SafeLives Dash risk checklist for use by IDVA's and other non-police agencies¹ for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed

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.			DON'T KNOW	State source of info if not the
It is assumed that your main source of information is the victim. If this is <u>not the case</u> , please indicate in the right hand column	YES	ON	DON"	victim (eg police officer)
 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? le, 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)				

¹ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Name of victim:	Date:	Restricted when complete

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				
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 Other				
Total 'yes' responses				

Name of victim: Date: Restricted when complete	te
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For consideration by professional

victim or profess risk levels? Cons relation to disabi mental health iss barriers, 'honour geographic isola	r relevant information ional) which may income inco	crease on in se, age n.		
	's occupation / intere hem unique access t ibe.			
What are the vict address their saf	im's greatest prioriti ety?	es to		
Do you believe the this case to Mara		ble grounds for referring	Yes □ No □	
If yes, have you	made a referral?		Yes □ No □	
Signed			Date	
Do you believe the family?	nat there are risks fac	cing the children in the	Yes □ No □	
If yes, please con made a referral to children?		Yes □ No □	Date referral made	
Signed			Date	
Name				
Practitioner's no	tes			

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