**Sefton Domestic Abuse Risk Assessment Tool**

**Aim of the tool**

* To help front line practitioners identify the risk level for victims of domestic abuse, stalking and ‘honour’ based violence in a consistent way using a nationally recognised tool.
* To identify cases which meet the Sefton MARAC criteria and should be referred into the MARAC process.
* To identify which specialist domestic abuse support service a victim in Sefton can be referred to.

**Onward referral criteria**

**Sefton MARAC & IDVA**

Cases should be referred into MARAC if they meet any of the following criteria:

All referrals to MARAC will be contacted by an IDVA with an offer of support.

1. **‘Visible High Risk’:** If there are 14 or more ‘yes’ boxes ticked then the case should automatically be referred to MARAC.
2. **Professional judgement:** There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This judgement should be based on your professional experience and/or the victim’s perception of their risk even if they do not meet the other criteria.
3. **Repeat Sefton MARAC cases:** A repeat case is one which has previously been referred to MARAC and a further incident has then taken place within twelve months of the discussion. Any agency may identify a further incident regardless of whether or not it has been reported to the police.

**The focus for MARAC and IDVA is on incidents/experiences which have occurred within the last 3 months.**

**Sefton specialist domestic abuse support services**

**Sefton Women’s and Children’s Aid/ Sefton Domestic Abuse Service**

Cases which score under 14 ‘yes’ ticks are recognised as medium or low risk. SWACA/SDAS offers emotional and practical support to all victims of domestic abuse, they also offer specific support to children.

**After completing this form**

**If the DASH score is 14 or over or it meets high risk criteria in your professional judgement\*** please upload this form to our online referral portal for MARAC and IDVA consideration. The link to the online portal is here: [**IDVA and MARAC Referral Form**](https://app.oasiscloud.co.uk/OASISDA/Core/Public/Referral/group_online_referral.aspx?apikey=bf603b7b-fcdb-4c0d-a40f-1edf42d2c477)

**If the DASH score is under 14** then you can call the Sefton Domestic Abuse Service helpline on 0151 394 1400 for immediate advice and support, the helpline is available for all victims and professionals.

\*Professional judgement referrals

When using your professional judgement for high-risk domestic abuse you need to be able to provide rationale for why the referral is high risk. This will enable MARAC partners to have a clear and detailed understanding. You must be prepared to provide sound, evidence-based rationale to support your decision.

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| **Name of Victim:** |  |

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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 ‘further detail’ and summary section at the end of the form to expand on any answer.** |

