

## **Making a Referral to NIDAS - Guidance Notes**

### **Which Service?**

Please indicate which part of NIDAS services you are making a referral for.

- REFUGE:** We have a purpose-built refuge in Newcastle for women and their children. The accommodation offers self-contained flats with up to three bedrooms. The refuge is staffed 24 hrs a day, our refuge provides a safe place for women and their children who are moving from abusive relationships.
- OUTREACH:** Our outreach team provide help on a one to one basis to create support and safety plans. The team help anyone at risk of abuse, whether they want to leave the relationship or work to stay safely. We always meet people in a place where they feel the safest.
- IDVA/ISVA:** We run a specialist service providing independent advice about domestic and sexual violence for victims at high risk of harm. Our advisors help to find the right support, make plans to help keep victims safe and work with the police/courts to achieve long term safety and gain access to the justice system.
- NEW BEGINNINGS COURSE:** The new Beginnings group is a 10 week awareness and recovery group for people who are no longer in an abusive relationship. The group aims to build awareness of what domestic abuse is and the effects it can have on both survivors and their children. It also helps those attending to develop healthy coping strategies for moving forward with their lives and recover from the abuse. It can help to develop confidence self-esteem and assertiveness skills also.

### **Referrer Details and Consent**

Please ensure that the contact details you give are correct as we will need to contact you when we are considering the referral.

We require consent by the client for the referral to be made.

Please ensure you indicate if the client has consented to the information to be shared with all services within NIDAS. For example, if a referral for our outreach service is received which indicates that the victim is at a high risk then this referral would be passed to the IDVA/IVSA service.

### **Client Details**

Please answer all questions in this section. Some of these questions and the proof requested if provided at this early stage can help us provide the right support and access services for the victim much quicker.

It is also helpful if women coming to the refuge bring with them as many of their ID documents as they can safely do so.

For individuals seeking support in their own right the minimum age we can accept is 16 years.

In order to keep everyone safe it is usually not practicable for us to accept women and their children into our refuge accommodation who live in close proximity to the refuge (approximately within a 3 mile radius). This is also usually the case if a perpetrator or their family live close by too. However, each case will be looked at on an individual basis as it may be possible in exceptional circumstances for us to accommodate this family.

### **Children**

Please answer all questions in this section. The maximum age we can accept male children is 16 into the refuge service. In order to make sure we can provide the right support for women and their children it is important that any questions are answered openly and honestly.

### **Equal Opportunities Monitoring**

We strive to ensure our services are welcoming to all victims of domestic abuse. Access to our services are risk led and high-risk referrals will be prioritised for both refuge and outreach services.

Eligibility for the services is based on risk and not any other defining factors such as ethnicity, religion, disability, sexuality, gender, immigration status or funding.

### **Background Information/Reason for Referral**

The refuge provision is only open for women and their children.

Outreach, IDVA/ISVA and Children/Young People's services are open to both males and females who have experienced domestic abuse this includes:

- Abuse by an adult partner
- Elder abuse and abuse by other family members
- Female genital mutilation
- Forced marriage and so called "honour" based violence
- Sexual assault/harassment
- Trafficking
- Women working in/escaping from sex work
- Stalking and harassment
- Sexual exploitation

Please note, the Children and Young People's service do not accept external referrals. In order for the Children's service to work with any children, their mother/father must also be working with another part of our service.

If the woman has lived in a refuge before we will contact the previous refuge before accepting a referral.

### **Perpetrator Details**

Please provide as much information as is known.

### **Client Support Needs**

Although we support women with complex needs within the refuge it is important that we are given clear information so that we can assess if we can effectively support the woman and her children. We will expect that women are able to function independently and be able to benefit from our services by engaging in the support offered.

In considering any referral for refuge accommodation, but in particular when a woman or family may require intensive levels of support, we will take into account the balance of the needs of other residents already resident in our refuge.

We can accept victims with drug or alcohol issues if they have been and will continue to actively engage in treatment programmes.

We will judge all referrals on their own merit where women or their children have been involved in offending. We will make an individual assessment based on each referral's individual circumstances. We have some flats on the ground floor and one adapted for people with mobility issues. We endeavour to ensure our services are accessible for all women with any disability be it hidden or otherwise.

Referrers can expect to hear from us with an update or response within one hour of receiving a referral for refuge accommodation. We aim to make decisions on referrals requesting refuge accommodation quickly so that other opportunities for accommodation are not missed.

