VERSION CONTROL: V2/2025

****

**YOUNG PEOPLE’S DOMESTIC ABUSE RISK ASSESSMENT – DASH: PART A (DETAILS & CONSENT)**

**FOR USE WITH YOUNG PEOPLE IN SHEFFIELD AGED 13-18**

|  |  |
| --- | --- |
| **Date:**  |  |
| **Name of person completing DASH:**  |  |
| **Agency:** |  |
| **Contact number & email address:** |  |

|  |  |  |
| --- | --- | --- |
| **Has your Line Manger / MARAC rep reviewed the DASH.** **(High Risk Dash’s must be reviewed by your line manager or MARAC rep)**  | **Line manager Name** | **Line manager Email address / contact number**  |
| **YES:** | **NO:** **(if no please add why)** |  |  |
| **The experience of relationship abuse by young people is a safeguarding issue which should be shared with your safeguarding children’s team. A referral will also be required if you believe that there are risks facing any children in the family.** |
| **Please confirm if you have made a referral to safeguard the young person and any children they may have**  | **YES** | **NO** |
| **Name of Agency Safeguarding Lead** |  |
| **If the young person is OVER 16, do you believe that there are reasonable grounds to refer the case to MARAC (i.e. the risk is HIGH)** | **YES** | **NO** |

|  |  |
| --- | --- |
| **Victim / Survivor Name:** |  |
| **Date Of Birth:** |  |
| **Name of Parent/Carer(s):** |  |
| **School/Education Setting (if appropriate):** |  |
| **Legal status and name of social worker i.e. CIN/CP/LAC etc (if appropriate):** |  |
| **Address Of Victim:** |  |
| **Telephone No:** |  |
| **Email Address:** |  |
| **Is It Safe to Call / Text / Email? Y / N** | **(Please use this space to note preferred times and times of potential safe contact)** |
| **GP details: (address / contact number)** |  |
| **Gender:** |  |
| **Is Your Gender Identity the Same as Assigned at Birth?** |  |
| **Ethnicity:** |  |
| **Disability:** |  |
| **Sexual Orientation:** |  |

|  |  |
| --- | --- |
| **(Alleged) Perpetrator Name:** |  |
| **Date Of Birth:** |  |
| **Relationship to Victim:** |  |
| **Name of Parent/Carer (if known and if under 18):** |  |
| **School/Education Setting (if appropriate):** |  |
| **Name, Agency and contact details of professional(s) involved:**  |  |
| **Address of Alleged Perpetrator:** |  |
| **Gender:** |  |
| **Is their Gender Identity the Same as Assigned at Birth?** |  |
| **Ethnicity:** |  |
| **Disability:** |  |
| **Sexual Orientation:** |  |

**Please add further information if multiple (alleged) perpetrators**

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Or Stepchild** **(Or any child living at the address) 1:** **Name** |  |  | **Child Or Stepchild** **(Or any child living at the address) 2:** **Name** |  |
| **Address** |  | **Address** |  |
| **Date Of Birth** |  | **Date Of Birth** |  |
| **Relationship To Victim** |  | **Relationship To Victim** |  |
| **Relationship To Perpetrator** |  | **Relationship To Perpetrator** |  |
| **School** |  | **School** |  |
|  |  |
| **Child Or Stepchild** **(Or any child living at the address) 3:** **Name** |  | **Child Or Stepchild** **(Or any child living at the address) 4:** **Name** |  |
| **Address** |  | **Address** |  |
| **Date Of Birth** |  | **Date Of Birth** |  |
| **Relationship To Victim** |  | **Relationship To Victim** |  |
| **Relationship To Perpetrator** |  | **Relationship To Perpetrator** |  |
| **School** |  | **School** |  |