| **Key Risks** | **Yes** | **No** | **Don’t Know** | **Further detail** |
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| 1. **Has the current incident resulted in injury?**   If Yes, please state   * *Whether this is the first injury?* * *When was it/what injuries where sustained?* * *Did they seek medical attention/is medical attention needed?* * *How does this compare to previous injuries? (Is this the worst one)* * *Has this incident been reported to the police?* |  |  |  |  |
| 1. **Is the victim very frightened?** If Yes, please provide more details, what are they frightened of?  * *Do you feel worried or concerned?* |  |  |  |  |
| 1. **What is the victim afraid of? Is it further injury or violence?** If Yes, please specify including details of what the victim thinks the perpetrator might do and to whom, including children |  |  |  |  |
| 1. **Does the victim feel isolated from family/friends?**   E.g. does the perpetrator stop them from seeing friends/family/Doctor or others? If Yes, please specify details, including if this is due to any particular personal, diversity or cultural issues   * *How does the abuser stop them from seeing family/friends?* * *Does the abuser make them feel guilty for seeing/speaking to friends and family?* |  |  |  |  |
| 1. **Is the victim feeling depressed or having suicidal thoughts?**  * *Have they struggled with mental health since before the relationship?* * *Has their mental health declined further since the abuse started?* * *Has there been any suicide attempts/self-harming behaviours?* |  |  |  |  |
| 1. **Has the victim separated or tried to separate from their partner within the past 12 months?**  * *How long have they and abuser been in a relationship?* * *If they have separated now/prior, when was this?* * *Are they in the process of leaving/planning to leave?* * *How does leaving the abuser make the patient feel?* |  |  |  |  |
| 1. **Is there any conflict over child contact?**  * *How many children do they/the abuser have?* * *Are they from this relationship/previous relationship?* * *Who has parental responsibility?* |  |  |  |  |
| 1. **Does the perpetrator constantly text, call, contact, follow, stalk or harass the victim?**  If Yes, please specify details, including if the victim believes that this is done deliberately to intimidate or frighten them. Consider the context and behaviour of what is being done  * *Has the harassment/stalking increased since separation?* * *Has the abuser turned up to their workplace/home/college/*   *night-out etc unannounced/uninvited?*   * *Have they vandalised or destroyed any of their property?* * *What happens if they don’t answer calls or texts?* |  |  |  |  |
| 1. **Is the victim pregnant, or do they have a baby under the age of 18 months?**  * *Estimated pregnancy due date.* * *Is the abuser aware of the child and is it theirs?* * *Has the abuse increased since pregnancy or birth?* |  |  |  |  |
| 1. **Is the abuse happening more often?**  * *How many incidents have there been over the last 12 months and are they happening more often?* * *What type of abuse has increased? (e.g. arguing/verbal abuse/name calling/physical/financial/sexual)* |  |  |  |  |
| 1. **Is the abuse getting worse?**  * *Is this incident worse than the last incident? If so, how?* |  |  |  |  |
| 1. **Does the perpetrator try to control everything the victim does and/or are they excessively jealous?** E.g. in terms of relationships, who they see, being ‘policed’ at home; told what to wear? Consider ‘honour’ based violence.  * *Do they have to account for their whereabouts?* * *Does the abuser have any control over what they wear/what they eat/their daily routine?* * *Has there been any accusations of infidelity/unfaithful?* |  |  |  |  |
| 1. **Has the perpetrator ever used weapons or objects to hurt the victim?**  * *What forms of weapons have been used? (Please consider sharp objects as well as general/household items)* * *Does the abuser have access to unique weapons (such as guns/machetes)* * *Do they throw objects/punch walls?* |  |  |  |  |
| 1. **Has the perpetrator ever threatened to kill the victim or someone else and has the victim believed them?**   If yes, tick who:  Victim  Children  Other (please specify)   * *What specific threats have been made to kill them and/or others? (‘I will cut your throat’ ‘I will strangle you until you can’t breathe’ consider indirect threats such as ‘you better sleep with one eye open’ ‘if someone else did what you did I would kill them’* * *Has there ever been threats of arson i.e., relating to fire threats/threats to blow up their home and/or car/threats to put items through their letterbox* |  |  |  |  |
| 1. **Has the perpetrator ever attempted to strangle, choke, suffocate or drown the victim?**  * *When did the abuser attempt to strangle/choke/suffocate/drown them?* * *What happened?* * *Does this happen often?* * *Did the abuser restrict their breathing/did they lose consciousness? This could include hand over mouth, object over mouth, restraint around neck.* |  |  |  |  |
| 1. **Does the perpetrator do or say things of a sexual nature that make the victim feel bad or that physically hurt the victim or someone else?** If someone else specify who  * *Are they ever made to feel guilty to engage in sexual acts with the abuser? E.g does the abuser sulk or argue if told no.* * *Does the abuser ever force themselves on to them in a sexual capacity?* * *Has there been any strangulation during sexual intercourse? How does this make them feel?* |  |  |  |  |
| 1. **Is there any other person who has threatened the victim or who they are afraid of?** If Yes, please specify whom and why.  * Consider extended family if ‘honour’ based violence |  |  |  |  |
| 1. **Do you know if the perpetrator has hurt anyone else?**   Consider ‘honour’ based violence. Please specify whom, including children or elderly relatives (tick all that apply)  Children  Another family member  Someone from a previous relationship  Other (Please specify)   * *If they are aware that the abuser has been abusive in a previous relationship, how do they know this?* |  |  |  |  |
| 1. **Has the perpetrator ever mistreated an animal or the family pet?**  * *What happened? Where is the pet now? Are they safe?* |  |  |  |  |
| 1. **Are there any financial issues?** E.g. is the victim dependant on the perpetrator for money/ has the perpetrator recently lost their job / other financial issues  * *Does the abuser have financial control and can they have access to finances?* * *Does the patient have to ask for permission to spend money?* * *Are there any joint bills/claimed benefits?* * *What is their living situation/property type (i.e. rented/ mortgage etc).* |  |  |  |  |
| 1. **Has the perpetrator had problems in the past 12 months with drugs (prescription or other), alcohol or mental health which have led to problems in leading a normal life?**   Drugs  Alcohol  Mental Health   * *How does this affect the abuser’s daily life? Is the abuser addicted to the substance?* * *Has the abuser been diagnosed with mental health issues?* * *Do they believe that there is anything in particular that triggers the abuser’s behaviour?* |  |  |  |  |
| 1. **Has the perpetrator ever threatened or attempted suicide?**  * *When was the threat(s) made/suicide attempt?* * *Are the threats in relation to the victim stating they will leave the relationship?* |  |  |  |  |
| 1. **Has the perpetrator ever broken bail/an injunction and/or formal agreement for when they can have contact with the victim 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  Restraining Order  Forced Marriage Protection Order  Other   * *Has there ever been any orders/bail/injunctions in place? If so when and what?* * *Is there anything in place currently?* * *Have they ever reported the abuse to police before or any agencies i.e social services?* |  |  |  |  |
| 1. **Has the perpetrator ever been in trouble with the police or do they have a criminal record?** If yes, please specify:   Domestic abuse  Sexual Violence  Other Violence  Other |  |  |  |  |
| **Total Number of ‘Yes’ responses** |  | | | |

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| **For consideration by the practitioner** | |
| Is there any other relevant information (from victim or professional) which may increase risk levels?  Consider victim’s situation in relation to disability, substance misuse, mental health issues, cultural/ language barriers, ‘honour’ based systems, geographic isolation and minimisation.  Are they willing to engage with your service or any other support services? Please specify |  |
| Consider the perpetrator’s occupation/interests.Could this give them unique access to weapons? Describe. |  |
| Does the perpetrator have a history of lighting fires/arson or made threats of arson? |  |
| What are the victim’s greatest priorities to address their safety? |  |
| Was any of the information in this form obtained from sources other than the victim? Please specify |  |