High risk referrals are allocated to IDVA/ISVA within 24-48 hours, other non-refuge services within 72 hours.

### **Re-Housing**

Please note that it is important when they are making a decision about coming to live with us in our refuge that women are aware it is often very difficult to secure social housing outside of Newcastle City and neighbouring areas. If they wish to live in another area (outside the North East) when it is time to move on some local housing authorities will not accept referrals if they do not have a local connection or reason to be moving away from the North East.

## NEWCASTLE INTEGRATED DOMESTIC ABUSE SERVICE REFERRAL FORM

Please return to: [nidas.team@thirteen.cjsm.net](mailto:nidas.team@thirteen.cjsm.net) (secure email) or [Nidas.Team@thirteengroup.co.uk](mailto:Nidas.Team@thirteengroup.co.uk)  
or ring 0191 214 6501 for assistance

Please ensure a DASH risk assessment is completed by referring agency and attached

Use this form for all referrals into the Newcastle Integrated Domestic Abuse Service	
To which service is the client being referred? If unsure please leave blank	
<b>Refuge</b>	<b>IDVA/ISVA</b>
<b>Outreach:</b> 1:1 Support	New Beginnings Course
<b>Referrer Details</b>	
<p><b>Referral Agency:</b> _____ <b>Contact Name:</b> _____</p> <p><b>Contact Details (including phone number):</b> _____</p> <p><b>Is the person aware you are making the referral?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If no – please obtain clients consent as we will be unable to process referral without it</p> <p>Has the client given consent to access all parts of NIDAS dependent on risk level? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<b>Client details</b>	
<p><b>Full Name:</b> _____</p>	<p><b>Contact No:</b> _____</p> <p>Safe to call: Yes <input type="checkbox"/> No <input type="checkbox"/> if No, how can we contact the client? (we will not write to them)</p> <p>Safe time to call: (please complete even if anytime)</p> <p>Codeword, if necessary: _____</p>
<p><b>Previous Names:</b> _____</p> <p><b>DOB:</b> _____</p> <p><b>Gender:</b> _____</p>	<p><b>National Insurance No:</b> _____</p> <p><b>Ethnicity:</b> _____</p> <p><b>Preferred Language:</b> _____</p>
<p><b>Current address:</b> _____</p> <p><b>Does the perpetrator live at this address?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Please give details of tenure</b> e.g. is the client a named tenant/owner occupier, who is the landlord:</p> <p>_____</p> <p><b>Employment status:</b> _____</p>

**IDENTIFICATION - PLEASE DO NOT LEAVE THIS SECTION BLANK – NOT REQUIRED FOR OUTREACH REFERRAL**

**Does this person have identification?**

**If yes, what form of identification?**

**Does this person have access to their identification, or will they require Police assistance to recover the document?**

**PLEASE DO NOT LEAVE THIS SECTION BLANK – NOT REQUIRED FOR OUTREACH REFERRAL**

**Is the person currently receiving benefits?**

**Yes/No**

**If yes, which benefits**

**If no, do they now need to claim benefits?**

**Yes/No**

**What is their Nationality?**

**If EEA, do they have Settled Status?**

**Yes/No**

**If yes, has proof been seen and a copy taken? (Access their online account for proof as no letters are issued)**

**If no, seek immigration advice / may not have entitlement to benefits**

**None EEA, what is their immigration status?**

**None EEA, do they have recourse to public funds? (please provide proof if entitled to public funds)**

**None EEA: do they have Indefinite Leave to Remain? Yes/No**

**None EEA: are they a Refugee / seeking Asylum? Yes/No**

**If yes, what is their date of entry into UK?**

**Please give details of children:**

Name:

DOB:

Gender:

School/nursery:

Relationship to perpetrator:

Additional support needs:

Name:

DOB:

Gender:

School/nursery:

Relationship to perpetrator:

Additional support needs:

Name:

DOB:

Gender:

School/nursery:

Relationship to perpetrator:

Additional support needs:

Name:

DOB:

Gender:

School/nursery:

Relationship to perpetrator:

Additional support needs:

**Does the client have children not in their care?** Yes  No

If yes please give details:

**Is the client pregnant?** If yes please give due date: Yes  No

**Are Social Services involved in respect of any child/children/pregnancy?** Yes  No

If yes, please give details including contact details of any agency involvement:

