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

VICTIM'S DETAILS			
NAME :	DATE OF BIRTH:	Gender: M / F	
ADDRESS OF VICTIM: Is it safe to post to this address Y/N If no please provide an alternative	TELEPHONE NO: IS IT SAFE TO CALL? Y / N	Diversity Data (if known):	
		Black & Minority Ethnic	
		Lesbian, Gay, Bisexual, Trans	
		Disabled (inc. learning disability)	

PERPETRATOR'S DETAILS		
NAME :	DATE OF BIRTH:	Gender M / F
ADDRESS OF PERPETRATOR:	RELATIONSHIP TO VICTIM?	

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)

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**	**YES**	**NO**

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**
9. **Are you currently pregnant** **Due date :**		
Have you recently been pregnant/had a baby (in the past 18 months)?		
10. Are there any children, step-children 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 HISTORY	**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.		
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 conditions? Non Molestation/Occupation order? Child contact arrangements? Forced Marriage Protection Order? Other (please specify)		
27. Do you know if (.....) has ever been in trouble with the police or has criminal history? (If yes, please specify) DV? Sexual violence? Other Violence? Other?		

RISK LEVEL: 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

MARAC REFERRAL FORM – FOR HIGH RISK CASES ONLY

REFERRAL FROM (AGENCY):

TO LEAD AGENCY: SOUTH YORKSHIRE POLICE TEL: 0114 252 3682 / 0114 252 3597 FAX: 0114 252 3095

DATE:

NO. OF RISK ASSESSMENTS COMPLETED BY REFERRER IN LAST 12 MONTHS (with this victim):	
IS THIS REFERRAL A MARAC REPEAT?	YES / NO

REASON(S) FOR REFERRAL:

IDENTIFY **CURRENT** KEY RISKS TO THE VICTIM:

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)

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 THE VICTIM BEEN REFERRED TO ANY OTHER MARAC? YES / NO IF YES WHERE / WHEN?

REFERRING PERSON'S DETAILS

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

The MARAC Referral should ideally be made by a trained practitioner. If individual staff have not attended DASH training but have good knowledge of the case, they should record the known risk issues and discuss the case with a manager, or their agency MARAC rep, before referring to MARAC.
NAME OF MANAGER/MARAC REP CONSULTED:

THIS MARAC REFERRAL MUST ALSO BE FORWARDED TO THE LOCAL IDVA SERVICE – see below

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.

WHERE TO SEND THE MARAC REFERRAL FORM:
To refer a **High Risk** case to the MARAC process, the completed form should be returned to the MARAC administrators at South Yorkshire Police Public Protection Unit.

This can be done by:

(a) **E-MAIL.** This is the preferred method and should be used all the time **BUT ONLY** if you have a secure e-mail. If you do not you cannot use e-mail. The email addresses are:

MARAC_sheffield@southyorks.pnn.police.uk

MARAC_rotherham@southyorks.pnn.police.uk

MARAC_barnsley@southyorks.pnn.police.uk

MARAC_doncaster@southyorks.pnn.police.uk

(b) **FAX.** Send by FAX to 0114 252 3095 or 8095 (Police internal number)

(c) **POST.** 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 and send the form to:
South Yorkshire Police
Headquarters Public Protection Unit
3rd Floor, Snig Hill
Sheffield S3 8LY

ALL MARAC REFERRALS MUST BE ALSO FORWARDED TO THE LOCAL IDVA SERVICE:

Sheffield - idvas.groupmailbox@sheffdap.cjsm.net Tel: (0114) 249 3920 Fax: 252 3821

Rotherham – Denise.Carey@rotherham.gov.uk.cjsm.net Fax 01709 371637

Barnsley – kath.huckle@barnsley.cjsm.net Tel/Fax 01226 731812

Doncaster - idvas@doncaster.gcsx.gov.uk Fax 01302 862354

WHEN TO SEND THE FORM:

1. MARAC Referral Forms must be with the MARAC administrators **NO LATER** than 9 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.