

DASH RISK ASSESSMENT

DOMESTIC ABUSE, STALKING, HARASSMENT & 'HONOUR' BASED VIOLENCE

AFTER COMPLETING DASH, CIRCLE RISK LEVEL HERE: High / Medium / Standard

Date:

Name of person completing DASH:

Agency:

↓
Complete MARAC
Referral section if
HIGH RISK

The MARAC Referral should be quality assured by a trained practitioner in your agency (this may be your MARAC rep) and / or your manager before submission.

Name of your MARAC Rep /champion:

Contact number of your MARAC Rep /champion:

VICTIM'S DETAILS

NAME :		DATE OF BIRTH:	
ADDRESS OF VICTIM:		TELEPHONE NO:	
Is it safe to post to this address Y/N If no please provide an alternative		IS IT SAFE TO CALL? Y / N	
Gender (please tick): Male / Female / other	Ethnicity (please state):	Disability (please state - inc. learning disability):	Sexual Orientation (please state):

PERPETRATOR'S DETAILS

NAME :		DATE OF BIRTH:	
ADDRESS OF PERPETRATOR:		RELATIONSHIP TO VICTIM (please state):	
For police check purposes - Please state if the perpetrator has ever worked in the military, worked as a lorry driver or if they often travel to other areas or have resided outside of South Yorkshire:			
Gender (please tick): Male / Female / other	Ethnicity (please state):	Disability (please state - inc. learning disability):	Sexual Orientation (please state):

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CHILDREN'S DETAILS (IF ANY)
IF YOU RUN OUT OF ROOM PUT DETAILS IN REASONS FOR REFERRAL

NAME	ADDRESS	DATE OF BIRTH	RELATIONSHIP TO VICTIM	RELATIONSHIP TO PERPETRATOR	SCHOOL (If known)

GENERAL PRACTITIONER (GP) DETAILS FOR THE VICTIM

GP Name:
Surgery address:
Does the victim consent to their GP being notified of the referral made to MARAC? *Yes / No (*delete as appropriate)

RISK ASSESSMENT CHECKLIST DASH TOOL

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 CONTEXT WHEREVER YOU TICK YES

CURRENT SITUATION	YES	NO
1. Has the current incident resulted in injury? (please state the date this occurred, what the injury was and whether this is the first injury)		
2. Are you very frightened? Comment on the level of fear and reasons:		
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 Children Other (please specify) Further injury & 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 seeing friends / family / others?		
5. Are you feeling depressed or having suicidal thoughts? (Give reasons)		
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 done deliberately to intimidate you? Consider the context and behaviour of what is being done)		
CHILDREN / DEPENDENTS (If no children/dependants, please go to the next section)	YES	NO
9a. Are you currently pregnant Due Date:		
9b. Have you recently been pregnant / had a baby (in the past 18 months)?		
10. Are there any children, stepchildren that aren't (.....) in the household? Or other dependants in the household (e.g. older relative)?		
11. Has (.....) ever hurt children / dependants?		
12. Has (.....) ever threatened to hurt or kill the children / dependants?		
DOMESTIC VIOLENCE & ABUSE HISTORY <i>provide as much information as possible</i>	YES	NO
13. Is the abuse happening more often? (Give details and frequency)		

14. Is the abuse getting worse? (Give details)		
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 including the behaviour of extended family)		
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? (specify who/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? (for example children/siblings/elderly relative/stranger. 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 financial issues? For example, are you dependant on (.....) for money/have they recently lost their job/other financial issues e.g. debt or rent arrears ? Give details.		

<p>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)</p> <p>Drugs? Alcohol? Mental Health?</p>		
<p>25. Has (.....) ever threatened or attempted suicide?</p>		
<p>26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and /or the children? (please specify)</p> <p>Bail conditions? Non Molestation/Occupation order?</p> <p>Child contact arrangements? Forced Marriage Protection Order?</p> <p>Other (please specify)</p>		
<p>27. Do you know if (.....) has ever been in trouble with the police or has criminal history? (If yes, please specify)</p> <p>DVA? Sexual violence? Other Violence? Other?</p>		
<p>OTHER RELEVANT INFORMATION (From victim or officer/worker) 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)</p>		

RISK LEVEL (please tick): **STANDARD:** **MEDIUM:** **HIGH:**

THE RISK LEVEL MUST BE BASED ON PROFESSIONAL JUDGEMENT, NOT No. of ticks

ALL HIGH RISK CASES MUST BE REFERRED TO MARAC ON REFERRAL FORM ATTACHED

FOR STANDARD AND MEDIUM CASES PLEASE SEE APPENDIX A.

MARAC REFERRAL FORM – FOR HIGH RISK CASES ONLY

Any queries can be directed to the MARAC Coordinator SYP: Kayley Taylor

External: 01302 385877 Internal: 745877

Agencies should continue to follow their own procedures regarding Child Protection Issues and continue to adhere to any agreed Domestic Abuse Polices.

