Young People’s DASH (Domestic Abuse Stalking and Harassment)

Risk Indicator Checklist

See accompanying guidance document for support to complete this form.

|  |  |
| --- | --- |
| **Name of Person Completing:** |  |
| **Organisation/Role:** |  |
| **Contact details** |  |
| **Date:** |  |

|  |
| --- |
| **Standard** [ ]  **Medium** [ ]  **High** [ ]  |

|  |  |
| --- | --- |
| **Victims details** | **Person Causing Harm/Alleged Perpetrator** |
| **Name:** |  | **Name:**  |  |
| **DOB:** |  | **DOB:** |  |
| **Address:** |  | **Address:** |  |
| **Post Code:** |  | **Post Code:** |  |
| **Contact No.** |  | **Contact No.** |  |
| **Email:** |  | **Email:** |  |
| **Gender:** |  | **Gender:** |  |
| **Specify Relationship e.g. Family, partner, ex-partner, other etc.** |  | **Specify Relationship e.g. Family, partner, ex-partner, other etc.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Are you frightened?**

Comment: |[ ] [ ] [ ]   |
| 1. **What are you afraid of? Is it further violence?**

Comment: |[ ] [ ] [ ]   |
| 1. **Are you feeling low or finding your emotions hard to cope with?**

**Are you having suicidal thoughts?** |[ ] [ ] [ ]   |
| 1. **Has the current incident resulted in injury?**

**Please state what and whether this is the first injury:** |[ ] [ ] [ ]   |
| 1. **Does […] constantly text, contact, follow, stalk or harass you, either in person, online or by phone?**

 |[ ] [ ] [ ]   |
| 1. **Does […] try to control everything you do? (For example, who you see, or what you wear?)**

**Do they get jealous about anything you do?** |[ ] [ ] [ ]   |
| 1. **Is the abuse happening more often?**

 |[ ] [ ] [ ]   |
| 1. **Is the abuse getting worse?**

 |[ ] [ ] [ ]   |
| 1. **Do you see your family/friends as much as you would like? Does […] stop you from seeing friends and family or professionals?**

 Comment: |[ ] [ ] [ ]   |
| 1. **Are you pregnant or do you have a baby?**

 |[ ] [ ] [ ]   |
| 1. **Are there any financial issues?**

For example, is […] experiencing difficulties with money (debts or loans) or are you dependent on […] for money or do they take money from you? |[ ] [ ] [ ]   |
| 1. **Have you broken up with or tried to break up with the person who is hurting you?**

 |[ ] [ ] [ ]   |
| 1. **If you have children, is there conflict between you and the person who is hurting you over seeing the children?**

 |[ ] [ ] [ ]   |
| 1. **Has […] ever used weapons or objects (such as a phone or household item) to hurt you?**

 |[ ] [ ] [ ]   |
| 1. **Has […] ever threatened to kill you or someone else?**

If yes, tick who:You [ ] Children [ ] A member of your family [ ] Other (please specify) [ ]  |[ ] [ ] [ ]   |
| 1. **Has […] ever attempted to strangle/choke/suffocate/drown you?**

 |[ ] [ ] [ ]   |
| 1. **Does […] 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.** |[ ] [ ] [ ]   |
| 1. **Is there any other person who has threatened you or who you are afraid of?** (Consider HBV risks, forced marriage and gang-related activity)

 |[ ] [ ] [ ]   |
| 1. **Do you know if […] has hurt anyone else?**

If yes, tick who:Children [ ]  Another family member [ ] Someone from a previous relationship [ ] Other (please specify) [ ]  |[ ] [ ] [ ]   |
| 1. **Has […] ever mistreated an animal or their family pet?**

 |[ ] [ ] [ ]   |
| 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?**

If yes, please specify which and give relevant details if known.Drugs [ ] Alcohol [ ] Mental health [ ]  |[ ] [ ] [ ]   |
| 1. **Has […] ever threatened or attempted suicide?**

 |[ ] [ ] [ ]   |
| 1. **Has […] ever breached their bail conditions or not followed an order by the police or a judge in court?**

Bail conditions [ ] Child contact arrangements [ ] Forced Marriage Protection Order [ ] Other [ ]  |[ ] [ ] [ ]   |
| 1. **Do you know if […] 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** |  |
| **Use this space to outline any other concerns you have which would contribute to the risks facing the young person:****(See Guidance document for advice around this section)** |
| Comments: |
| **Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems or geographic isolation?** |  |

|  |
| --- |
| **Risk Assessment:** |
| **STANDARD:**No indication of the likelihood of serious harm | [ ] Comments**:** |
| **MEDIUM:**The alleged perpetrator/person causing harm has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances | [ ] Comments**:** |
| **HIGH:**There is an immediate risk of serious harm. 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 | [ ] Comments**:** |