

SafeLives Dash risk checklist for use by Idvas and other non-police agencies¹ for identification of risks 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 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>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment: <i>Of making mistakes and social services taking Sophia</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>He will shout. He leaves me without things I need like my wheel chair battery and says I will get them when I am good. He says I have to be a good mother and if I am not he will take Sophia to his mum's. I don't want her taking care of Sophia. She isn't a nice woman.</i></p>		X	<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: <i>Graham says my computer has a virus and won't get it fixed. I can't Skype my Mum or my sister. I expect they are worried about me.</i> <i>He won't let me drive even though the car is mine (motobility) and I did learn to drive it after my accident. It's got special controls for me to use with my arms instead of my feet. He says I get too tired and make mistakes.</i> <i>I don't have a phone at the moment as my charger's gone missing.</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts? <i>I wouldn't kill myself because of Sophia but I do feel very low and can't be bothered to do anything. Some days I just sit and don't even realise it's time to feed Sophia. She doesn't cry as much as she used to. I cry a lot for no reason.</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from Graham within the past year? <i>I couldn't – I need him to do almost everything</i></p>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>7. Is there conflict over child contact? <i>He wants to take Sophia to his Mum's to live there during the week when he is working</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	

¹ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

<p>8. Does Graham 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> <p><i>He doesn't need to. He knows I can't get out. He just tells me I am clumsy and can't do anything properly. He's right. Even when he's at work it's like he's in the flat telling me what to do/not to do/that I am no good.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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> <p><i>He has to because I can't do things for myself.</i></p> <p><i>He just tells me I am clumsy and can't do anything properly. He's right. He stands over me when I am doing simple things like changing the teat on Sophia's bottle and shouts at me the moment he thinks I am about to make a mistake. And then I do. Even when he's at work it's like he's in the flat telling me what to do/not to do/that I am no good.</i></p>	<input checked="" type="checkbox"/>			
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p>	<input type="checkbox"/>	<input checked="" 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:</p> <p>You <input type="checkbox"/></p> <p>Children <input type="checkbox"/></p> <p>Other (please specify) <input checked="" type="checkbox"/> The dog's puppies</p>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<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>	YES	NO	DON'T KNOW	State source of info
<p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p> <p><i>He plays this game where he drops me in the bath when he is helping me get out. My head goes under and I can't get up until he pulls me up. I try not to show that I am scared.</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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. <i>I don't want to talk about that.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<p>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:</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>	<input type="checkbox"/>	X	<input type="checkbox"/>	
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet? <i>Yes he is really horrible to my dogs. He said he had drowned the puppies when I wanted to give them away</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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?</p> <p><i>He won't let me see the bank statements. The cards are out of my reach. I don't have any money. I can't go out and buy things. I can't buy things online without the computer.</i></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>		X		
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>		X		
<p>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.</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>		X		
<p>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:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence X</p> <p>Other <input type="checkbox"/></p>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Total 'yes' responses</p>	11			

For consideration by professional

<p>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>	<p><i>Maria uses a wheel chair as a result of a spinal injury. She can move her arms but has limited movement in her legs. She was able to live independently with a small amount of support from domiciliary care services. Since Graham moved in and Sophia was born she has become completely dependent on him and has lost a lot of her confidence and skills. She hinted that her dependence on Graham has stopped her from trying to leave.</i></p>
<p>Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe.</p>	<p><i>Graham works with horses – he has access to ketamine and other drugs.</i></p>
<p>What are the victim’s greatest priorities to address their safety?</p>	<p><i>To keep Sophia. To look after her well. To be able to move and communicate independently (without Grahams help) To manage her own money and shop for some nice things for Sophia.</i></p>

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

Practitioner’s notes

This situation scores below the local MARAC threshold but it is my professional opinion that due to Marias disability/level of dependency on Graham she may be at serious risk. In my opinion she does not recognise/want to talk about everything that has happened to her yet.

I am particularly worried about the high risk to Sophia of Graham holding her head under water in the bath and the sadistic behaviour he shows towards her dogs.

Please note this referral is in the context of a child protection referral.

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.