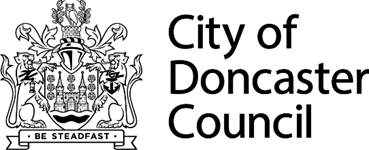
VERSION CONTROL: V11/2024

****

**DOMESTIC ABUSE RISK ASSESSMENT – DASH: PART A (DETAILS & CONSENT)**

|  |  |
| --- | --- |
| **Date:** |  |
| **Name of person completing DASH:** |  |
| **Agency:** |  |
| **Contact number & email address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Has your Line Manger / MARAC rep reviewed the DASH.**  **(High Risk Dash’s must be reviewed by your line manager or MARAC rep)** | | **Line manager Name** | **Line manager Email address / contact number** |
| **YES:** | **NO: (if no please add why)** |  |  |

|  |  |
| --- | --- |
| **Victim / Survivor Name:** |  |
| **Date Of Birth:** |  |
| **Address Of Victim:** |  |
| **Telephone No:** |  |
| **Email Address:** |  |
| **Is It Safe to Call / Text / Email? Y / N** | (Please use this space to note preferred times and times of potential safe contact) |
| **GP details: (address / contact number)** |  |
| **Gender:** |  |
| **Is Your Gender Identity the Same as Assigned at Birth?** |  |
| **Ethnicity:** |  |
| **Disability:** |  |
| **Sexual Orientation:** |  |

**LGBTQ questions must be completed if appropriate to do so – please see the link here:** [**https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool.doc**](https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool.doc) **along with guidance notes here:** [**https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool-Guidance.doc**](https://sheffielddact.org.uk/domestic-abuse/wp-content/uploads/sites/3/2021/06/Stonewall-LGBT-Risk-Practice-Tool-Guidance.doc)

|  |  |
| --- | --- |
| **(Alleged) Perpetrator Name:** |  |
| **Date Of Birth:** |  |
| **Relationship to Victim** |  |
| **Address of Alleged Perpetrator:** |  |
| **Gender:** |  |
| **Is their Gender Identity the Same as Assigned at Birth?** |  |
| **Ethnicity:** |  |
| **Disability:** |  |
| **Sexual Orientation:** |  |

**Please add further information if multiple (alleged) perpetrators**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Or Stepchild**  **(Or any child living at the address) 1:**  **Name** |  |  | **Child Or Stepchild**  **(Or any child living at the address) 2:**  **Name** |  |
| **Address** |  | **Address** |  |
| **Date Of Birth** |  | **Date Of Birth** |  |
| **Relationship To Victim** |  | **Relationship To Victim** |  |
| **Relationship To Perpetrator** |  | **Relationship To Perpetrator** |  |
| **School** |  | **School** |  |
|  | |  | |
| **Child Or Stepchild**  **(Or any child living at the address) 3:**  **Name** |  | **Child Or Stepchild**  **(Or any child living at the address) 4:**  **Name** |  |
| **Address** |  | **Address** |  |
| **Date Of Birth** |  | **Date Of Birth** |  |
| **Relationship To Victim** |  | **Relationship To Victim** |  |
| **Relationship To Perpetrator** |  | **Relationship To Perpetrator** |  |
| **School** |  | **School** |  |

