**Cambridgeshire and Peterborough DASH Risk Indicator Checklist**

**This form should be completed with input from the client to assess the level of risk**

**Current threshold for Cambs and Peterborough MARAC referrals: 17 or above on attached DASH risk assessment or on evidenced Professional judgement. Consent is preferable but not essential.**

**DASH forms scoring 14-16 can be sent to the IDVA Service with consent from the client.**

**Please tick box to confirm consent**

**The following posts all take referrals at any risk level: A8 IDVA, Ethnic Minority Victims IDVA, Health IDVA, Young People’s IDVA.**

**If the victim is over 60, please use the Older People’s DASH located at:** [Cambridgeshire County Council DASV Partnership - Make a Referral (cambsdasv.org.uk)](https://www.cambsdasv.org.uk/web/make_a_referral/593292)

**Please be aware that all professionals from external partner services will be expected to present their own case or provide a representative from their service. i.e. a manager who is fully familiar with the case and able to assist in creating actions on their service’s behalf in order to reduce risk to the victim. If you or your Manager is not able to present then your case may be deferred.**

**Please send this completed DASH as an attachment to the online referral form which is found at:** [Cambridgeshire County Council DASV Partnership - Make a Referral (cambsdasv.org.uk)](https://www.cambsdasv.org.uk/web/make_a_referral/593292)

**Please do not send the DASH without the online referral form**

Date Completed: **Name of Client:       DOB:**

|  |  |  |
| --- | --- | --- |
| **current situation**  The context and detail of what is happening is very important. The questions highlighted in bold are high risk factors. Tick the relevant box and **add comment** where necessary to expand. | Yes  **☑** | No  **☑** |
| 1. 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)    Kill: Self  Children  Other (please specify)    Further injury and violence: Self  Children  Other (please specify)  Other (please clarify): Self  Children  Other (please specify) |  |  |
| **4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)…..) try to stop you from seeing friends/family/Dr or others?** |  |  |
| 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?** (please state what) |  |  |
| **8. Does (…..) 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)    **If answer is yes, ask the following questions. If No, continue to Q9**   |  | | --- | | A.    Is there a previous domestic abuse and/or harassment history? | | B.    Had the perpetrator vandalised or destroyed property? | | C.    Has the perpetrator turned up unannounced more than 3 times per week? | | D.    Has the perpetrator threatened physical or sexual violence? | | E.    Has the perpetrator been harassing any third party since the harassment began? | | F.    Has the perpetrator acted violently towards anyone else during the stalking incident? | | G.   Has the perpetrator engaged others to help? (wittingly or unwittingly) | | H.    Is/has the perpetrator abusing/been abusing alcohol/drugs? | | I.      Has the perpetrator been violent in the past? (physical & psychological) | | J.     Does the perpetrator follow the victim or loiter near the victim? | |  |  |
| **Children/Dependents** (If no children/dependants, please go to the next section) | Yes | No |
| **9. Are you currently pregnant or have you recently had a baby (in the past 18 months)?** |  |  |
| 10. Are there any children, step-children that aren’t in the household? Or are there other dependants in the household (i.e. older relative)? |  |  |
| **11. Has (…..) ever hurt the children/dependants?** |  |  |
| 12. Has (…..) ever threatened to hurt or kill the children/dependants? |  |  |
| **Domestic Violence History** | Yes | No |
| **13. Is the abuse happening more often?** |  |  |
| **14. Is the abuse getting worse?** |  |  |
| **15. 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) |  |  |
| **16. Has (…..) ever used weapons or objects to hurt you?** |  |  |
| **17. Has (…..) ever threatened to kill you or someone else and you believed them?** |  |  |
| **18. Has (…..) ever attempted to strangle/choke/suffocate/drown you?** |  |  |
| **19. Does (….) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?** (Please specify who and what) |  |  |
| 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) |  |  |
| 1. Do you know if (…..) has hurt anyone else ? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)   Children  Another family member  Someone from a previous relationship  Other (please specify) |  |  |
| **22. Has (…..) ever mistreated an animal or the family pet?** |  |  |
| **Abuser(s)** | Yes | No |
| 23. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues? |  |  |
| **24. 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 |  |  |
| **25. Has (…..) ever threatened or attempted suicide?** |  |  |
| 26. Has (…..) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what)  Bail conditions  Non Molestation/Occupation Order  Child Contact arrangements  Forced Marriage Protection Order  Other |  |  |
| 27. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify)  DV  Sexual violence  Other violence  Other |  |  |
| **Professional Judgement:**   * **Other relevant information (from victim or professional) which may alter risk levels?** * **Consider the victim’s situation in relation to disability, substance misuse, and mental health issues?** * **Cultural/language barriers, ‘Honour based’ systems, geographic isolation and minimisation?** * **Consider the abuser’s occupation/interests/ criminal associates/lifestyle habits, including access to firearms/weapons?** * **What are the victim’s greatest priorities to addressing their safety?**     **If you need any further assistance please call the MARAC Co-ordinators or a Duty IDVA  on 01480 847718.**  **If you feel the DASH score does not accurately reflect the risk, please use the section below to clearly set out the additional risks using your professional judgement.** |  |  |
| **Any other relevant risk led information.** |  |  |

**YOU MUST ATTACH THE COMPLETED DASH TO THE ONLINE REFERRAL FORM, NOT SEND THE DASH ON ITS OWN**