**Please add further information if additional Children / Adults / Dependents / Others at risk.**

|  |
| --- |
|  |

**DOMESTIC ABUSE RISK ASSESSMENT – DASH: PART B (ASKING THE QUESTION & RISK MANAGMENT)**

**Please include as much information as possible including dates & frequency of incidents**

|  |
| --- |
| **THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT.****TICK THE RELEVANT BOX AND ADD CONTEXT AND DETAIL WHEREVER YOU CAN****The young people’s DASH is split into questions that require yes/no answers, and areas where you are required to make observations. Please use the comment boxes provided throughout the form to record your professional judgement about how the young person’s specific situation affects their risk.****At the end of the checklist, consider the number of questions the young person has answered yes to and your professional judgement in combination, and offer risk management options based on this.** **YOU HAVE A RESPONSIBILITY AND A SAFEGUARDING DUTY TO RESPOND TO YOUNG PEOPLE AT THE EARLIEST POINT POSSIBLE TO PREVENT EXPOSURE TO, AND ESCALATION OF ABUSE.** **It is assumed that your main source of information is the young person who has been harmed, if this is not the case please indicate in the right hand column****For help and support with this form please see guidance and/or contact Sheffield Safeguarding Hub 0114 273 4855 (24 hours) or IDAS 0808 8082241** |
| **YOUR FEELINGS:** | **YES** | **NO**  | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e social worker, police officer etc)** |
| 1. **Are you frightened or scared?**

*Consider asking victim on a scale of 0-10 how frightened/scared they are*Comment: |  |  |  |  |
| 1. **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*Comment: |  |  |  |  |
| 1. **How are you feeling? Are you feeling low or finding your emotions hard to cope with?**

*If the young person discloses that they are feeling low, ensure that you ask them if they are having* [Suicidal Thoughts](https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/suicidal-thoughts/#Talkingaboutsuicidalthoughts)Comment:*(If the young person discloses that they are feeling low, ensure that you ask them if they are having* [Suicidal Thoughts *)*](https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/suicidal-thoughts/#Talkingaboutsuicidalthoughts) |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT** |
| * Does the young person recognise what a dangerous situation might be and their vulnerability?
* Are they exploring risk taking behaviour as part of their development? How might this affect their safety?
* Would this young person involve the police (or seek help from a trusted adult) if they were hurt again?

Comment:  |
| **WHAT IS HAPPENING TO YOU NOW:** | **YES** | **NO**  | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e social worker, police officer etc)** |
| 1. **Has the current incident resulted in injury? Please state what and whether this was the first injury**

*Tell me in your own words what has happened**Do they hurt you? Tell me about this..**Can you remember when this started?*Comment: |  |  |  |  |
| 1. **Does (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) constantly text, message, contact, follow, stalk or harass you? Either in person, online or by phone?**

Comment:  |  |  |  |  |
| 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?**

*What would happen if you were to say no to anything he or she asks of you? Can you explain so I can understand? (****nb. It might be helpful for practitioners to break this question down)***Comment: |  |  |  |  |
| 1. **Is (it) the abuse happening more often?**

Comment: |  |  |  |  |
| 1. **Is (it) the abuse getting worse?**

Comment:  |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT:** |
| * How old is the young person? Where are they in the formal education system?
* Is there any evidence that the young person may be minimising or exaggerating their experience?

Comment:  |
| **YOUR LIFE AND RELATIONSHIP:** | **YES** | **NO**  | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e social worker, police officer etc)** |
| 1. **Do you see your family/friends as much as you would like? Does (\_\_\_\_\_\_\_\_\_\_\_\_) stop you from seeing friends and family or professionals/people who are helping you?**

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

*Do you think you could be pregnant? When was your last period?*Comment:  |  |   |  |  |
| 1. **Are there any financial issues/money problems?**

*For example, is (\_\_\_\_\_\_\_\_) experiencing difficulties with money (debts or loans) or are you dependant on (\_\_\_\_\_\_\_\_\_\_\_) for money or do they take money from you?)* *Does person causing harm buy YP gifts or luxury items, give money, cigarettes, alcohol or substances?* Comment:  |  |  |  |  |
| **CONSIDERATION AS PART OF YOUR PROFESSIONAL JUDGEMENT** |
| * Is this the first relationship the young person has been in? How is this impacting their friendship group/understanding of acceptable behaviour?
* Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be?
* Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people?
* Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing form care, being missing from home, being the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators?
* 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, so called ‘honour’-based systems or geographic isolation?

