

# DASH & S-DASH RISK ASSESSMENT

(Version 3.7 - 2024)

## DASH [Domestic Abuse Stalking & Harassment & Honour Based Abuse Risk Assessment Form]

Name of victim:

Date of completion:

### How to use the form:

Before completing this form for the first time we recommend that you complete internal domestic abuse training or ideally, the domestic abuse training available via the [LSCP Training – LSCP \(lincolnshirescp.org.uk\)](https://www.lincolnshirescp.org.uk)

Risk is dynamic and can change very quickly. It is good practice to review this risk assessment after a new incident.

**Guidance notes for both the DASH and S-DASH can be found on the [Lincolnshire Domestic Abuse Website](https://www.lincolnshire.gov.uk) A leaflet that can be given to those you are completing the DASH with is also available on [Domestic abuse resources – Professional resources \(lincolnshire.gov.uk\)](https://www.lincolnshire.gov.uk)**

### OASYS Definition of Serious Harm:

Harm which is life threatening or traumatic and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

### Definition of level of Risk:

**HIGH** – There are identifiable indicators of risk of SERIOUS harm. The potential event COULD happen at ANY TIME and the impact would be SERIOUS.

### Non High Risk:

**MEDIUM** – There are identifiable indicators of risk of harm. The offender has the potential to cause harm but is UNLIKELY to do so UNLESS there is a change in circumstances, e.g. loss of accommodation, failure to take medicine.

**STANDARD** – No Significant CURRENT indicators of risk of harm.

### Recommended Referral Criteria to MARAC:

- Professional judgement:** if a professional has serious concerns that the victim is at high risk of serious harm or homicide, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'- based abuse.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
- 'Visible High Risk':** This is based on the number of 'yes' answers given on the DASH risk assessment. As a guide, if there are 14 yes answers or more you may wish to consider a MARAC referral. **14 yes answers or more does not mean an automatic referral to MARAC.** You should use your professional judgement, and in particular discuss the case with your MARAC representative. If there is a high risk of serious harm or homicide the case should then be referred to the MARAC.
- Potential Escalation:** There is an increase in the frequency or severity of the abuse.

### What next:

If any of the above Criteria are appropriate you should consider referring the case to MARAC, by completing a 'Referral to MARAC' form, available on the [Domestic abuse website](https://www.lincolnshire.gov.uk).

**Always consult first with your manager and MARAC representative before submitting the referral.**

If any of the above criteria are not appropriate you should consider a referral to Lincolnshire Domestic Abuse Specialist Services or offer the person their contact details. Email: [info@ldass.org.uk](mailto:info@ldass.org.uk) Tel: 01522 510041

Website: [www.ldass.org.uk](https://www.ldass.org.uk)

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**PLEASE FOLLOW THE ONE CHANCE RULE FOR DISCLOSURE – THIS COULD BE THE ONLY TIME SOMEONE DISCLOSES ABUSE OR THAT A PROFESSIONAL CAN SPEAK TO THAT PERSON FREELY. USE PROFESSIONAL CURIOSITY TO BUILD A CLEAR PICTURE OF RISK.**

