

Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH, 2009-16) 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, MBPsP, Asc. IA-IP on behalf of NPCC and in partnership with Safe Lives

PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

If you do have comments or suggestions please send them to:

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Risk Identification for Trained Front Line Practitioners (This document contains quick reference guidance. Please refer to the DASH Practice Guidance in full)

A number of high risk factors have been identified as being associated with serious violence and murder through researching many cases. Any professional using the DASH must be trained in its 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 Practice Guidance on Risk Identification.

Record what steps you have taken to ensure the immediate safety of the victim(s) and any children. Ask yourself 'Am I satisfied that I have done all I can?' 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.

Quick Reference Guidance

HOW TO USE THE DASH RISK IDENTIFICATION CHECKLIST

Before completing the form for the first time we recommend that you are trained in the use of the model and have read the full support documents including the practice guidance in full and Frequently Asked Questions (FAQs).

Training is university accredited and available for frontline staff, specialist from all agencies as well as trainers. Refresher training is also available and professionals should receive updates and be refreshed every six months. For more information visit www.dashriskchecklist.co.uk

This guidance is aimed to provide assistance to professionals when completing the checklist with victims and to help identify HIGH risk cases, as well as compile safety plans.

It is very important to ask ALL of the questions on the checklist at EVERY incident. Some questions may appear to overlap – but we want to encourage maximum opportunity for disclosure from victims. Please

note that the “don’t know” option is NOT included. If the answer is not known please write that on the checklist. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

You will need to consider:

1. WHO is at risk;
2. The CONTEXT of the BEHAVIOUR;
3. HOW the risk factors interact with each other;
4. The victim’s perception of risk.

The indicators can be organised into factors relating to the behaviour and circumstances of the perpetrator and to the circumstances of the victim¹.

Most of the available research evidence, upon which the following factors are based, is focused on male abusers and female victims in a current or previous intimate relationship. However, **you must use the risk checklist for ALL domestic abuse, stalking and HBV cases.**

Generally these risk factors refer to the risk of further assault, although some are also linked to the risk of homicide and where this is the case, it is highlighted in the guidance below. We have also highlighted factors linked to honour based violence, which must **always** be taken extremely seriously. Other risk factors relating to different groups or partnerships and children are less developed.

The DASH should be introduced to the victim within the framework of your agency’s:

- Confidentiality policy
- Information sharing policy and protocols
- MARAC referral policies and protocols

Please also refer to legislation, including stalking, forced marriage and coercive control laws, policy and practice. The notes below give suggestions about how each question on the checklist could be interpreted in practice. They are intended to be an aide to practitioners when considering how to ask the question or what additional questions may be useful to ask.

Asking about types of abuse and risk factors

Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 4, 6, 8, 12, 15, 16,17, 19, 20, 21, 22, 23, 25, 26 and 27.

- Coercive control is now a crime (Section 76, Serious Crime Act 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf).
- It’s important to identify coercively controlling behaviour as it correlates with lethality.
- It is vital to understand the victim’s perception of risk as to what the perpetrator(s) may do: who they are frightened of and who they are frightened for (themselves, children etc). Victims usually know the perpetrator better than anyone else and they hold the mirror up to who the abuser really is behind closed doors.
- In cases of so-called honour based abuse, there may be more than one abuser living in the home or belonging to the wider family or community. This may involve younger relatives and/or women.
- Abusers try to isolate their victim, which inadvertently increases and maintains their control.
- Separation is a time of heightened risk. Abusers may look to increase and reinforce their control with threats *‘if I can’t have you, no one will’* or *‘If you were to ever leave me, I’ll kill you the children and/or myself’*. With excessive levels of coercive control, these threats must be taken seriously.

¹ Please note the terms “abuser”, “offender” and “perpetrator” have been used inter-changeably. *by a question indicates that it is a HIGH risk factor.

