**Cambridgeshire and Peterborough DASH Risk Indicator Checklist (RIC)**

**This form should be completed with input from the client to assess the level of risk**

The current threshold for Cambridgeshire and Peterborough Multi Agency Risk Assessment Conference (MARAC) referrals is 17 ticks or above on a DASH RIC or on evidenced professional judgement. Consent is preferable but not essential.

A DASH RIC scoring 14-16 can be sent to the IDVA Service with consent from the client.

Please x box to confirm consent [ ]

Please be aware that when making a referral to MARAC all professionals from external partner services will be expected to present their own case or provide a representative from their service who has a sound understanding of the case. If no one is available to present the case it may be deferred.

Question 8 only counts as one tick – the sub questions are not counted; they are there for additional information only.

The following specialist IDVAs take referrals at any risk level. A Dash RIC is preferred with these referrals but not essential:

Cambridgeshire IDVA service - Young People’s

Peterborough IDVA service - Eastern European, Housing, Young People’s

Please see the professional referrals page [Professional referrals](http://www.cambsdasv.org.uk/make_a_referral) on the website for more information on specialist IDVA criteria.

If the victim is over 60, please use the Older People’s DASH located on the website

[Professional referrals](http://www.cambsdasv.org.uk/make_a_referral)

If the victim is a young person, please use the Young People’s DASH located on the website [Professional referrals](http://www.cambsdasv.org.uk/make_a_referral)

Please send this completed DASH RIC as an attachment to the online referral form for the relevant IDVA service, which is found on the website [Professional referrals](http://www.cambsdasv.org.uk/make_a_referral)

Please do not send the DASH RIC without the online referral form

Handwritten DASH RIC assessments will not be accepted

**Date Completed:** **Name of Client:** **DOB:**

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| --- | --- | --- |
| **current situation**The context and detail of what is happening is very important. The questions highlighted in bold are high risk factors. Tick the relevant box and **add comment** where necessary to expand. | Yes**☑** | No**☑** |
| 1. Has the current incident resulted in injury? (please state what and whether this is the first injury)

      |  [ ]  | [ ]  |
| **2. Are you very frightened?** Comment:  | [ ]  | [ ]  |
| 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)  Kill: Self [ ]  Children [ ]  Other (please specify)       Further injury and violence: Self [ ]  Children [ ]  Other (please specify)      Other (please clarify): Self [ ]  Children [ ]  Other (please specify)       | [ ]  | [ ]  |
| **4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)….) try to stop you from seeing friends/family/Dr or others?** |[ ] [ ]
| 5. Are you feeling depressed or having suicidal thoughts?       |[ ] [ ]
| **6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?**  | [ ]  |[ ]
| **7. Is there conflict over child contact?** (please state what)  | [ ]  |[ ]
| **8. Does (….) 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)**If answer is yes, ask the following questions. If No, continue to Q9**

|  |
| --- |
|  **X in the box if yes**  |
| A.    Is there a previous domestic abuse and/or harassment history? [ ]  |
| B.    Had the perpetrator vandalised or destroyed property? [ ]  |
| C.    Has the perpetrator turned up unannounced more than 3 times per week? [ ]  |
| D.    Has the perpetrator threatened physical or sexual violence? [ ]  |
| E.    Has the perpetrator been harassing any third party since the harassment began? [ ]  |
| F.    Has the perpetrator acted violently towards anyone else during the stalking incident? [ ]  |
| G.   Has the perpetrator engaged others to help? (wittingly or unwittingly) [ ]  |
| H.    Is/has the perpetrator abusing/been abusing alcohol/drugs? [ ]  |
| I.      Has the perpetrator been violent in the past? (physical & psychological) [ ]  |
| J.     Does the perpetrator follow the victim or loiter near the victim? [ ]  |

 | [ ]  | [ ]  |
| **Children/Dependents** (If no children/dependants, please go to the next section) | Yes | No |
| **9. Are you currently pregnant or have you recently had a baby (in the past 18 months)?** | [ ]  | [ ]  |
| 10. Are there any children, stepchildren that aren’t in the household? Or are there other dependants in the household (i.e. older relative)?  |  [ ]  | [ ]  |
| **11. Has (….) ever hurt the children/dependants?**  | [ ]  | [ ]  |
| 12. Has (….) ever threatened to hurt or kill the children/dependants?       |  [ ]  |[ ]
| **Domestic Violence History** | Yes | No |
| **13. Is the abuse happening more often?**  | [ ]  | [ ]  |
| **14. Is the abuse getting worse?**  | [ ]  | [ ]  |
| **15. Does (…….) try to control everything you do and/or are they excessively jealous?** (In terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider honour-based violence and stalking and specify the behaviour) | [ ]  | [ ]  |
| **16. Has (….) ever used weapons or objects to hurt you?**  | [ ]  | [ ]  |
| **17. Has (….) ever threatened to kill you or someone else and you believed them?**  | [ ]  | [ ]  |
| **18. Has (….) ever attempted to strangle/choke/suffocate/drown you?**  |   [ ]  |  [ ]  |
| **19. Does (….) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?** (Please specify who and what) | [ ]  | [ ]  |
| 1. **Is there any other person that has threatened you or that you are afraid of?** (If yes, consider extended family if honour-based violence. Please specify who)

 | [ ]  | [ ]  |
| 1. Do you know if (….) has hurt anyone else? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)

Children [ ]        Another family member [ ]        Someone from a previous relationship [ ]        Other (please specify)       | [ ]  |   [ ]  |
| **22. Has (….) ever mistreated an animal or the family pet?**  | [ ]  | [ ]  |
| **Abuser(s)** | Yes | No |
| 23. Are there any financial issues? For example, are you dependent on (….) for money/have they recently lost their job/other financial issues?      |   [ ]  | [ ]  |
| **24. Has (….) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?** (Please specify what)  Drugs [ ]  Alcohol [ ]  Mental Health [ ]       | [ ]  | [ ]  |
| **25. Has (….) ever threatened or attempted suicide?**  | [ ]  | [ ]  |
| 26. Has (….) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what)Bail conditions [ ]  Non-Molestation/Occupation Order [ ]  Child Contact arrangements [ ]  Forced Marriage Protection Order [ ]  Other       | [ ]  | [ ]  |
| 27. Do you know if (…….) has ever been in trouble with the police or has a criminal history? (If yes, please specify)DV [ ]  Sexual violence [ ]  Other violence [ ]  Other       | [ ]  | [ ]  |
| **Professional Judgement:*** **Other relevant information (from victim or professional) which may alter risk levels?**
* **Consider the victim’s situation in relation to disability, substance misuse, and mental health issues?**
* **Cultural/language barriers, ‘Honour based’ systems, geographic isolation and minimisation?**
* **Consider the abuser’s occupation/interests/ criminal associates/lifestyle habits, including access to firearms/weapons?**
* **What are the victim’s greatest priorities to addressing their safety?**

     **If you need any further assistance, please email the MARAC Co-ordinators or a Duty IDVA:****Peterborough:** **peterboroughidvas@peterborough.gov.uk****Cambridgeshire:** **idva.referrals@cambridgeshire.gov.uk****If you feel the DASH score does not accurately reflect the risk, please use the section below to clearly set out the additional risks using your professional judgement.** |  |  |
| Any other relevant risk led information      |  |  |

**YOU MUST ATTACH THE COMPLETED DASH TO THE ONLINE REFERRAL FORM**

**PLEASE DO NOT SEND THE DASH ON ITS OWN**