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Cross the box if the factor is present. Please use the comment box to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column	Yes (tick)	No	Don't Know	For Professional Judgement, state the source of info if not the victim e.g. police
1. Has the current incident resulted in physical injury? (Consider asking what was the first, worst and last incident for context) <i>Cut lip and bleeding from my genitals. This is not the first injury – black eye, fractured my nose, and cracked my ribs on several occasions. You name it; he's done it to me. Most of these have been reported in the past but I've never pursued an investigation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment: <i>It depends what person he is. One minute he's the softest person in the world and the next minute I'm begging him not to hurt me.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you frightened of? Further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ..... ) try to stop you from seeing friends/family/doctor or others? Comment: <i>I can't even go on my phone when I'm with John because he just threatens to smash it. He won't allow me to speak to my dad and now my dad won't have anything to do with me.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed <input checked="" type="checkbox"/> or having suicidal thoughts? <input checked="" type="checkbox"/> <i>Both, I can't take it anymore</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year? <i>Me and John are always on and off.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.) <b>*if YES complete S-DASH attached</b> <i>If he's with another girl then no but if he's on his own he constantly texts and calls me. He will make me take a picture of a girl if I say I'm with a friend just to prove who I'm with. I can't have any male friends.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you currently pregnant? <input checked="" type="checkbox"/> <i>12 weeks.</i> Is the perpetrator pregnant? <input type="checkbox"/> Or have you recently had a baby (in the last 18 months)? <input type="checkbox"/> Or have you had a pregnancy loss in the last 12 months including miscarriage, ectopic pregnancy, still birth or a termination of pregnancy? <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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10. Are there any children, stepchildren that aren't (....) in the household. Or are there any other dependants in the household (i.e. older relatives) Comment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Has (....) ever hurt the children / dependants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Has (....) ever threatened to hurt or kill the children / dependants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Is the abuse happening more often?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Is the abuse getting worse? <i>I think he's starting to care less and less and the injuries are getting worse.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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) <i>very much so, he is very controlling. He won't let me speak to males; he checks my phone whenever he gets a chance and is constantly accusing me of talking to other males.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Has (....) ever used weapons or objects to hurt you? <i>He's thrown a shoe at me in the past but that was reported to the police, I didn't want to make a statement about that at the time.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Has ( ) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) <i>I can't remember the time or date but her often tells me he's going to kill me and that he's not bothered about going to prison for a long time.</i> You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Has (.....) ever attempted to strangle/choke/suffocate/drown you? If yes, have there been times where it has been difficult to breathe, or where you have lost consciousness/become incontinent? Comment: <i>this is the first time he's tried to choke me. I passed out because he used so much force.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. 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) Comment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. <b>Consider extended family if HBA and complete a H-DASH <a href="#">Domestic abuse resources – Professional resources</a></b> ) Comment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21. Do you know if ( ) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. <b>Consider HBA and if suspected/disclosed complete a H-DASH <a href="#">Domestic abuse resources – Professional resources.</a></b> )  Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
22. Has ( ) ever mistreated an animal or the family pet? (Consider if they have any current access to animals or if they have	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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threatened to harm animals) <b>follow the flowchart to report animal abuse</b> <a href="#">Domestic abuse resources – Professional resources (lincolnshire.gov.uk)</a> Comment:				
23. Are there any financial issues? For example, are you dependent on (.....) for money/food/have they recently lost their job/debt/other financial issues? Comment: <i>We both have our own money but he thinks he can take my money whenever and I just let him because it's not worth it.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Has ( ) had problems in the past year with drugs (Prescription or other), alcohol or mental health leading to problems in day-to-day life? Comment: <i>He smokes weed all the time and it's become as issue, he has ADHD as well.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Has (.....) ever threatened or attempted suicide? Comment: <i>When he lived at the other place he used to bang his head against the walls.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider any in relation to an ex-partner of the perpetrator if relevant.) Bail conditions <input type="checkbox"/> Non-Molestation/Occupation Order <input type="checkbox"/>  Child Contact arrangements <input type="checkbox"/>  Forced Marriage Protection Order <input type="checkbox"/>  Domestic Violence Protection Notice/Order <input type="checkbox"/>  Stalking Protection Order <input type="checkbox"/> Other <input type="checkbox"/>  <i>Breaching bail, civil orders and DVPOs.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you know if ( ) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) Domestic Abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/>  Breach of Orders <input type="checkbox"/> Other <input type="checkbox"/>  <i>He's been arrested for lots of stuff</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses	<b>18</b>			

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**For consideration by professional:** Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, care and support needs, cultural/language barriers, 'honour'-based systems and minimisation. Are there concerns that they are supportive of terrorism, an extreme ideology or is vulnerable to radicalisation?  
Are they willing to engage with your service? Describe:

Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

Consider submitting a DVDS request and making the victim know you will do this.

