SafeLives Dash Risk Checklist   
for use by Idvas and other non-police agencies[[1]](#footnote-1) for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed. See [Dash Risk Guidance](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.hertssunflower.org%2Fmedia%2Fdocuments%2Fsafelives-dash-risk-assessment-quick-start-guidance.docx&wdOrigin=BROWSELINK) for help with completing this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 comment box at the end of the form 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** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (eg police officer) |
| 1. **Has the current incident resulted in injury?**   Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| 1. **Are you very frightened?**   Comment: | ☐ | ☐ | ☐ |  |
| 1. **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.  Comment: | ☐ | ☐ | ☐ |  |
| 1. **Do you feel isolated from family/friends?**   Ie, does [name of abuser(s)] try to stop you from seeing  friends/family/doctor or others?  **Comment:** | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling depressed or having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?** | ☐ | ☐ | ☐ |  |
| 1. **Is there conflict over child contact?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] 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. | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?** |  |  |  |  |
| 1. **Is the abuse getting worse?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?**   For example: in terms of relationships; who you see; being ‘policed’ at home; telling you what to wear. Consider ‘honour’-based violence (HBV) and specify behaviour. | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** | ☐ | ☐ | ☐ |  |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**   If yes, tick who:  You ☐  Children ☐  Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?**   If someone else, specify who. | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **Do you know if [name of abuser(s)] has hurt anyone else?**   Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  Children ☐  Another family member ☐  Someone from a previous relationship ☐  Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. **Are there any financial issues?**   For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] 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 if known.  Drugs ☐  Alcohol ☐  Mental health ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?** | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] 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 ☐ | ☐ | ☐ | ☐ |  |
| 1. **Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?**   If yes, please specify:  Domestic abuse ☐  Sexual violence ☐  Other violence ☐  Other ☐ | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  | | | |

**For consideration by professional**

|  |  |
| --- | --- |
| **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? Describe.** |  |
| **Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe.** |  |
| **What are the victim’s greatest priorities to address their safety?** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you believe that there are reasonable grounds for referring this case to Marac?** | | | Yes ☐  No ☐ | |
| **If yes, have you made a referral?** | | | Yes ☐  No ☐ | |
| **Signed** |  | | **Date** |  |
| **Do you believe that there are risks facing the children in the family?** | | | Yes ☐  No ☐ | |
| **If yes, please confirm if you have made a referral to safeguard the children?** | | Yes ☐  No ☐ | **Date referral made** |  |
| **Signed** |  | | **Date** |  |
| **Name** |  | | | |

|  |
| --- |
| **Practitioner’s notes** |
|  |

1. Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-1)