**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 referred to.

**Onward referral criteria**

**Sefton MARAC**

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

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 is on incidents/experiences which have occurred within the **last 3 months**.

**Sefton specialist domestic abuse support services**

A referral to the appropriate victim support service should also be considered:

**Sefton IDVA Team**

Cases which score 10-13 ‘yes’ ticks are recognised as being high risk. Sefton IDVA Service offers crisis support to victims of domestic abuse aged 16+.

**Sefton Women’s and Children’s Aid**

Cases which score under 10 ‘yes’ ticks are recognised as low - medium risk. SWACA offers emotional and practical support to victims of domestic abuse. They also offer specific support to children.

**After completing this form**

If a referral to **MARAC and/or Sefton IDVA** is required, a referral form should also be completed 

or visit [**www.sefton.gov.uk/behindcloseddoors**](http://www.sefton.gov.uk/behindcloseddoors)**.**



Or visit [**www.swaca.com/resources**](http://www.swaca.com/resources)

If a referral to **SWACA** is required:

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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** |
| 1. **Has the current incident resulted in injury?**   If Yes, please state what and whether this is the 1st injury |  |  |  |  |
| 1. **Is the victim very frightened?** If Yes, please provide more details |  |  |  |  |
| 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 |  |  |  |  |
| 1. **Is the victim feeling depressed or having suicidal thoughts?** |  |  |  |  |
| 1. **Has the victim separated or tried to separate from their partner within the past 12 months?** |  |  |  |  |
| 1. **Is there any conflict over child contact?** |  |  |  |  |
| 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 |  |  |  |  |
| 1. **Is the victim pregnant, or do they have a baby under the age of 18 months?** |  |  |  |  |
| 1. **Is the abuse happening more often?** |  |  |  |  |
| 1. **Is the abuse getting worse?** |  |  |  |  |
| 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 |  |  |  |  |
| 1. **Has the perpetrator ever used weapons or objects to hurt the victim?** |  |  |  |  |
| 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) |  |  |  |  |

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| **Key Risks** | **Yes** | **No** | **Don’t Know** | **Further detail** |
| 1. **Has the perpetrator ever attempted to strangle, choke, suffocate or drown the victim?** |  |  |  |  |
| 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 |  |  |  |  |
| 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) |  |  |  |  |
| 1. **Has the perpetrator ever mistreated an animal or the family pet?** |  |  |  |  |
| 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 |  |  |  |  |
| 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 |  |  |  |  |
| 1. **Has the perpetrator ever threatened or attempted suicide?** |  |  |  |  |
| 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 |  |  |  |  |
| 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 | 14+ Yes responses  Professional judgement cases  Repeat MARAC case |  |
| Sefton IDVA service | 10+ Yes responses  Professional judgement cases |  |
| SWACA | Under 10 Yes responses  Professional judgement cases |  |
| Another domestic abuse service | Non Sefton based residents |  |

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

**Guidance to 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.

If you are unsure whether to make a referral, discuss your concerns with the designated child protection officer/safeguarding lead within your organisation first. Prior to making a referral to Children’s Social Care, if you would like to have a consultation with a Social Worker please call Sefton’s MASH Team on 0151 934 4013 / 4481.

A Child Referral Form should be completed in all cases – this can be found at [Information for professionals (sefton.gov.uk)](https://www.sefton.gov.uk/social-care/children-and-young-people/report-a-child-or-young-person-at-risk/information-for-professionals.aspx). Completed forms should be emailed to [socialcare.customeraccessteam@sefton.gov.uk](mailto:socialcare.customeraccessteam@sefton.gov.uk)

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.

**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/behindcloseddoors](http://www.sefton.gov.uk/behindcloseddoors)