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:** |  |

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| --- |
| **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?** |  | | | |

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| --- | --- |
| **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**:** |