**Does the client have regular contact with family members?** Yes  No

Please give details of arrangements/significant relationships including contact arrangements for any children:

**Equalities monitoring**

How does the client describe their own:

**Ethnicity:****Religion/ Belief:****Marital/Civil Partnership Status:****Gender:****Sexual orientation:****Disability:****Cultural needs:****Background Information/Reason for Referral:****Brief summary of abuse:****Date:****Police involvement:** Yes  No 

If yes, please give details:

**Details of latest incident:****Reason for referral:****Has a DVPO/DVPN been issued?** Yes  No **Please include DASH RIC with the referral (NO REFERRAL WILL BE PROCESSED WITHOUT THIS)**

DASH Risk level:

**Has the woman lived in a refuge before?**Yes  No  If yes, please give details including reason for move on:

**Perpetrator details:**

<b>Name:</b>	<b>Relationship to client:</b>
<b>DOB:</b>	<b>Address:</b>
<b>Additional info:</b>	<b>Known risks to professionals:</b>

**Client support needs/additional risks:**

Does the client have any of the following support needs? If yes please give details including any professional agency involvement or historical information:

<b>Drugs and alcohol:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:-	<b>Mental health:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:-
<b>Physical health:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:-	<b>Offending:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:-
<b>Medication:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:- (e.g. Are they currently taking medication? What medication are they prescribed? Have they chosen not to take medication?)	<b>Additional learning needs:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Details:-
<b>Current GP Surgery:</b>	<b>Accessibility requirements e.g. literacy difficulties, interpreter or signer required:</b>

**Any known additional risks working with this client?**

**Any other agency involvement?**

Signature:
Date:
Time:

# SafeLives Dash risk checklist

## Quick start guidance

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

**The Dash risk checklist should be introduced to the victim within the framework of your agency's:**

- Confidentiality policy
- Information sharing policy and protocols
- Marac referral policies and protocols

**Before you begin to ask the questions in the Dash risk checklist:**

- Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the Marac

**While you are asking the questions in the Dash risk checklist:**

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

### Revealing the results of the Dash risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area's protocols when referring to Marac and Children's Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. The responsibility for identifying your local referral threshold rests with your local Marac.



## Resources

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

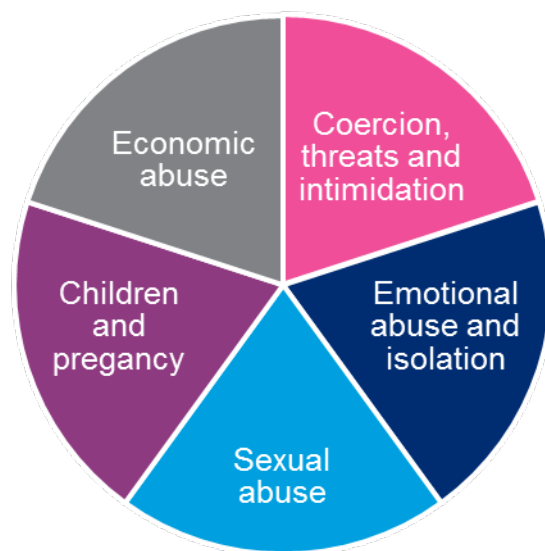
- **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
- **'Honour' Helpline** (tel: 0800 5999247) for advice on forced marriage and 'honour' based violence.
- **Sexual Assault Referral Centres** (<http://www.rapecrisis.org.uk/Referralcentres2.php>) for details on SARCs and to locate your nearest centre.
- **Broken Rainbow** (tel: 08452 604460 / web: [www.brokenrainbow.org.uk](http://www.brokenrainbow.org.uk)) for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

## Asking about types of abuse and risk factors

### Physical abuse

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

- Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
- Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
- The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- Sometimes violence will be used against a family pet.
- If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.



### Sexual abuse

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

- Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
- If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

### Coercion, threats and intimidation

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

- It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser's behaviour better than anyone else which is why this question is significant.
- In cases of 'honour' based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.

- Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as “If I can’t have you no one else can...”
- Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim’s home or workplace, loitering and destroying/vandalising property.
- Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
- Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
- Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
- Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
- Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for ‘honour’-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

### Emotional abuse and isolation

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

- The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
- Victims of ‘honour’ based violence talk about extreme levels of isolation and being ‘policed’ in the home. This is a significant indicator of future harm and should be taken seriously.
- Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim’s mental health and they might feel depressed or even suicidal.
- Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won’t understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

### Children and pregnancy

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

- The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child’s life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.

- Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children’s Services.

**Economic abuse**

Economic abuse is covered in question 20.

- Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
- The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at <http://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas>

**Other Marac toolkits and resources**

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative’s Toolkit** here:

[http://safelives.org.uk/sites/default/files/resources/Representatives%20toolkit\\_0.pdf](http://safelives.org.uk/sites/default/files/resources/Representatives%20toolkit_0.pdf).

This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from

<http://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring>. These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E  
 Ambulance Service  
 BAMER Services  
 Children and Young People’s Services  
 Drug and Alcohol  
 Education  
 Fire and Rescue Services  
 Family Intervention Projects  
 Health Visitors, School Nurses &  
 Community Midwives  
 Housing

Independent Domestic Violence  
 Advisors  
 LGBT Services  
 Marac Chair  
 Marac Coordinator  
 Mental Health Services for Adults  
 Police Officer  
 Probation  
 Social Care Services for Adults  
 Sexual Violence Services  
 Specialist Domestic Violence Services  
 Victim Support

Women’s Safety Officer

For additional information and materials on Multi-agency risk assessment conferences (Maracs), please see the

<http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>. This provides guidance on the Marac process and forms the basis of the Marac quality assurance process and national standards for Marac.



## SafeLives Dash risk checklist

### Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac<sup>1</sup> process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

### How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20>

### Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at Marac. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

[about%20Dash%20FINAL.pdf](#). Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way.

<sup>1</sup> For further information about Marac please refer to the 10 principles of an effective Marac: [http://www.safelives.org.uk/marac/10\\_Principles\\_Oct\\_2011\\_full.doc](http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc)

**The responsibility for identifying your local referral threshold rests with your local Marac.**

**What this form is not**

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

**SafeLives Dash risk checklist for use by Idvas and other non-police agencies<sup>2</sup> for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed**

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<sup>2</sup> Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

<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>1. <b>Has the current incident resulted in injury?</b> Please state what and whether this is the first injury.</p>				
<p>2. <b>Are you very frightened?</b> Comment:</p>				
<p>3. <b>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>				
<p>4. <b>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>				
<p>5. <b>Are you feeling depressed or having suicidal thoughts?</b></p>				
<p>6. <b>Have you separated or tried to separate from [name of abuser(s)] within the past year?</b></p>				
<p>7. <b>Is there conflict over child contact?</b></p>				
<p>8. <b>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>				
<p>9. <b>Are you pregnant or have you recently had a baby (within the last 18 months)?</b></p>				
<p>10. <b>Is the abuse happening more often?</b></p>				
<p>11. <b>Is the abuse getting worse?</b></p>				
<p>12. <b>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>				
<p>13. <b>Has [name of abuser(s)] ever used weapons or objects to hurt you?</b></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.	YES	NO	DON'T KNOW	State source of info
<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:</p> <p>You <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>				
<p><b>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</b></p>				
<p><b>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?</b>            If someone else, specify who.</p>				
<p><b>17. Is there any other person who has threatened you or who you are afraid of?</b>            If yes, please specify whom and why. Consider extended family if HBV.</p>				
<p><b>18. Do you know if [name of abuser(s)] has hurt anyone else?</b>            Consider HBV. Please specify whom, including the children, siblings or elderly relatives:</p> <p>Children <input type="checkbox"/></p> <p>Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>				
<p><b>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</b></p>				
<p><b>20. Are there any financial issues?</b>            For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?</p>				
<p><b>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?</b>            If yes, please specify which and give relevant details if known.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>				
<p><b>22. Has [name of abuser(s)] ever threatened or attempted suicide?</b></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.	YES	NO	DON'T KNOW	State source of info
<p><b>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?</b></p> <p>You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>				
<p><b>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</b></p> <p>If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>				
<p><b>Total 'yes' responses</b></p>				

<p><b>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.</b></p>	
<p><b>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</b></p>	
<p><b>What are the victim's greatest priorities to address their safety?</b></p>	



### For consideration by professional

<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date referral made</b>			
<b>Signed</b>		<b>Date</b>			
<b>Name</b>					

<b>Practitioner's notes</b>

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