- When a victim attempts to leave, stalking may occur or escalate. Stalking is a crime (Home Office Circular, 018/2012 <http://paladinservice.co.uk/wp-content/uploads/2013/07/20121012stalkingcircular.pdf>).
- Identify the stalking behaviours and take threats to kill or harm the victim and/or the child(ren) seriously as it correlates with lethality.
- Abusers may threaten to harm the victim, pets or damage other things/people that matter to the victim to maintain or heighten control of the victim.
- Advise the victim to keep a diary and time, date stamp each behaviour and who may have witnessed it.
- Some abuser will not follow court orders, contact arrangements or protective orders. Previous violations may be associated with an increase in future violence.
- Check the criminal history of the abuser and intelligence databases for a history of violence and abuse. Some perpetrators are serial abusers. If there is a history of violence, this will increase the risk. However, if there is no recorded criminal history, it does not make the perpetrator any less dangerous.

Physical abuse

We ask about physical abuse in questions 1, 13, 14, 16, 18, 21 and 22.

- Physical abuse can take many forms from slapping, pushing, shoving to strangulation, using weapons and punching.
- Establish if the abuse is getting worse or happening more often or if the behaviour is more serious. Ask the victim to keep a diary (time, date stamp each behaviour).
- Establish an overview of all the physical abuse that has happened. This most recent behaviour may not be the worst. Find out if weapons have been used. The history is important. Past behaviour predicts future behaviour.
- The abuse may be happening to others in the home such as children, siblings of older relatives.
- Pets may also be threatened or abused to control the victim(s).
- Ensure injuries are treated and documented by a health professional such as a GP or A&E nurse.

Sexual abuse

It is a difficult question to ask but we need to ask about any form of sexual abuse in question 19.

- Sexual abuse can include threats, force, coercion, intimidation to obtain sex or inflict pain in sex, combining sex and violence, using weapons or strangling during sex.
- Ensure the victim seeks medical attention and report to police. Consider specialist support from an ISVA or Sexual Assault Referral Centre.
- If sexual assault and rape is present, consider who else the abuser may be harming sexually and/or physically.

Emotional abuse and isolation

Emotional abuse and isolation are asked about in questions 4, 5, 15, 24 and 25.

- This may be experienced with other forms of abuse and may have started before any physical or sexual abuse. Many victims may blame themselves as a result.
- The victim may be prevented from seeing family and friends, working or from establishing networks or outside of the relationship along with preventing access to money.
- Victims of so called HBV suffer extreme isolation and a sense of being 'policed' at home, by the extended family and/or community networks. Threats to harm or kill the victim(s) should be taken seriously.
- Victims may feel so isolated and alone that they may see the only 'choice' they have is to stay with the abuser. This can have a serious impact on their mental health and they may feel hopelessness, depression and feel suicidal.

- Victims may feel further trapped and a sense of hopelessness if their (ex)partner has mental health issues and/or abuse drugs/alcohol. They may feel agencies will judge them or they may feel revealing this information will get them and their (ex)partner into trouble. If they have children they may worry that they will be removed.

Children and pregnancy

Questions 3, 7, 9, 10, 11 and 12 refer to children and whether there is conflict over child contact.

- The victim may fear their child(ren) being harmed or killed. If this is the case, take this threat and fear seriously.
- The presence of children and step children can increase the risk or harm to the mother and child.
- Physical abuse can escalate in pregnancy. Health visitors, midwives etc should be aware of the risks to the victim and children at this time, including to an unborn child.
- The abuser may use the children to continue to access or stalk the victim. Abusive behaviour may occur during child contact visits or there may be fear or anxiety that the child(ren) may be harmed.
- Follow your local child protection procedures and guidelines for making referrals to Children's Services.

Economic abuse

Economic abuse is covered in question 23.

