The DASH is for all professionals working with victims of domestic abuse, stalking and harassment and honour based violence. This tool is designed to be completed by professionals in consultation with the victim. Where this is not possible, a DASH should still be completed, but professionals should make it clear that information is to the best of the professional’s knowledge.

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| Agency |  | Contact Name |  |
| Email/phone |  | Date |  |

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| Victim name |  | Victim DOB |  |

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| Perpetrator name |  | Perpetrator DOB |  |

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| Current Situation | | |
| 1. Has the current incident resulted in injury and whether this is first injury? | Yes | No |
| 1. **Are you very frightened?** | Yes | No |
| 1. What are you afraid of (i.e. further injury or violence)? Please advise what you think might happen:   Kill: Self Children Other (specify)  Further injury and violence: Self Children Other (specify)  Other (please specify): Self Children Other (specify) | | |
| 1. **Do you feel isolated from family/friends, i.e. does the abuser try to stop you from seeing friends/family/doctor or others?** | Yes | No |
| 1. Are you feeling depressed or having suicidal thoughts? | Yes | No |
| 1. **Have you separated or tried to separate from your abuser in past year?** | Yes | No |
| 1. **Is there conflict over child contact?** | Yes | No |
| 1. **Does the abuser 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 behavior of what is being done. If ‘Yes’, please complete section 28-36. | Yes | No |

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| Children and Dependents | | |
| 1. **Are you currently pregnant or have you had a baby in the last 18 months?** | Yes | No |
| 1. Are there any children, step-children that aren’t the abusers that live in the household? Are there other dependents in the household (i.e. older relatives)? | Yes | No |
| 1. **Has the abuser ever hurt the children/dependents?** | Yes | No |
| 1. Has the abuser ever threatened to hurt the children/dependents? | Yes | No |
| Domestic Violence History | | |
| 1. **Is the abuse happening more often?** | Yes | No |
| 1. **Is the abuse getting worse?** | Yes | No |
| 1. **Does the abuser 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 behavior. | Yes | No |
| 1. **Has the abuser ever used weapons or objects to hurt you?** | Yes | No |
| 1. Has the abuser ever threatened to kill you or someone else and you believed them? | Yes | No |
| 1. **Has the abuser ever attempted to strangle/choke/suffocate/drown you?** | Yes | No |
| 1. **Does the abuser say or do anything of a sexual nature that makes you feel bad, or that physically hurt you or someone else?** (please specify who and what) | Yes | No |
| 1. **Is there any other person that has threated you or that you are afraid of?**  (If yes, consider extended if honour based violence. Please specify who). | Yes | No |

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| Abuser(s) | | | | |
| 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? | | | Yes | No |
| 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 ☐ | | | Yes | No |
| 1. Do you know if the abuser has hurt anyone else? (children/siblings/elderly relative/stranger, consider HBV). Please specify who and what. | | | Yes | No |
| Children  other family member | | previous relationship  other (please specify |
| 1. **Has the abuser ever mistreated an animal or the family pet?** | | | Yes | No |
| 1. **Has the abuser ever threatened or attempted suicide?** | | | Yes | No |
| 1. Has the abuse ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? Please specify what | | | Yes | No |
| Bail conditions  child contact arrangements  other (please specify) | Non-molestation/restraining/occupation order  forced marriage protection order | |
| 1. Do you know if the abuser has ever been in trouble with the police or has a criminal history? Please specify what. | | | Yes | No |

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| Comments |
| Please comment on all the areas ticked yes, identifying by number and any other relevant comments:  (consider for example victim’s vulnerability, disability, mental health, alcohol/substance misuse and/or the abuser’s occupation or interests and if this gives access to weapons (i.e. ex-military, police, pest control?) |
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| What is the level of risk in this case? | | |
|  | **Standard** | No significant indicators of risk |
|  | **Medium** | There are identifiable indicators of risk of harm. The abuser has potential to cause harm but is unlikely to do so unless there is a change in circumstances, i.e. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse. |
|  | **High** | There are identifiable indicators of serious harm. The potential even could happen at any time and the impact would be serious. All high risk cases to be referred to MARAC. |

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| Consent | | |
| **Does victim consent to referral to DRAMM-MARAC?** | Yes | No |
| It is considered to be good practice to obtain a victim’s consent before making a referral to DRAMM-MARAC (unless it is unsafe to do so). However, referrals can and should be made without the victim’s consent. Agencies that participate in the Kirklees DRAMM-MARAC have a duty to safeguard victims of domestic abuse and their children. For further information about how we use personal data, please see <http://www.kirklees.gov.uk/beta/information-and-data/how-we-use-your-data.aspx> | | |

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| Additional Risk Factors – Stalking | | |
| Please only complete this section if question 8 (does the abuser constantly text, call, contact, follow, stalk or harass you) was answered ‘yes’. | | |
| 1. Is there any previous domestic abuse and/or harassment history with this victim or other victims? | Yes | No |
| 1. Has the suspect ever vandalized or destroyed property belonging to the victim? | Yes | No |
| 1. Has the suspect turned up unannounced to the vitcim’s home, workplace etc more than once a week? | Yes | No |
| 1. Have there ever been threats of physical or sexual violence? | Yes | No |
| 1. Has any third party been harassed since the harassment began i.e. family, friends, colleagues? | Yes | No |
| 1. Has the suspect acted violently towards another during the stalking incident? | Yes | No |
| 1. Have others been engaged to help wittingly or unwittingly? | Yes | No |
| 1. History of the abuser abusing drugs or alcohol? | Yes | No |
| 1. Is the suspect known to have been violent in the past (physical or psychological)? | Yes | No |