MANAGING DOMESTIC ABUSE DISCLOSURES IN ABORTION CARE PROVISION – AN EVALUATION OF STAFF PERCEPTION AND USE OF THE DOMESTIC ABUSE, STALKING, AND HONOUR-BASED VIOLENCE (DASH) RISK ASSESSMENT CHECKLIST

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Background

- Domestic abuse primarily affects women and can escalate during or after a pregnancy. Abortion care providers play an important role in identifying, assessing, and managing disclosures.
- The Domestic Abuse, Stalking, and Honour-Based Violence (DASH) risk assessment checklist was designed for the police and has since been developed for use by frontline professionals to support referral to multi-agency risk assessment conferences (MARAC).
- In 2023, the tool was incorporated into the existing safeguarding framework at the British Pregnancy Advisory Service (BPAS), supported by an accredited, externally developed training package for clinical staff.
- There is limited research on how DASH is used within abortion care settings.

We aimed to explore how staff understand and enact their responsibility of identifying and managing domestic abuse disclosures, focusing on understanding how the DASH tool supports this work.

Methods

- We took a mixed-methods approach through surveys and Focus Group Discussions (FGDs) with staff at BPAS.
- We administered a survey between 06/04/26 and 18/05/26, open to all staff who may receive a domestic abuse disclosure from a patient at BPAS. FGDs were held to explore emerging themes in-depth.
- We analysed survey data descriptively using STATA, and FGD transcripts were analysed thematically in Dedoose.

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KEY MESSAGES

Most staff found the DASH checklist to be helpful in managing domestic abuse disclosures, providing structure, consistency and a shared framework for risk assessment.



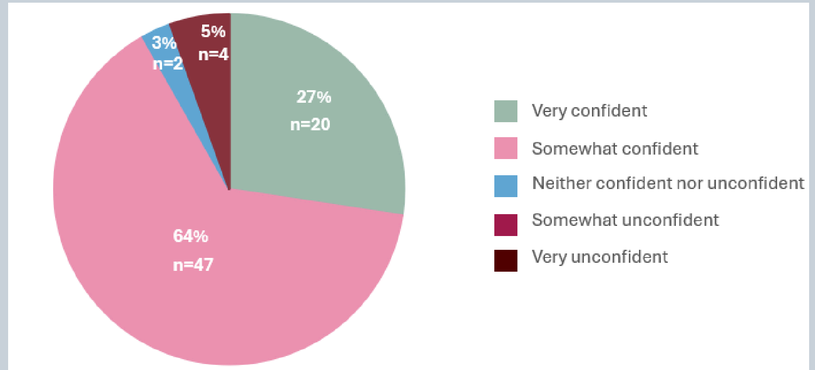
However, not all staff were confident using it, highlighting that effective risk assessment requires more than familiarity with the tool itself. The process requires additional **skill, time, and capacity**, as well as **clear role expectations, effective referral pathways, and organisational recognition of the emotional and relational work involved.**

Abortion care providers should consider **how the labour required is accounted for** in patient care pathways and acknowledged through supplementary and tailored training and support for staff working in the abortion sector.

Findings

- 105 staff completed the survey (14% of the BPAS workforce). 73 had experience using the DASH checklist, and the findings presented are based on this sample. 10 clinical staff, all with experience of using the checklist, participated in the FGDs.
- 37.0% found the checklist very helpful for understanding a patient's risk, and 54.8% found it somewhat helpful. 94.5% found it relevant in handling disclosures.
- Most (94.5%) found it somewhat or very helpful in handling disclosures, and 91.8% reported feeling somewhat or very confident using the tool in practice. None reported feeling very unconfident.

Figure 1: Overall staff confidence in using the DASH risk assessment tool



- Staff valued its structured approach but described challenges in identifying disclosures under time-constraints, uncertainty of the benefit of referral, and difficulty navigating this work alongside time-sensitive, high-quality care.
- The capacity and confidence to exercise professional curiosity, gain patient's trust, and manage the emotional burden of disclosures were seen as important factors in effective and consistent risk assessment beyond the scope of the tool.
- The abortion care setting facilitated novel opportunities for this wider work but also intensified tensions around priorities and professional boundaries.