- This question is about coercive control.
- Victims may often be trapped and controlled financially by their (ex)partners. Consider how this impacts on safety plans.
- The victim may be reliant on the abuser for an income or for benefits. This victim may feel things have got worse if the abuser has lost their job.
- The Citizens Advice Bureau or local specialist DV service may be able to help and outline the victim's options.

A Note on Safety Planning (Refer to the Tactical Menu of Intervention Options in full)

Be sure that you are aware of the safety planning measures you can offer, both within your agency and others, including specialist services such as:

- National DV Helpline: 0808 2000 247 for advice and refuge accommodation
- Paladin, National Stalking Advocacy Service: 0203 866 4107 www.paladinservice.co.uk
- 'Honour' Helpline: 0800 5999247
- Sexual Assault Referral Centres: www.rapecrisis.org.uk

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 COMMENT WHERE NECESSARY TO EXPAND.	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury and violence: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you separated or tried to separate from (name of abuser(s).....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there conflict over child contact? (please state what)	<input type="checkbox"/>	<input type="checkbox"/>
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 11 additional stalking questions*)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there any children, step-children that aren't (.....) in the household? Or are there other dependants in the household (i.e. older relative)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has (.....) ever hurt the children/dependants?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has (.....) ever threatened to hurt or kill the children/dependants?	<input type="checkbox"/>	<input type="checkbox"/>
DOMESTIC VIOLENCE HISTORY	YES	NO
13. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
16. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has (.....) ever threatened to kill you or someone else and you believed them?	<input type="checkbox"/>	<input type="checkbox"/>

18. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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*)	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know if (.....) has hurt anyone else ? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)	<input type="checkbox"/>	<input type="checkbox"/>
Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
22. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>		
25. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what)	<input type="checkbox"/>	<input type="checkbox"/>
Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>		
27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify)	<input type="checkbox"/>	<input type="checkbox"/>
DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>		
Other relevant information (from victim or officer) 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) 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:

RISK TO VICTIM:		
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>

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?

- ✓ Is there previous domestic abuse and stalking/harassment history?

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

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

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

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

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

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

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

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

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

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:

- ✓ Truancy – if under 18 years old is the victim truanting?
.....
- ✓ Self-harm – is there evidence of self-harm?
.....
- ✓ House arrest and being 'policed at home' – is the victim being kept at home or their behaviour activity being policed(describe the behaviours)?
.....
- ✓ Fear of being forced into an engagement/marriage – is the victim worried that they will be forced to marry against their will?
.....
- ✓ Pressure to go abroad – is the victim fearful of being taken abroad?
.....
- ✓ Isolation – is the victim very isolated?
.....
- ✓ A pre-marital relationship or extra marital affairs – is the victim believed to be in a relationship that is not approved of?
.....
- ✓ Attempts to separate or divorce (child contact issues) –is the victim attempting to leave the relationship?
.....
- ✓ Threats that they will never see the children again – are there threats that the child(ren) will be taken away?
.....
- ✓ Threats to hurt/kill – are there threats to hurt or kill the victim?
.....

<p>MARAC REFERRAL Do you believe that there are reasonable grounds for referring this case to MARAC? If yes, have you made a referral?</p>	<p>Yes / No Yes/No</p>
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<p>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.</p>	
<p>Has the victim given verbal consent to share information with partner agencies?</p>	<p>Yes/No</p>
<p>Officer's signature.....</p>	<p>Date:.....</p>

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:

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 in circumstances, 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, whether physical 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?

Remove the risk:	By arresting the suspect and obtaining a remand in custody.
Avoid the risk:	By re-housing victim/significant witnesses or placement in refuge/shelter in location unknown to suspect.
Reduce 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).
Accept the risk:	By continued reference to the Risk Assessment Model, continual multi-agency intervention planning, support and consent of the victim and offender targeting within Pro-active Assessment and Tasking Pro forma (PATP), or Risk Management Panel (such as Multi-Agency Risk Assessment Conference (MARAC) or Multi-agency Public Protection Panel (MAPPP).