Name of victim: Date: Restricted when complete

SafeLives Dash risk Identification checklist for use by IDVAs and other non-police agencies4 for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

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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 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. | ☐ | ☐ | ☐ |  |
| **2. Are you very frightened?**Comment: | ☐ | ☐ | ☐ |  |
| **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.Comment: | ☐ | ☐ | ☐ |  |
| **4. 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: | ☐ | ☐ | ☐ |  |
| **5. Are you feeling depressed or having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| **6. Have you separated or tried to separate from [name of abuser(s)] within the past year?** | ☐ | ☐ | ☐ |  |
| **7. Is there conflict over child contact?** | ☐ | ☐ | ☐ |  |
| **8. 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. | ☐ | ☐ | ☐ |  |
| **9. Are you pregnant or have you recently had a baby (within the last 18 months)?** | ☐ | ☐ | ☐ |  |
| **10. Is the abuse happening more often?** | ☐ | ☐ | ☐ |  |
| **11. Is the abuse getting worse?** |  |  |  |  |
| **12. 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. |  |  |  |  |
| **13. Has [name of abuser(s)] ever used weapons or objects to hurt you?** | ☐ | ☐ | ☐ |  |
| **14. 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) ☐ | ☐ | ☐ | ☐ |  |

4 Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

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| --- | --- | --- | --- | --- |
| **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** |
| **15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| **16. 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. | ☐ | ☐ | ☐ |  |
| **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. | ☐ | ☐ | ☐ |  |
| **18. 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) ☐ | ☐ | ☐ | ☐ |  |
| **19. Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| **20. 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? | ☐ | ☐ | ☐ |  |
| **21. 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 ☐ | ☐ | ☐ | ☐ |  |
| **22. Has [name of abuser(s)] ever threatened or attempted suicide?** | ☐ | ☐ | ☐ |  |
| **23. 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 ☐ | ☐ | ☐ | ☐ |  |
| **24. 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** |  |

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## 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**