

DASH risk assessments

[DASH-with-Guidance-2017.doc](#)

Dash Risk Assessment for older adults

Current situation The context and detail of what is happening is very important. the relevant box and add comment where necessary to expand.	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
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 or talking to friends/family/GP 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. Do you have any health issues that make it hard for you to protect yourself? (please state what)		
8. Does (.....) display any of the behaviours below? (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		
	Yes	No

A. Is there a previous domestic abuse and/or harassment history?		
B. Has the perpetrator vandalised or destroyed property?		
C. Does the perpetrator often turn up unannounced?		
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?		
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 insist on staying with you for medical appointments or other meetings?		
Children/Dependents (If no children/dependants, please go to the next section)	Yes	No
9. Are there any children, (ie Grandchildren/Great grandchildren) in the household or who visit regularly?		
10. Has (.....) ever hurt the children or been abusive in front of them		
Domestic Violence History	Yes	No
11. Has the abuse been happening for a long time?		
12. Is the abuse happening more often?		
13. Is the abuse getting worse?		
14. 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)		
15. Has (.....) ever used weapons or objects to hurt you?		
16. Has (.....) ever threatened to kill you or someone else and you believed them?		
17. Has (.....) ever attempted to strangle/choke/suffocate/drown you?		
18. Does (....) do or say things of a sexual nature that physically hurt you or that you don't want? (Please specify who and what)		

19. 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)		
20. Has (.....) ever mistreated an animal or the family pet?		
Abuser(s)	Yes	No
21. Is the person that is abusing you also providing care for you?		
22. Is the person that is abusing you an immediate family member? (please indicate) Partner (or ex) Son Daughter Son-in-Law Daughter-in-law Grandchild (please state if abuser under 18)		
23. Are there any financial issues? For example, are you dependent on (.....) for money?		
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? (Including dementia related illness) Drugs Alcohol Mental Health		
25. Has (....) taken money from you without you consent, or pressured you into giving them money?		
26. Has (.....) ever threatened or attempted suicide?		
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		
<u>Professional Judgement:</u> <ul style="list-style-type: none"> • Other relevant information (from victim or professional) which may alter risk levels? • Consider the victim's situation in relation to disability or health issues, substance misuse, and mental health concerns? • Consider if the victim is reliant on the abuser for care of any sort (including help with managing the household, collecting shopping or medication as well as personal care), consider the impact of losing this support on the victim • 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? 		

<ul style="list-style-type: none"> • What are the victim's greatest priorities to addressing their safety? 		
<p><u>Any other relevant risk led information.</u></p> <p>-</p> <p>-</p>		
<p><u>Are any other professionals or services involved with the victim? In some cases it may be appropriate to liaise with all services that are working closely with the victim to help with safety planning</u></p> <p>-</p>		
<p><u>Has a referral been made to the Adult Safeguarding Team?</u></p> <p>-</p> <p><u>Outcome of Adult Safeguarding Referral (if known)</u></p>		