Comment:  |
| **THINGS THAT MIGHT HAVE HAPPENED TO YOU IN THE PAST:** | **YES** | **NO**  | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e social worker, police officer etc)** |
| 1. **Have you broken up with or tried to break up with the person who is hurting you?**

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

Comment: |  |  |  |  |
| 1. **Has** **(\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever used weapons or objects (such as a phone or household item) to hurt you?**

Comment:  |  |  |  |  |
| 1. **Has** **(\_\_\_\_\_\_\_\_\_\_\_\_\_) ever threatened to kill you or someone else?**

*If yes, circle who,**You* *Children**A member of your family**Other (please specify)* |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) ever attempted to strangle / choke / suffocate / drown you?**

Comment: |  |  |  |  |
| 1. **Does (\_\_\_\_\_\_\_\_\_\_\_\_) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Specify who/what)**

*Have they asked you to share images of yourself?*Comment: |  |  |  |  |
| 1. **Is there any other person that has threatened you or that you are afraid of or who has hurt you in the past**

**?** *(If yes, consider extended family and so called ‘honour’ based abuse. Please specify who)* |  |  |  |  |
| 1. **Do you know if (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) has hurt anyone else?**

Comment: |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_) ever mistreated an animal or the family pet?**

Comment: |  |  |  |  |
| **THE PERSON WHO HARMS YOU:** | **YES** | **NO** | **DON’T KNOW** | **STATE SOURCE OF INFO IF NOT VICTIM (i.e social worker, police officer etc)** |
| 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? (Please specify what)**

*Drugs? Alcohol? Mental Health?* |  |   |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_) ever threatened or attempted suicide/to kill themselves?**

Comment: |  |  |  |  |
| 1. **Has (\_\_\_\_\_\_\_\_\_\_\_\_\_) ever breached their bail conditions or not followed an order by the police or a judge in court?**

*Bail conditions? DVPO?**Non-Molestation/Occupation order?* *Child contact arrangements?* *Forced Marriage Protection Order?* *Other (Please specify)* |  |  |  |  |
| 1. **Do you know if (\_\_\_\_\_\_\_\_\_\_\_\_\_) has ever been in trouble with the police or has criminal history?**

**(If yes, please specify)***DA? Sexual violence? Violence? Other?*  |  |  |  |  |
| **CONSIDERATION A PART OF YOUR PROFESSIONAL JUDGEMENT**  |
| * Is the person who hurts your client older than them? By how many years?
* Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk?

Comments:  |

**For additional consideration by the professional**

|  |  |
| --- | --- |
| **PROMPT** | **COMMENTS/ADDITIONAL INFORMATION** |
| **What additional concerns do you have based on your professional judgement/escalation?** |  |
| **Is the young person willing to engage with your service? Describe** |  |
| **Consider the person causing harm’s occupation/interests.*** Could this give them unique access to weapons?
* How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking?

**Describe.** |  |
| **What are the young person’s greatest priorities to address their safety? Describe.** |  |
| **Is there any evidence of harmful cultural practices of so called ‘Honour’ based abuse (HBA) or forced marriage? Describe.** |  |
| **Is there a risk of violent resistance being used by the victim?** |  |

**PLEASE CLEARLY INDICATE THE LEVEL OF RISK**

**THE RISK LEVEL MUST BE BASED ON THE REFERRAL CRITERIA AS HIGHLIGHTED IN SECTION 2 ABOVE, *NOT* JUST ON THE NO. OF TICKS**

***All under 18s MUST be referred to the Sheffield Safeguarding Hub - 0114 273 4855 (24 hours)***

**Standard Medium  High**

|  |  |
| --- | --- |
| **Standard** | **There appears to be no pattern of abusive behaviour, or control of one person by another. Current evidence does not indicate likelihood of causing serious harm.** |
| **Medium** | **There appears to be a pattern of abuse/control of one person by another, and/or frequent physical violence. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, such as the victim attempting to leave.** |
| **High** | **There is an extreme level of control of one person by another and/or very frequent and severe physical violence whereby risk of serious injury / harm or death is imminent. The potential event could happen at any time and the impact would be serious.** |

Risk of serious harm (Home Office 2002 and OASys 2006): ‘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.

