



DRAGONFLY

Self-referral - how did you hear about the service?



PARAGON
TOGETHER EMPOWERING CHANGE

Referring Agency:-

Name of Referrer:-

Telephone Number:-

Email address:-

Suite 1
Stowey House
Bridport Road
Poundbury
Dorchester
DT1 3SB

0800 032 5204
paragondorset@
theyoutrust.org.uk

Paragon Service Required:

REFUGE OUTREACH GROUP WORK COUNSELLING

ISVA (INDEPENDENT SEXUAL VIOLENCE ADVOCATE) CHILDRENS SUPPORT

IDVA (INDEPENDENT DOMESTIC VIOLENCE ADVOCATE) TARGET HARDENING

ISAC (INDEPENDENT STALKING ADVOCACY CASEWORKER) Up2U

Client Name: (if child please complete the rest of the form with the parent/carer details)		
I give consent for my details to be forwarded to Paragon:		
Signature	Verbal consent given	Yes No
Address:		
Post Code:		
May we send letters to this address?		
Phone:		
Home :	Mobile:	
Are all phones safe to call?	Yes/No	
Will anyone else answer?	Yes/No	
May we leave a text message?	Yes/No	
Is it safe to email?	Yes/No	
Email:		
DOB	Age	Gender
Ethnic Origin		



Whilst Paragon Dorset would prefer to receive a completed risk assessment, as this supports the person you are referring and enables us to make sure we offer the right service, we understand that this is not always possible. If you are able please complete the below risk assessment.

Dash risk checklist for use by IDVA's and other non-police agencies 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 <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. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>				
<p>2. Are you very frightened? Comment:</p>				
<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:</p>				
<p>4. Do you feel isolated from family/friends? le, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>				
<p>5. Are you feeling depressed or having suicidal thoughts?</p>				
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>				
<p>7. Is there conflict over child contact?</p>				
<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>				
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>				
<p>10. Is the abuse happening more often?</p>				
<p>11. Is the abuse getting worse?</p>				
<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>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p>				



<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 type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>				
<p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p>				
<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.</p>				
<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>				
<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: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>				
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p>				
<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>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 type="checkbox"/></p>				
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>				
<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. 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"/></p>				

<p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</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>				
Total 'yes' responses				

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>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	
<p>What are the victim's greatest priorities to address their safety?</p>	
<p>Do you believe that there are reasonable grounds for referring this case to Marac?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, have you made a referral?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Signed</p>	<p>Date</p>
<p>Do you believe that there are risks facing the children in the family?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If yes, please confirm if you have made a referral to safeguard the children?</p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">No</p> <p style="text-align: center;"><input type="checkbox"/></p>
<p>Signed</p>	<p>Date referral made</p>
<p>Name</p>	<p>Date</p>



Practitioner's notes

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 CAFCASS 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.