**Please add further information if additional Children / Adults / Dependents / Other are at risk.**

|  |
| --- |
|  |

**DOMESTIC ABUSE RISK ASSESSMENT – DASH: PART B (ASKING THE QUESTION & RISK MANAGMENT)**

**Please include as much information as possible including dates & frequency of incidents**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Has the current incident resulted in injury?   Please state the date this occurred, what the injury was and how it occurred and whether this is the first injury  If there are children, how have they been impacted? | Provide Details: | Yes | No |
| 1. **Are you very frightened?**   Comment on the level of fear and reasons why: | Provide Details: | Yes | No |
| 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) | Provide Details:  Kill: Self Children Other (Please specify)  Further injury & violence: Self Children Other (Please specify)  Other (Please clarify): Self Children Other (Please specify)  Are you afraid that you (or a dependant) may retaliate or hit back? | Yes | No |
| 1. **Do you feel isolated from family / friends** i.e., does (name of abuser (s) ....................) try to stop you from seeing friends / family / others?     Have [X’s actions] isolated the children as well? How? | Provide Details: | Yes | No |
| 1. **Depression and suicide**: within the last three months:   • are you feeling depressed?  • Have you had suicidal thoughts?  • Have you made a suicide attempt?  Or  Have you ever:  • Felt depressed?  • Had suicidal thoughts?  • Made a suicide attempt? | Provide Details: | Yes | No |
| 1. **Have you separated or tried to separate from** (name of abuser (s) ....................) within the past year? | Provide Details: | Yes | No |
| 1. **Is there conflict over child contact** (Please state what)   Can you tell me a bit about child contact?  How does [X] support or undermine your parenting?  Do you have any concerns about [X’s] behaviour towards the children when you aren’t around? | Provide Details: | Yes | No |
| 1. **Does (.......................) constantly text, call, contact, follow, stalk or harass you?**   Please expand to identify what and whether you believe that this done deliberately to intimidate you?  Consider the context and behaviour of what is being done | Provide Details: | Yes | No |
| **A) Are you currently pregnant?**  **Due Date:**  Has [X] supported you throughout your pregnancy? | Provide Details: | Yes | No |
| **B) Have you recently been pregnant / had a baby**  **(in the past 18 months)?**  Did [X] support you throughout your pregnancy? | Provide Details: | Yes | No |
| 1. Are there any children, stepchildren that aren’t (.......................) in the household?   Or other dependants in the household (e.g., older relative)? | Provide Details: | Yes | No |
| 1. **Has (.............................) ever hurt children / dependants?** | Provide Details: | Yes | No |
| 1. Has (..............................) ever threatened to hurt or kill the children / dependants?   Have these threats been made in front of the children or are they aware of them? | Provide Details: | Yes | No |
| 1. **Is the abuse happening more often? (Give details and frequency)** | Provide Details: | Yes | No |
| 1. **Is the abuse getting worse? (Give details)** | Provide Details: | Yes | No |
| 1. **Does (.............................) 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 including the behaviour of extended family)**  **Has [X] ever used or threatened to use the children in any way to control or hurt you?**  **Who makes the decisions around issues relating to the children?** | Provide Details: | Yes | No |
| 1. **Has (.............................) ever used weapons / poisons or objects to hurt you?**   **Please consider any training or jobs and hobbies that make the alleged perpetrator more dangerous, e.g. army, martial arts - please provide details** | Provide Details: | Yes | No |
| 1. **Has (.............................) ever threatened to kill you or someone else and you believed them?**   **Who?** | Provide Details: | Yes | No |
| 1. **Has (.............................) ever attempted to strangle / choke / suffocate / drown you?** | Provide Details: | Yes | No |
| 1. **Does (...........................) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Specify who/what)**   **Have the children ever seen or heard [X] do this?** | Provide Details: | Yes | No |
| 1. **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)** | Provide Details: | Yes | No |
| 1. Do you know if (.......................) has hurt anyone else? (For example, children/siblings/elderly relative/stranger. Consider HBV. Please specify who and what: | Provide Details: i.e. Have the children ever been hurt, accidentally or on purpose, because of [X’s] behaviour?  Another family member? Or Someone from a previous relationship? Other (Please specify) | Yes | No |
| 1. **Has (...........................) ever mistreated an animal or the family pet?** | Provide Details: | Yes | No |
| 1. Are there financial issues? For example, are you dependant on (...............) for money/have they recently lost their job/other financial issues.   e.g., debt or rent arrears? Give details. | Provide Details: | Yes | No |
| 1. **Has (........................) 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?** | Provide Details: | Yes | No |
| 1. **Has (.........................) ever threatened or attempted suicide?** | Provide Details: | Yes | No |
| 1. Has (..........................) ever breached bail/an injunction and/or any agreement for when they can see you and /or the children? (Please specify)   Bail conditions? DVPO?  Non-Molestation/Occupation order?  Child contact arrangements?  Forced Marriage Protection Order?  Other (Please specify) | Provide Details: | Yes | No |
| 1. Do you know if (.................) has ever been in trouble with the police or has criminal history?   (If yes, please specify)  DA? Sexual violence? Violence? | Provide Details: | Yes | No |

**Assessment of Threat & Risk:**

|  |
| --- |
| **Using the information, you have collected and know about the victim and (alleged) perpetrator, along with your professional judgement Please provide a summary of the threat posed to the victim by the perpetrator and your risk assessment rating.**  **Specifically consider:**   * How scared you perceive the victim to be, and any immediate threats that maybe posed by the perpetrator. * Whether you think the victim feels they cannot, or is being prevented from disclosing the abuse. * The level of control the (alleged) perpetrator has over the victim. * Any other aggravating factors that might lead the (alleged) perpetrator to commit serious harm against the victim e.g., recent separation / victim plans to leave / pregnant or has a young child / an injunction has expired or is due to expire / any significant mental health, alcohol use, or substance abuse. * Evidence of harmful cultural practices such as Honour Based Abuse (HBA) or forced marriage. * Is there a risk of violent resistance being used by the victim? * Is the abuser acting as a carer for the victim or does the victim act as a carer for the abuser? |
|  |