**FOR STANDARD AND MEDIUM CASES, PLEASE SEE APPENDIX A**

**DOMESTIC ABUSE RISK ASSESSMENT – DASH: PART C (CONSENT / SUPPORT & REFERAL TO MARAC FOR YOUNG PEOPLE 16 AND OVER)**

**PLEASE MAKE EVERY EFFORT TO SPEAK TO THE VICTIM ABOUT CONSENT**

**Agencies MUST continue to follow their own procedures regarding any Child/Adult Safeguarding issues *and* continue to adhere to any agreed Domestic Abuse Policies.**

|  |  |  |
| --- | --- | --- |
| **Does the victim (aged 16 and over) CONSENT to information being shared with partner agencies of the MARAC *(Multi - Agency Risk Assessment Conference)******\*When seeking consent from a victim / survivor (for all risk levels) please ensure they understand that they are consenting to information being shared (about themselves and any children) with other services considered appropriate.*** ***This is to ensure agencies can aim to support safety for the victim where possible and try to reduce any further risk.*** ***If you have risk assessed a victim / survivor as High risk: The information will be shared without consent to ensure a joint partnership risk assessment and safety plan can be completed.***  | **Yes** | **No** (please include any rational) |

**Considerations / actions to take:**

* **Please consider any crimes that are disclosed to you (i.e., breach of and order) If you have assessed the victim as High Risk, you must report any crimes disclosed to the police via 101 or via SYP online website.**
* **If an emergency call 999.**
* **QR code for reporting crimes**

****

* **If the victim does not want police involvement, please ensure this is clearly stated on the report along with your details, so that the police can respond in an appropriate manner.**
* **Please consider any statutory referrals to Childrens Social Care or referrals to Adult Safeguarding.**
* **Please consider the Domestic Abuse Disclosure Scheme (Clare’s law)**
* **If strangulation has occurred, please seek guidance within your local area in relation non-fatal strangulation support and see link to leaflet:** [IFAS 01 - Patient Information v2.indd](https://ifas.org.uk/wp-content/uploads/2023/05/IFAS-01-Patient-Information.pdf)
* **You must take appropriate action to safeguard after completion of this form.**
* **Please ensure the form is fully completed and checked with line manager where possible. The form SHOULD ONLY be sent via a SECURE EMAIL address.**
* **Please send the referral form to the relevant area where the victim resides (below).**

|  |
| --- |
| **ACTION TAKEN BY REFERRER:****(Please provide details of any safeguarding and/or risk management steps / Actions you have already taken, including agencies you have liaised with):** |
| *
*
*
*
*
 |

**If assessed as High Risk:**

**ALL HIGH-RISK DASH ASSESSMENTS MUST BE SENT TO:**

|  |
| --- |
| **SHEFFIELD** |
| **Email:** **sheffield.marac@idas.cjsm.net****&****Email:** **sheffield.idva@idas.cjsm.net****sheffield.marac@idas.org.uk** (this email should only be used if you cannot use the CJSM emails above. If using this email, please password protect the DASH before sending)**Helpline: 0808 808 2241****Website:** [**Idas.org.uk**](https://idas.org.uk/)  |

**CONSENT IS NOT NEEDED TO REFER A HIGH-RISK DASH; HOWEVER, YOU MUST MAKE EVERY EFFORT TO INFORM THE VICTIM THEY HAVE BEEN REFERRED.**

**APPENDIX A**

**If assessed as medium or standard risk:**

**APPENDIX A – FOR STANDARD AND MEDIUM RISK YOUNG PEOPLE WHO ARE AGED 16 OR OVER CONSENT *MUST* BE OBTAINED TO REFER THEM TO A DOMESTIC ABUSE SERVICE, SEE SECTIONS 4 & 4A ABOVE. ONCE THIS HAS BEEN CONFIRMED, PLEASE SEND REFERRALS TO IDAS FOR DOMESTIC ABUSE SUPPORT.**

 **IF CONSENT GAINED, PLEASE SECURELY EMAIL THE DASH AS BELOW:**

|  |
| --- |
| **SHEFFIELD** |
| **Email:** **sheffield.idva@idas.cjsm.net****referrals@idas.org.uk**(NB if you are sending a DASH and cannot use CJSM, please password protect the DASH before sending)**Helpline: 0808 808 2241****Website:** [**idas.org.uk**](https://idas.org.uk/) **(For out of hours housing support call 0800 7311 689)** |

**IF YOU FEEL THE VICTIM WOULD NEED A ‘CLOSED MARAC’ MEETING – PLEASE CONTACT YOUR MARAC REP FOR FURTHER ADVICE AND DETAILS - (CLOSED MARACS MAYBE REQUIRED WHEN EITHER THE VICTIM OR PERPETRATOR IS EMPLOYED BY ONE OF THE MARAC PARTICIPATING AGENCIES OR IN CASES OF HBA)**