Clients Name;

Date completed;

Review date;

*SafeLives Dash risk checklist for use by IDVAs and other non-police agencies[[1]](#footnote-1) for MARAC case identification when domestic abuse, ‘honour’ based violence and/or stalking are disclosed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.**  **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.**  **It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (eg police officer) |
| 1. **Has the current incident resulted in injury?**   Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| 1. **Are you very frightened?**   **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, including children.  **Comment:** | ☐ | ☐ | ☐ |  |
| 1. **Do you feel isolated from family/friends?**   ie, does [name of abuser(s)] try to stop you from seeing  friends/family/doctor or others?  **Comment:** | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling depressed or having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?** | ☐ | ☐ | ☐ |  |
| 1. **Is there conflict over child contact?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] 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. | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?**   *\*for male victims you could ask “has your partner recently had a baby (in the last 18 months)?* | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse getting worse?** | ☐ | ☐ | ☐ |  |
| 1. **Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?**   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. | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**   If yes, tick who:  *You* ☐  *Children* ☐  *Other (please specify)* ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** | ☐ | ☐ | ☐ |  |
| **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** |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **Do you know if [name of abuser(s)] has hurt anyone else?**   Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  *Children* ☐  *Another family member*  ☐  *Someone from a previous relationship* ☐  *Other (please specify)* ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. **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? | ☐ | ☐ | ☐ |  |
| 1. **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.  *Drugs*  ☐  *Alcohol*  ☐  *Mental health*  ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?** | ☐ | ☐ | ☐ |  |
| 1. **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.  *Bail conditions*  ☐  *Non Molestation/Occupation Order*  ☐  *Child contact arrangements*  ☐  *Forced Marriage Protection Order*  ☐  *Other*  ☐ | ☐ | ☐ | ☐ |  |
| 1. **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:  *Domestic abuse* ☐  *Sexual violence*  ☐  *Other violence*  ☐  *Other*  ☐ | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  | | | |

**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, cultural / language barriers, ‘honour’- based systems, geographic isolation and minimisation.**  **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?** | | |  | | | |
| **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** |  | | | | | |

|  |
| --- |
| **Practitioner’s notes** |
|  |

**Severity of Abuse Grid[[2]](#footnote-2)**

This Severity of Abuse Grid (SOAG) has been developed to be used with the Risk Identification Checklist.

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 |

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.

1. This checklist is consistent with the Association of Chief Police Officers (ACPO) endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-1)
2. Grid and guidance reproduced with kind permission of the Hestia Fund. [↑](#footnote-ref-2)