

<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 not the case, 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. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment: <i>Of having a heart attack</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. 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: <i>John believes George will keep getting angry and lashing out at John if George doesn't get help</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends? I.e, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>8. 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.</p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>10. Is the abuse happening more often? <i>Seems to be getting worse – John is worried that Georges needs medical help but he won't see Dr Shakravati – he says George had too much of Drs and hospitals when he was young.</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse? <i>John thinks that George is becoming 'more irritable' over time.</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. 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.</p>		X		
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you? <i>He hit John with an empty wine bottle, luckily it didn't break</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input checked="" type="checkbox"/> – <i>John said that George didn't mean it</i> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	X	<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
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	X	<input type="checkbox"/>	
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"/>	X	<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"/>	X	<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: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input checked="" type="checkbox"/> <i>John said George's last boyfriend left him because he hit him</i> Other (please specify) <input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	X	<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? <i>George doesn't have any money of his own. John gives him an allowance. He says he would only have to pay someone else if George wasn't there, George doesn't have to pay rent either.</i>	X	<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. Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental health <input checked="" type="checkbox"/> <i>x – head injury and depression</i>	X			
22. Has [name of abuser(s)] ever threatened or attempted suicide?			X	
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. Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>			X	
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: Domestic abuse <input type="checkbox"/> <i>Not known if previous boyfriend reported domestic abuse</i> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	

Total 'yes' responses	10
------------------------------	----

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.	<p>John has a chronic health condition (heart problems) and has been diagnosed as having the early stages of vascular dementia. His son George has a long-standing head injury which John says is the cause of the violence.</p> <p>John does not perceive the situation as one of domestic abuse but he does acknowledge that he is at serious risk particularly because of his health.</p>
Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.	No
What are the victim's greatest priorities to address their safety?	<p>Getting help for George to prevent George's violent behaviour.</p> <p>Local authority is offering an assessment, and a carer's assessment to George – outcome unknown at this point in time.</p>

Do you believe that there are reasonable grounds for referring this case to Marac?	Yes No x
If yes, have you made a referral?	Yes No x
Signed	<i>Stuart Walker</i>
Date	<i>Today</i>
Do you believe that there are risks facing the children in the family?	Yes <input type="checkbox"/> N/A No <input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date referral made	
Signed	Date
Name	

Practitioner's notes

The formal scoring totals below the MARAC threshold. However I believe the violence will continue and the risk of death or serious harm to Mr Davies is high. Therefore John has agreed to working closely with me to put safeguards in place, and monitor the situation. We discussed making a referral to MARAC and John was very much against this; however he is open to revisiting the subject if he feels at continuing and increasing risk.

This is a section 42 safeguarding enquiry.

Name of victim: John Davies

Date: Today

Restricted when complete

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 CAF/CASS 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.