REFERRAL FROM (AGENCY):	
DATE:	
NO. OF RISK ASSESSMENTS COMPLETED BY REFERRER IN LAST 12 MONTHS (with this victim):	
IS THIS REFERRAL A MARAC REPEAT? <u>Repeat Definition:</u> <ul style="list-style-type: none">• A case which has been previously referred to a MARAC and at some point in the 12 months from the date of the last referral a further incident is identified, which, if reported to the police, would constitute criminal behaviour: For example:<ul style="list-style-type: none">- Violence or threats of violence to the victim (including threats against property); or- A pattern of stalking or harassment; or- Rape or sexual abuse; or- Any other crime e.g. Criminal Damage	YES / NO
REASON(S) FOR REFERRAL:	
IDENTIFY IMMEDIATE RISKS of SERIOUS HARM TO THE VICTIM/CHILDREN:	
IF ANY OTHER AGENCY IS KNOWN TO BE INVOLVED, PLEASE SUPPLY CONTACT DETAILS (NAME, ADDRESS, PHONE NUMBERS ETC)?	
IS THIS PERSON AWARE OF THE MARAC REFERRAL? YES / NO IF NO WHY NOT? Has consent been provided to share information? Yes / No *delete as appropriate *When seeking consent, please ensure that it is understood that they are consenting to information being shared with other services where considered appropriate. Also that information may be shared without consent should appropriate thresholds be met.	
HAS THE VICTIM BEEN REFERRED TO ANY OTHER MARAC? YES / NO IF YES WHERE / WHEN?	

Consent around child/ren:

Has consent been provided to share information? Yes /No *delete as appropriate
***When seeking consent, please ensure that the parents / carers understand that they are consenting to information being shared with other services where considered appropriate. Also that information may be shared without consent should appropriate thresholds be met.**

REFERRING PERSON'S DETAILS

NAME & ROLE IN AGENCY:		
ADDRESS:		
TELEPHONE:		FAX:
MOBILE:		
EMAIL:		IS EMAIL ADDRESS SECURE? YES/NO

Please ensure the form is fully completed and checked before sent. The preferred method is sent via email however, the form **SHOULD ONLY** be sent via a **SECURE EMAIL** address. Post should only be used if you cannot use E-MAIL or FAX. **If you post the form you must use 1st class registered post.**

PLEASE SEND THE HIGH RISK MARAC REFERRAL FORM TO THE RELEVANT AREA WHERE THE VICTIM RESIDES (BELOW). ALSO, SEND TO THE IDVA SERVICE (FAILURE TO DO THIS WILL RESULT IN A DELAY IN KEY AGENCIES RECEIVING THE INFORMATION, WHICH MAY PREVENT EARLY AND VITAL INTERVENTION BY THESE SERVICES.

SHEFFIELD

Email: Marac.sheffield@sheffdap.cjism.net
Until further notification please continue to copy
in: marac@sheffield.gcsx.gov.uk.

Address:
Sheffield MARAC
C/O Sheffield IDVAS
Floor 2, PPU
South Yorkshire Police
Snig Hill
Sheffield
S3 8LY

&

idvas.groupmailbox@sheffdap.cjism.net
Tel: (0114) 249 3920
Fax 0114 2724296

DONCASTER

Email: marac@doncaster.gcsx.gov.uk
[One email for MARAC and IDVA service]

Fax: NOT ACCEPTED
Address:
MARAC Admin
Domestic Abuse Hub
Mary Woollett Centre
Danum Road
Doncaster
DN4 5HF

BARNSELY

ROTHERHAM

<p>Email: Barnsley.marac@barnsley.cjsm.net Tel: 01226 320112 Fax: NOT ACCEPTED Address: Barnsley MARAC C/O IDAS, The Core, County Way, Barnsley S70 4BP</p> <p style="text-align: center;">&</p> <p>idva.service@barnsley.cjsm.net Tel: 03000 110110</p>	<p>Email: MARAC.referrals@rotherham.gcsx.gov.uk Tel: 01302 385877 Address: Public Protection Unit-PPU/PVP Davies House Barnsley Road Doncaster DN5 8QE</p> <p style="text-align: center;">&</p> <p>rotherham.idvas@rotherham.gov.uk.cjsm.net Tel: (01709) 823981 Fax: 01709 371637</p>
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APPENDIX A – FOR STANDARD AND MEDIUM RISK CONSENT MUST BE OBTAINED. Once this has been confirmed, please send referrals to the area where the victim resides (see below)

<u>SHEFFIELD</u>	<u>DONCASTER</u>
<p>Refer to Sheffield Domestic Abuse Helpline: Tel:0808 808 2241 Email help@sheffielddact.org.uk Secure email helpline@actionorg.uk.cjsm.net (For out of hours housing support call 0800 7311 689)</p>	<p>Refer to Doncaster Domestic Abuse Service: Secure Email: DAC@DONCASTER.GCSX.GOV.UK Helpline : 0800 4701 505</p>
<u>BARNSLEY</u>	<u>ROTHERHAM</u>
<p>Refer to IDAS Email: idva.service@barnsley.cjsm.net Tel: 03000 110110 NO FAX</p> <p>Address:</p> <p>IDAS, The Core, County Way, Barnsley S70 4BP</p>	<p>Refer to Rotherham Rise: Tel: 03302020571</p> <p>Email: Outreach.rwr@rothwr.cjsm.net</p> <p>Address:</p> <p>RWR PO Box 769 Rotherham S60 9JJ</p>

NOTES FOR GUIDANCE

NOTES FOR GUIDANCE:

- Please **type** the form wherever possible, if hand written please use BLOCK capitals.
- Please **complete all parts** of the form in as much detail as possible. **Add relevant information whenever you tick 'yes'** in answer to any of the questions.

- **One** form must be used per victim.
- **For MARAC Referrals** - in the '**reasons for referral**' put as much information in but be brief and concise (for police officers information should be included from all police systems).
- **NO** extra paperwork is to be sent with the form, just send the referral form only.

WHEN TO SEND THE FORM:

1. MARAC Referral Forms must be with the MARAC administrators **NO LATER** than 8 working days before the date of the MARAC
2. If a case is urgent then you must consider calling an emergency MARAC outside of the normal MARAC framework.