Confidential – Multi-Agency Risk Assessment Conference (MARAC)

Domestic Abuse Risk Assessment (DASH)

This is the DASH Risk Assessment for cases of Domestic Abuse when referring to MARAC.

* In all cases scoring 14 or more on the risk assessment or where you as a professional judge any individual to be at significant risk of harm, a referral should be made to the Tower Hamlets Multi-Agency Risk Assessment Conference (MARAC). Please send the MARAC referral form and DASH Risk Assessment your MARAC representative. If you do not have a MARAC representative please forward the completed forms to the VAWG, Domestic Abuse & Hate Crime Team ([domestic.violence@towerhamlets.gov.uk](mailto:domestic.violence@towerhamlets.gov.uk))
* Please send the IDVA referral and DASH Risk Assessment form to TH SASS (Solace Advice ([**tower.hamlets.sass@solacewomensaid.cjsm.net**](mailto:tower.hamlets.sass@solacewomensaid.cjsm.net)or [**towerhamlets@solacewomensaid.org**](mailto:towerhamlets@solacewomensaid.org)
* Where there are children present in the household - In all cases scoring 14 or more on the risk assessment, where any of the shaded questions on the form are present, or where the professional has significant concerns about the safety of any children in the household, a referral should be made to the MASH / Integrated Pathways and Support Team.

**Name of Victim:**

**Name of Perpetrator:**

**Date RA completed:**

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| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.**  **Tick the box if the factor is present. Please use the correct box under the questions to expand on any answer.**  **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right-hand column.** | **Yes (Y)** | **No**  **(N)** | **Don’t Know**  **(DK)** | **State source of info if not the victim e.g. police officer** |
| 1. Has the current incident resulted in injury? (Please state what and whether this is the first injury).  **Comments:** |  |  |  |  |
| 2. Are you very frightened? |  |  |  |  |
| 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, including children).  **Comments:** |  |  |  |  |
| 4. Do you feel isolated from family/friends i.e. does (name of abuser(s)…) try to stop you from seeing friends/family/doctor or others?  **Comments:** |  |  |  |  |
| 5. Are you feeling depressed or having suicidal thoughts?  **Comments:** |  |  |  |  |
| 6. Have you separated or tried to separate from (name if abuser(s)…) within the past year?  **Comments:** |  |  |  |  |
| 7. Is there conflict over child contact?  **Comments:** |  |  |  |  |
| 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.)  **Comments:** |  |  |  |  |
| 9. Are you pregnant or have recently had a baby (within the last 18 months)?  **Comments:** |  |  |  |  |
| 10. Is the abuse happening more often?  **Comments:** |  |  |  |  |
| 11. Is the abuse getting worse?  **Comments:** |  |  |  |  |
| 12. 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 want to wear for example. Consider ‘honour-based’ violence and specify behaviour.)  **Comments:** |  |  |  |  |
| 13. Has (…) ever used weapons or objects to hurt you?  **Comments:** |  |  |  |  |
| 14. Has (…) ever threatened to kill you or someone else and you believed them? (If yes, highlight who.)  \* You \* Children \* Other (please state)  **Comments:** |  |  |  |  |
| 15. Has (…) ever attempted to strangle/choke/suffocate/drown you?  **Comments:** |  |  |  |  |
| 16. Does (…) do or say things of sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)  **Comments:** |  |  |  |  |
| 17. Is there any other person who has threatened you or who you are afraid of? (if yes, please specify whom and why. Consider extended family if HBV).  **Comments:** |  |  |  |  |
| 18. Do you know if (…) has hurt anyone else? (Please highlight whom including the children, siblings, or elderly relatives. Consider HBV.)  \* Children \* Another family member  \* Someone from a previous relationship  \* Other (please state)  **Comments:** |  |  |  |  |
| 19. Has (…) ever mistreated an animal or the family pet?  **Comments:** |  |  |  |  |
| 20. Are there any financial issues? For example, are you dependent on (…) for money/have they recently lost their job/other financial issues?  **Comments:** |  |  |  |  |
| 21. Has (…) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details of known.)  **Comments:** |  |  |  |  |
| 22. Has (…) ever threatened or attempted suicide?  **Comments:** |  |  |  |  |
| 23. Has (…) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (you may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)  \* Bail conditions \* Non-Molestation/Occupation Order  \* Child contact arrangements \* Forced Marriage Protection Order  \* Other  **Comments:** |  |  |  |  |
| 24. Do you know if (…) has ever been in trouble with the police or has a criminal history? (If yes, please highlight.)  \* DV \* Sexual violence \* Other violence  \* Other (please state): |  |  |  |  |
| **Total of ‘yes’ responses:** |  |  |  |  |

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| **Supplementary child risk assessment questions:**  **Please complete this section of the form in all cases where domestic abuse has been disclosed and where there are children in the household.** | **Yes (Y)** | **No**  **(N)** | **Don’t Know**  **(DK)** | **State source of info if not the victim e.g. police officer** |
| 1. Have the child/ children directly intervened in or witnessed any incidents of domestic abuse and/ or been physically injured in the course of any incidents of domestic abuse?  **Comments:** |  |  |  |  |
| 2. Has (…) made any threats or attempts to abduct the children?  **Comments:** |  |  |  |  |
| 3. Are there any emerging concerns about the impact the abuse is having on the children? (consider factors such as poor school attendance, bed wetting, signs of significant distress).  **Comments:** |  |  |  |  |
| 4. Are there any additional factors related to the child/ children that would increase their level of vulnerability to the abuse? (e.g. child/ children has a disability, child/ children are not the perpetrators’).  **Comments:** |  |  |  |  |
| 5. Is any member of the household at risk of forced marriage or honour-based violence?  **Comments:** |  |  |  |  |
| 6. Professionals – Do you have any concern as a professional about minimisation of the abuse by parent(s) and/or lack of parental engagement with support services?  **Comments:** |  |  |  |  |