**Cambridgeshire & Peterborough Young People’s DASH Risk Indicator Checklist (RIC)**

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

The Young People’s IDVA’s accept referrals at all risk levels. A DASH RIC is not essential, unless the referral is for Multi Agency Risk Assessment Conference (MARAC), but is preferred.

All referrals that are not for MARAC must have the consent of the victim. Please indicate in the box that consent has been obtained to send the referral

The current threshold for Cambridgeshire and Peterborough MARAC referrals is 17 or above on a DASH RIC or on evidenced professional judgement. Consent is preferable but not essential.

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

Please refer Young People MARAC referrals to the appropriate IDVA service, according to where the victim lives, and all lower risk referralsto Cambridgeshire IDVA service.

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

**Any questions please email duty IDVA:**

**Peterborough:** [**peterboroughidvas@peterborough.gov.uk**](mailto:peterboroughidvas@peterborough.gov.uk)

**Cambridgeshire:** [**idva.referrals@cambridgeshire.gov.uk**](mailto:idva.referrals@cambridgeshire.gov.uk)

**Name if Victim:**

**DOB:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your feelings** | **Yes** | **No** | **Don’t know** | **State source of info if not the victim (eg police officer)** | |
| 1. Are you frightened? |  |  |  |  | |
| 2. What are you afraid of? Is it further violence? |  |  |  |  | |
| 3. Are you feeling low or finding your emotions hard to cope with?  Are you having suicidal thoughts? |  |  |  |  | |
| **Consideration as part of your professional judgement** | | | | | |
| * Does the young person recognise what a dangerous situation might be and their own vulnerability?      * Are they exploring risk-taking behaviour as part of their development? How might this affect their safety?      * Would this young person involve the police if they were to be hurt again? | | | | | |
| **What is happening to you now?** | **Yes** | **No** | **Don’t know** | | **State source of info if not the victim (eg police officer)** |
| 4. Has the current incident resulted in injury?  Please state what and whether this is the first injury: |  |  |  | |  |
| 5. Does [Insert name of person who is accused of harming the young person] constantly text, contact, follow, stalk or harass you, either in person, online or by phone? |  |  |  | |  |
| 6. Does [name] try to control everything you do? (For example, who you see, or what you wear?) Do they get jealous about anything you do? |  |  |  | |  |
| 7. Is the abuse happening more often? |  |  |  | |  |
| 8. Is the abuse getting worse? |  |  |  | |  |
| **Consideration as part of your professional judgement** | | | | | |
| * How old is the young person? Where are they within the formal education system?      * Is there any evidence that the young person may be minimising or exaggerating their experience? | | | | | |
| **Your life and relationships** | **Yes** | **No** | **Don’t know** | | **State source of info if not the victim (eg police officer)** |
| 9. Do you see your family/friends as much as you would like? Does [Name] stop you from seeing friends and family or professionals? |  |  |  | |  |
| 10. Are you pregnant or do you have a baby? |  |  |  | |  |
| 11. Are there any financial issues?  For example, is [name] experiencing difficulties with money (debts or loans) or are you dependent on [name] for money or do they take money from you? |  |  |  | |  |
| **Consideration as part of your professional judgement** | | | | | |
| * Is this the first relationship the young person has been in? How is this impacting on their friendship group/understanding of acceptable behaviour? * Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be? * Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people? * Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing from care, being missing from home, being in the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators? * Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems or geographic isolation?   **Comments:** | | | | | |
| **Things that might have happened to you in the past** | **Yes** | **No** | **Don’t know** | | **State source of info if not the victim (eg police officer)** |
| 12. Have you broken up with or tried to break up with the person who is hurting you? |  |  |  | |  |
| 13. If you have children, is there conflict between you and the person who is hurting you over seeing the children? |  |  |  | |  |
| 14. Has [name] ever used weapons or objects (such as a phone or household item) to hurt you? |  |  |  | |  |
| 15. Has [name] ever threatened to kill you or someone else?  If yes, tick who:  You  Children  Member of your family  Other (please specify) |  |  |  | |  |
| 16. Has [name] ever attempted to strangle/choke/suffocate/drown you? |  |  |  | |  |
| 17. Does [name] 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 |  |  |  | |  |
| 18. Is there any other person who has threatened you or who you are afraid of? |  |  |  | |  |
| 19. Do you know if [name] has hurt anyone else?  If yes, tick who:  Children  Another family member  Someone from a previous relationship  Other (please specify) |  |  |  | |  |
| 20. Has [name] ever mistreated an animal or their family pet? |  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The person who harms you** | **Yes** | **No** | **Don’t know** | **State source of info if not the victim (eg police officer)** |
| 21. Has [name] 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 |  |  |  |  |
| 22. Has [name] ever threatened or attempted suicide? |  |  |  |  |
| 23. Has [name] ever breached their bail conditions or not followed an order by the police or a judge in court?  Bail conditions  Child contact arrangements  Forced Marriage Protection Order  Other |  |  |  |  |
| 24. Do you know if [name] has ever been in trouble with the police or has a criminal history?  If yes, please specify:  Domestic abuse  Sexual violence  Other violence  Other |  |  |  |  |
| **Consideration as part of your professional judgement** | | | | |
| Is the person who hurts your client older than them? By how many years?  Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk? | | | | |
| Total ‘Yes’ responses: | | | | |

|  |  |
| --- | --- |
| **For consideration by professional:** | |
| What additional concerns do you have, based on your professional judgement/escalation? |  |
| Is the young person willing to engage with your service? |  |
| Consider the person causing harm’s occupation/interests.   * Could this give them unique access to weapons? * How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking? |  |
| What are the young person’s greatest priorities to address their safety? |  |
| **The experience of relationship abuse by young people is a safeguarding issue which should be shared with your safeguarding children’s team. A referral will also be required if you believe that there are risks facing any children in the family.** | |
| Please confirm if you have made a referral to safeguard the young person and any children they have: | Yes  No |
| If the young person is over 16, do you believe that there are reasonable grounds for referring this case to MARAC? | Yes No |
| Name of professional completing the DASH RIC: | Date: |