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| RISK ASSESSMENT CHECKLIST - DASH  **DASH RISK ASSESSMENT MODEL 2009**  **DOMESTIC ABUSE, STALKING, HARASSMENT & HONOUR BASED VIOLENCE** | | | | | | | | | | |
| CURRENT SITUATION  The context and detail of what is happening is very important. The questions highlighted in bold are high risk. Tick the relevant box and **add comment** where necessary to expand. | | | | | | | | YES | | NO |
| 1 | **Has the current incident resulted in injury?**  (Please state what and whether this is the first injury) | | | | | | |  | |  |
| 2 | **Are you very frightened?**  Comment: Somewhat  Very  Extremely | | | | | | |  | |  |
|  | |
|  | |
| 3 | **What are you afraid of? Is it further injury or violence?**  (Please give an indication of what you might think (name of abuser(s)) might do and to whom)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | |  | |  |
|  | Kill:  Further injury & violence:  Other (please clarify) | * Self * Self * Self | | | * Children * Children * Children | | * Other * Other * Other |  | |  |
| 4 | **Do you feel isolated from family / friends i.e. does the (name of abuser(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) try to stop you from seeing friends / family / Dr. or others?** | | | | | | |  | |  |
| 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?** (Please state what) | | | | | | |  | |  |
| 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) | | | | | | |  | |  |
| CHILDREN / DEPENDENTS (if no children / dependents, 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)?** | | | | | | |  | |  |
| 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)?** | | | | | | |  | |  |
| 11 | **Has (name of abuser(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**  **ever hurt children / dependents?** | | | | | | |  | |  |
| 12 | **Has (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**  **ever threatened to hurt or kill the children / dependents?** | | | | | | |  | |  |
| DOMESTIC VIOLENCE HISTORY | | | | | | | | YES | | NO |
| 13 | **Is the abuse happening more often?** | | | | | | |  | |  |
| 14 | **Is the abuse getting worse?** | | | | | | |  | |  |
| 15 | **Does (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 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.) | | | | | | |  | |  |
| 16 | **Has (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever used weapons or objects to hurt you?** | | | | | | |  | |  |
| 17 | **Has (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever threatened to kill you or someone else and you believed them?** | | | | | | |  | |  |
| 18 | **Has (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever attempted to strangle / choke / suffocate / drown you?** | | | | | | |  | |  |
| 19 | **Does (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 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)** | | | | | | |  | |  |
| 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) | | | | | | |  | |  |
| 21 | **Do you know if (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) has hurt anyone else? (children / siblings / elderly relatives / stranger for example). Consider HBV. Please specify who and what** | | | | | | |  | |  |
|  | * Children * Someone from a previous relationship | | | * Another family member * Other (please specify) | | | |  | |  |
| 22 | **Has (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever mistreated an animal or the family pet?** | | | | | | |  | |  |
| ABUSER(S) | | | | | | | | YES | | NO |
| 23 | **Are there financial issues? For example, are you dependent on (name of abuser(s) for money / have they recently lost their job / other financial issues?** | | | | | | |  | |  |
| 24 | **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?** (Please specify what) | | | | | | |  | |  |
|  | * Drugs | | * Alcohol | | | * Mental Health | |  | |  |
| 25 | **Has (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever threatened of attempted suicide?** | | | | | | |  | |  |
| 26 | **Has name of abuser(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ever breached bail / an injunction and / or any agreement for when they can see you and / or the children?** (Please specify what)   * Bail conditions * Non-molestation / Occupation Order * Child contact arrangements * Forced Marriage Protection Order * Other | | | | | | |  | |  |
|  |  | |  |
| 27 | **Do you know if (name of abuser(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) has ever been in trouble with the Police or has criminal history? (If yes, please specify)**   * DV * Sexual Violence * Other Violence * Other | | | | | | | | | |
|  | Other relevant info which may alter risk levels: (for example victims vulnerability-disability, mental health, alcohol/substance misuse and/or the abusers occupation/interests-does this give unique access to weapons ie ex-military, police): | | | | | | | | | |
|  | Total ‘YES’ responses | | | | | | | |  | |
|  | Signed:  Name: | | | | | | | | Date: | |
|  | Practitioner’s Notes | | | | | | | | | |