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| **Safeguarding**  This risk assessment and any referrals to MARAC or domestic abuse support services **do not replace** safeguarding arrangements - professionals must take immediate action when needed to safeguard victims of domestic abuse, their children and vulnerable adults. **If someone is in immediate danger the police should be called on 999** | | |
|  | Yes | No |
| Do you believe there are risks facing children in the family? |  |  |
| Have you made a referral to children’s safeguarding? |  |  |
| Do you believe there are risks facing a vulnerable adult(s) with potential care and support needs? |  |  |
| Have you made a referral to adults safeguarding? |  |  |

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| **Next steps: referrals following this risk assessment** | |  |
| Based on the outcome of this risk assessment, do you now need to make a referral to: | Criteria | Yes |
| Sefton MARAC & IDVA service | 14+ Yes responses  Professional judgement cases\*  Repeat MARAC case |  |
| SWACA/ Sefton Domestic Abuse Service | Under 14 Yes responses  Professional judgement cases |  |
| Another domestic abuse service | Non Sefton based residents |  |

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| --- | --- |
| Name of practitioner |  |
| Organisation |  |
| Date completed |  |

**Guidance for completing this form**

**How to use the form**

**The risk assessment should be completed as the first step prior to completing any service referrals.**

Before completing the form for the first time we recommend you read the **Sefton Domestic Abuse Risk Assessment Tool practice guidance** and **Frequently Asked Questions.**

The risk assessment 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.

**Before you begin to ask the questions:**

• Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details? • Establish the whereabouts of the perpetrator and children.

• Explain why you are asking these questions and how it relates to MARAC.

**While you are asking the questions:**

• Identify early on who the victim is frightened of – ex-partner/partner/family member.

• Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

**Revealing the results to the victim:**

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area’s protocols when referring to MARAC and Children’s/Adults Safeguarding. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn’t feel that their situation is being minimised and that they don’t feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Risk is dynamic and can change very quickly. It is good practice to review the risk assessment after a new incident.

All questions must be completed in the risk assessment tool. Provide further detail where you can as this helps provide a fuller picture of the experiences of the victim.

Consider other known risk concerns/information for the victim and perpetrator.

A completed risk assessment form contains confidential information and so should only be shared with the relevant people. You should send this via secure email.

The risk assessment should be completed with the victim whenever possible. They should also be informed if you are planning to make a referral to MARAC, however, you do not need their consent.

**Perpetrators should** **not be given any information** about the risk assessment you complete with the victim or any onward referrals.

**Using Professional Judgement as part of the risk assessment**

There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly.

This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence. It could also be because an incident has just taken place and the professional does not feel it is appropriate to ask the risk assessment questions but they have concerns.

There are also specific instances where a further referral may be made to MARAC where no repeat incident has occurred. For example, cases where a perpetrator is about to be released from prison and this causes significant concern, or where significant further risks have been identified but no specific threats have been made and the case is discussed in order to make sure that every agency is aware of the concerns to enable them to put in place any appropriate safety measures.

**Repeat MARAC cases**

A repeat case is one which has previously been referred to MARAC and a further incident has then taken place within twelve months of the discussion.

A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

* Significant violence or threats of violence to the victim (including significant threats against property) e.g. Assault with visible injuries, threats to kill, threats of arson etc.
* A pattern of stalking or harassment
* Rape or sexual assault/abuse
* Breach of Restraining or Non-Molestation Orders

**Referrals into safeguarding**

**Children**

If any concerns are raised in relation to the safeguarding of a child or young person then a safeguarding referral should be made to Children’s Social Care via the dedicated CHAT (Children’s Help and Advice Team) helpline on 0151 934 4013

For urgent advice during out of office hours (from 5.30pm Mon to Thurs, from 5pm Friday and weekends and Bank Holidays) please contact Sefton’s Emergency Duty Team on 0151 934 3555. If you think a child is in immediate danger call 999.

For more information about Children’s Social Care visit [Children's Social Care (sefton.gov.uk)](https://www.sefton.gov.uk/childrens-services/childrens-social-care/)

**Adults**

If any concerns are raised in relation to the safety of a vulnerable adult then a safeguarding referral should be made to Adult Social Care.

If you need to speak to someone urgently call 0345 140 0845 to report your concerns.

Professionals can now also report non urgent concerns online visit [Professional Referral (sefton.gov.uk)](https://www.sefton.gov.uk/social-care-and-health/adult-social-care/adults/raise-a-concern/professional-referral/) to find out more.

For more information about Adult Social Care visit [Adult Social Care (sefton.gov.uk)](https://www.sefton.gov.uk/social-care-and-health/adult-social-care/)

**General**

For more information on domestic abuse visit [www.sefton.gov.uk/domesticabuse](http://www.sefton.gov.uk/domesticabuse)