**PLEASE CLEARLY INDICATE THE LEVEL OF RISK**

**Standard Medium  High**

|  |  |
| --- | --- |
| **Standard** | **There appears to be no pattern of abusive behaviour, or control of one person by another. Current evidence does not indicate likelihood of causing serious harm.** |
| **Medium** | **There appears to be a pattern of abuse/control of one person by another, and/or frequent physical violence. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, such as the victim attempting to leave.** |
| **High** | **There is an extreme level of control of one person by another and/or very frequent and severe physical violence whereby risk of serious injury / harm or death is imminent. The potential event could happen at any time and the impact would be serious.** |

Risk of serious harm (Home Office 2002 and OASys 2006): ‘A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

**DOMESTIC ABUSE RISK ASSESSMENT – DASH: PART C (CONSENT / SUPPORT & REFERAL TO MARAC)**

**PLEASE MAKE EVERY EFFORT TO SPEAK TO THE VICTIM ABOUT CONSENT**

|  |  |  |
| --- | --- | --- |
| **Does the victim CONSENT to information being shared with partner agencies of the MARAC *(Multi - Agency Risk Assessment Conference)***  ***\*When seeking consent from a victim / survivor (for all risk levels) please ensure they understand that they are consenting to information being shared (about themselves and any children) with other services considered appropriate.***  ***This is to ensure agencies can aim to support safety for the victim where possible and try to reduce any further risk.***  ***If you have risk assessed a victim / survivor as High risk: The information will be shared without consent to ensure a joint partnership risk assessment and safety plan can be completed.*** | **Yes** | **No** (please include any rational) |

**Considerations / actions to take:**

* **Please consider any crimes that are disclosed to you (i.e., breach of and order) If you have assessed the victim as High Risk, you must report any crimes disclosed to the police via 101 or via SYP online website.**
* **If an emergency call 999.**
* **QR code for reporting crimes**

****

* **If the victim does not want police involvement, please ensure this is clearly stated on the report along with your details, so that the police can respond in an appropriate manner.**
* **Please consider any statutory referrals to Childrens Social Care or referrals to Adult Safeguarding.**
* **Please consider the Domestic Abuse Disclosure Scheme (Clare’s law)**
* **If strangulation has occurred, please seek guidance within your local area in relation non-fatal strangulation support and see link to leaflet:** [IFAS 01 - Patient Information v2.indd](https://ifas.org.uk/wp-content/uploads/2023/05/IFAS-01-Patient-Information.pdf)
* **You must take appropriate action to safeguard after completion of this form.**
* **Please ensure the form is fully completed and checked with line manager where possible. The form SHOULD ONLY be sent via a SECURE EMAIL address.**
* **Please send the referral form to the relevant area where the victim resides (below).**

|  |
| --- |
| **ACTION TAKEN BY REFERRER:**  **(Please provide details of any safeguarding and/or risk management steps / Actions you have already taken, including agencies you have liaised with):** |
|  |

**If assessed as High Risk:**

**ALL HIGH RISK DASHS MUST BE SENT TO YOUR AREA MARAC AND SUPPORT SERVICE AS BELOW:**

**NO CONSENT IS NEEDED TO REFER A HIGH RISK DASH; HOWEVER, YOU MUST MAKE EVERY EFFORT TO INFORM THE VICTIM THEY HAVE BEEN REFERRED.**

