further injury and violence: Self  Children  Other (please specify) Other (please clarify): Self  Children  Other (please specify)  |  |  |
| 4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)…..) try to stop you from seeingfriends/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 the context and behaviour of what is being done. Ask 11additional stalking questions\*) |  |  |
| CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section) | YES | NO |
| 9. Are you currently pregnant or have you recently had a baby in the past 18 months? |  |  |
| 10. Are there any children, step-children that aren’t (…..) in the household? Or are there other dependants in thehousehold (i.e. older relative)? |  |  |
| 11. Has (…..) ever hurt the children/dependants? |  |  |
| 12. Has (…..) ever threatened to hurt or kill the children/dependants? |  |  |
| 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 andstalking 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? |  |  |

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| 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 someoneelse? (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. Ask 10 additional HBV questions\*) |  |  |
| 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 a 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 losttheir job/other financial issues? |  |  |
| 24. Has (…..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading toproblems 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 what)Bail conditions  Non 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, pleasespecify)DV  Sexual violence  Other violence  Other  |  |  |
| Other relevant information (from victim or officer) which may alter risk levels. Describe: (consider for example victim’svulnerability - disability, mental health, alcohol/substance misuse and/or the abuser’s occupation/interests-does this give uniqueaccess to weapons i.e. ex-military, police, pest control) or is there serial offending? |  |  |
| Is there anything else you would like to add to this? |  |  |

In **all** cases an initial risk classification is required:

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| **RISK TO VICTIM:** |
| STANDARD | MEDIUM | HIGH |

**DASH (2009) Additional Stalking and Harassment Risk Questions**

**Q8. 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 the context and behaviour of what is being done)

**PRACTICE POINTS: If the victim answers ‘yes’ to this question then you must ask the following as they are**

**risk factors for future violence:**

 Is the victim very frightened?

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 Is there previous domestic abuse and harassment history?

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 Has (insert name of the abuser....) vandalised or destroyed property?

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 Has (insert name of the abuser....) turned up unannounced more than three times a week?

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 Is (insert name of the abuser....) following the victim or loitering near the victim?

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 Has (insert name of the abuser....) threatened physical or sexual violence?

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 Has (insert name of the abuser....) been harassing any third party since the harassment began (i.e. family, children, friends, neighbours, colleagues)?

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 Has (insert name of the abuser....) acted violently to anyone else during the stalking incident?

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 Has (insert name of the abuser....) engaged others to help (wittingly or unwittingly)?

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 Is (insert name of the abuser....) been abusing alcohol/drugs?

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 Has (insert name of the abuser....) been violent in past? (Physical and psychological. Intelligence or reported)

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**DASH (2009) Additional HBV Risk Questions**

**Q20. Is there any other person who has threatened you or who you are afraid of?\*** (If yes, please specify who and why. Consider extended family if HBV)

**Practice Point: If the victim is subject to HBV and answers ‘yes’ to this question, ask the following questions:**

 Truanting – if under 18 years old is the victim truanting?

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 Self-harm – is there evidence of self-harm?

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 House arrest and being ‘policed at home’ – is the victim being kept at home or their behaviour activity being policed(describe the behaviours)?

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 Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will?

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 Pressure to go abroad – is the victim fearful of being taken abroad?

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 Isolation – is the victim very isolated?

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 A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of?

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 Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship?

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 Threats that they will never see the children again – are there threats that the child(ren) will be taken away?

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 Threats to hurt/kill – are there threats to hurt or kill the vitcim?

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**MARAC REFERRAL**

**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**

**CONSENT**

If the case is high risk and you are referring it to the MARAC, please explain to the victim what the MARAC is and that it is there to help them, giving them options and choices to keep them and their children safe.

**Has the victim given verbal consent to share information with partner agencies? Yes/No**

**Officer’s signature............................................... Date:..................**

**Risk Assessment Categorisation**

This is *based* on the Offender Assessment System (OASys) developed by the Prison and Probation Services definitions of what constitutes standard, medium, high risk. Please use your professional judgement to categorise the risk level:

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| **Standard** | Current evidence does not indicate likelihood of causing serious harm. |
| **Medium** | There are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change incircumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse. |
| **High** | There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.Risk of serious harm (Home Office 2002 and OASys 2006):‘A risk which is life threatening and/or traumatic, and from which recovery, whetherphysical or psychological, can be expected to be difficult or impossible’. |

**Risk Management Framework**

Use the **RARA** model when compiling safety plans for victims. What are you planning to do?

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| **R**emove the risk: | By arresting the suspect and obtaining a remand in custody. |
| **A**void the risk: | By re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect. |
| **R**educe the risk: | By joint intervention/victim safety planning, target hardening, enforcing breaches of bail conditions, use of protective legislation and referring high risk cases to Multi-Agency Risk Assessment Conference (MARAC). |
| **A**ccept the risk: | By continued reference to the Risk Assessment Model, continual multi-agency intervention planning, support and consent of the victim and offender targeting withinPro-active Assessment and Tasking Pro forma (PATP), or Risk Management Panel(such as Multi-Agency Risk Assessment Conference (MARAC) or Multi-agencyPublic Protection Panel (MAPPP). |