[Request information under Clare's Law: Make a Domestic Violence Disclosure Scheme \(DVDS\) application | Lincolnshire Police \(lincs.police.uk\)](#)

**Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No**

If yes, have you made a referral? Yes/No

**Signed:**

**Date:**

**Do you believe that there are risks facing the children in the family? Yes / No**

If yes, please confirm if you have made a referral to safeguard the children: Yes / No

Date referral made .....

**Signed:**

**Date:**

**Name:**

**Any further Practitioner's Observations**

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## **S-DASH - DASH Additional Stalking and Harassment Risk Questions only to be used if you answered YES to questions 8 on the DASH.**

If you have concerns of stalking in the DASH element of this Risk assessment then please continue, so you can understand what risks there might be to your client regarding stalking.

Stalking is defined as (NPCC/CPS 2018): ***A pattern of unwanted, fixated and obsessive behaviour which is intrusive. It can include harassment that amounts to stalking, or stalking that causes fear of violence or serious alarm or distress.***

**Once you have completed the checklist, and if you answer positively to any of the questions there is support from any of the national stalking organisations;**

**National Stalking Helpline** : Operated by the Suzy Lamplugh Trust, the National Stalking Helpline gives practical information, support, and advice on risk, safety planning and legislation to victims of stalking, their friends, family, and professionals working with victims.

**Free phone: 0808 802 0300 E-mail: [advice@stalkinghelpline.org](mailto:advice@stalkinghelpline.org) [www.stalkinghelpline.org](http://www.stalkinghelpline.org)**

**Paladin – National Stalking Advocacy Service** - Paladin is a service for high risk victims. High risk is defined as those who are at risk of serious harm and/or homicide.

Phone: 0203 866 4107 E-mail: [info@paladinservice.co.uk](mailto:info@paladinservice.co.uk) [www.paladinservice.co.uk](http://www.paladinservice.co.uk)

Professionals often refer to The 8 Stages of Homicide produced by Dr Jane Monkton Smith to understand the level of stalking, please visit [Domestic abuse resources – Professional resources \(lincolnshire.gov.uk\)](http://Domestic%20abuse%20resources%20-%20Professional%20resources%20(lincolnshire.gov.uk))

**You can also report any of these behaviours to the police for support to be offered**

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The Context and details of what is happening is very important. Tick the relevant box and PLEASE add the details	Yes	No	Don't Know	State source of info if not the victim
<b>1. Are you very frightened?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Is there a previous domestic abuse and/or stalking/harassment history?</b> [involving you and/or anyone else that you know]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Has</b> [insert name of stalker(s)....] <b>ever destroyed or vandalised any of your property?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Does</b> [name of stalker(s)....] <b>turn up at your workplace, home etc unannounced or uninvited more than 3 times per week?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Does</b> [.....] <b>follow you or loiter around your home, workplace etc?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Has</b> [.....] <b>made any threats of physical or sexual violence?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Has</b> [.....] <b>stalked/harassed any third party since the stalking/harassment began?</b> (e.g. your friends, family, children, colleagues, partners or neighbours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Has</b> [.....] <b>acted out violently towards anyone else within the stalking incident?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>9. Has</b> [.....] <b>persuaded other people to help him/her?</b> (wittingly or unwittingly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>10. Is</b> [.....] <b>known to be abusing drugs and/or alcohol?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>11. Have they attempted/threatened suicide?</b> (signs of finality and commitment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>12. Is</b> [.....] <b>known to have been violent in the past?</b> (This could be physical or psychological)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insert any other relevant information below, for example: duration of stalking/harassment, various stalking/harassing behaviours engaged in by stalker, details of threats and violence, your beliefs concerning the stalker's motives and when it started, weapons owned by the stalker, nature of unwanted 'gifts'/items left or sent to the person and attitude/demeanour of stalker including mental health issues.				