

Name of Victim

Reference Number

Date

**SafeLives Dash risk checklist for use by IDVAs and other non-police agencies<sup>1</sup> for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.**

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>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</p>	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<p><b>1. Has the current incident resulted in injury?</b> Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>2. Are you very frightened?</b> Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>3. What are you afraid of? Is it further injury or violence?</b> Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>4. Do you feel isolated from family/friends?</b> ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>5. Are you feeling depressed or having suicidal thoughts?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>7. Is there conflict over child contact?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>10. Is the abuse happening more often?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>11. Is the abuse getting worse?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</b> For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</b> If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<sup>1</sup> This checklist is consistent with the Association of Chief Police Officers (ACPO) endorsed risk assessment model DASH 2009 for the police service.

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15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	YES	NO	DON'T KNOW	State source of info if not the victim
16. Does [name of abuser(s)] 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: <i>Children</i> <input type="checkbox"/> <i>Another family member</i> <input type="checkbox"/> <i>Someone from a previous relationship</i> <input type="checkbox"/> <i>Other (please specify)</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? If yes, please specify which and give relevant details if known. <i>Drugs</i> <input type="checkbox"/> <i>Alcohol</i> <input type="checkbox"/> <i>Mental health</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has [name of abuser(s)] ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. <i>Bail conditions</i> <input type="checkbox"/> <i>Non Molestation/Occupation Order</i> <input type="checkbox"/> <i>Child contact arrangements</i> <input type="checkbox"/> <i>Forced Marriage Protection Order</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: <i>Domestic abuse</i> <input type="checkbox"/> <i>Sexual violence</i> <input type="checkbox"/> <i>Other violence</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total 'yes' responses</b>				

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**For consideration by professional**

<b>Is there any other relevant information (from victim or professional) which may increase risk levels?</b>			
<b>Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</b>			
<b>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</b>			
<b>What are the victim's greatest priorities to address their safety?</b>			
<b>Do you believe that there are reasonable grounds for referring this case to MARAC?</b>		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<b>If yes, have you made a referral?</b>		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<b>Signed</b>		<b>Date</b>	
<b>Do you believe that there are risks facing the children in the family?</b>		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
<b>If yes, please confirm if you have made a referral to safeguard the children?</b>	Yes <input type="checkbox"/>	<b>Date referral made</b>	
	No <input type="checkbox"/>		
<b>Signed</b>		<b>Date</b>	
<b>Name</b>			

<b>Practitioner's notes</b>

This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

## Resource: Severity of Abuse Grid<sup>2</sup>

This Severity of Abuse Grid (SOAG) has been developed to be used with the Risk Identification Checklist. It gives you a framework within which you can identify specific features of the abuse suffered by your client and help you to address their safety in an informed and coherent way. It will also typically provide information that will be relevant for those cases going to MARAC.

To complete the SOAG, take the answers from the relevant questions on the checklist and then explore in more detail the severity of each category of abuse **currently suffered** and the escalation if it exists. Whether you are using it at the initial assessment or when reviewing risk, we recommend that the timeframe that should be applied for 'current' abuse is an incident within the last three months. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your client. **The context in which these and similar behaviours occur is all important in identifying a level of severity.**

**If you answer 'yes' to any of the questions 'is the abuse occurring?' you must circle one answer for each of the boxes in the other three columns to identify the level of severity, the escalation in severity and in frequency.**

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Physical	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Sexual	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Stalking and harassment	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Jealous and controlling behaviour / emotional abuse	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced

<sup>2</sup> Grid and guidance reproduced with kind permission of the Hestia Fund.