|  |  |
| --- | --- |
| **SHEFFIELD** | **DONCASTER** |
| **Email:** [**sheffield.marac@idas.cjsm.net**](mailto:sheffield.marac@idas.cjsm.net)  **&**  **Email:** [**sheffield.idva@idas.cjsm.net**](mailto:sheffield.idva@idas.cjsm.net)  [**sheffield.marac@idas.org.uk**](mailto:sheffield.marac@idas.org.uk) (this email should only be used if you cannot use the CJSM emails above. If using this email, please password protect the DASH before sending)  **Helpline: 0808 808 2241**  **Website:** [**Idas.org.uk**](https://idas.org.uk/) | **Email:** [**MARAC@doncaster.gov.uk**](mailto:MARAC@doncaster.gov.uk)  **Helpline: (01302) 737080**  **Website:** [**www.doncaster.gov.uk/domesticabuse**](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doncaster.gov.uk%2Fdomesticabuse&data=05%7C02%7Ckayley.charlton%40rotherham.gov.uk%7C94e13858fdee4cfebfed08dcc10d432a%7C46fbe6fd78ae47699c1dbcea97378af6%7C0%7C0%7C638597509944602646%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=CrS7tiqNNU608A6ql8o7fIa5ti1%2FVCs5ezSqqBXuk%2FM%3D&reserved=0) |
| **BARNSLEY** | **ROTHERHAM** |
| **Email:** [**barnsley.marac@idas.cjsm.net**](mailto:barnsley.marac@idas.cjsm.net)  **&**  **Email:** [**barnsley.idva@idas.cjsm.net**](mailto:barnsley.idva@idas.cjsm.net)  [**barnsely.marac@idas.org.uk**](mailto:barnsely.marac@idas.org.uk)(this email should only be used if you cannot use the CJSM emails above. If using this email, please password protect the DASH before sending)  **Helpline: 03000 110 110**  **Website:** [**idas.org.uk**](https://idas.org.uk/) | **Email:** [**MARAC.referrals@rotherham.gov.uk**](mailto:MARAC.referrals@rotherham.gov.uk)  **&**  **Email:** [**help@rotherhamrise.org.uk**](mailto:help@rotherhamrise.org.uk)  **Helpline: 0330 202 0571**  **Website:** [**rotherhamrise.org.uk**](https://rotherhamrise.org.uk/) |

**If assessed as medium or standard risk:**

**ALL** **MEDIUM OR STANDARD RISK DASHS: CONSENT MUST BE OBTAINED BEFORE SHARING THE INFORMATION WITH SUPPORT AGENCIES.**

**IF CONSENT GAINED, PLEASE EMAIL THE DASH TO YOUR AREA SUPPORT SERVICE AS BELOW:**

|  |  |
| --- | --- |
| **SHEFFIELD** | **DONCASTER** |
| **Email:**  [**sheffield.idva@idas.cjsm.net**](mailto:sheffield.idva@idas.cjsm.net)  or  [**info@idas.org.uk**](mailto:info@idas.org.uk) **or** [**referrals@idas.org.uk**](mailto:referrals@idas.org.uk)  (NB if you are sending a DASH and cannot use CJSM, please password protect the DASH before sending)  **Helpline: 0808 808 2241**  **Website:** [**idas.org.uk**](https://idas.org.uk/)  **(For out of hours housing support call 0800 7311 689)** | **Email:** [**DAhub@doncaster.gov.uk**](mailto:DAhub@doncaster.gov.uk)  **Helpline: 01302 737080**  **Website:** [**www.doncaster.gov.uk/domesticabuse**](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doncaster.gov.uk%2Fdomesticabuse&data=05%7C02%7Ckayley.charlton%40rotherham.gov.uk%7C94e13858fdee4cfebfed08dcc10d432a%7C46fbe6fd78ae47699c1dbcea97378af6%7C0%7C0%7C638597509944602646%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=CrS7tiqNNU608A6ql8o7fIa5ti1%2FVCs5ezSqqBXuk%2FM%3D&reserved=0) |
| **BARNSLEY** | **ROTHERHAM** |
| **Email:** [**barnsley.idva@idas.cjsm.net**](mailto:barnsley.idva@idas.cjsm.net)  [**info@idas.org.uk**](mailto:info@idas.org.uk)  (NB if you are sending a DASH and cannot use CJSM, please password protect the DASH before sending)  **Helpline: 03000 110 110**  **Website: idas.org.uk** | **Email:** [**help@rotherhamrise.org.uk**](mailto:help@rotherhamrise.org.uk)  **Helpline: 0330 202 0571**  **Website:** [**rotherhamrise.org.uk**](https://rotherhamrise.org.uk/) |

**IF YOU FEEL THE VICTIM WOULD NEED A ‘CLOSED MARAC’ MEETING – PLEASE CONTACT YOUR MARAC REP / RELEVENT DA SERIVCES FOR FURTHER ADVICE AND DETAILS - (CLOSED MARACS MAYBE REQUIRED WHEN EITHER THE VICTIM OR PERPETRATOR IS EMPLOYED BY ONE OF THE MARAC PARTICIPATING AGENCIES OR IN SOME CASES OF HBA)**