

## Domestic Abuse Risk Identification

All fields with a \* must be completed

*Victims Name:	*Victims DoB:
*Offenders Name:	*Offender DoB:
*Safe contact number for victim:	
Black and Minority Ethnic Community (Victim) Yes/No	Disability (victim) Yes/No LGBT Yes/No

**DEFINITION:** “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, verbal or emotional) between partners (aged 16 or over) who are, or have been in an intimate relationship, or between family members (aged 18 or over), regardless of gender and sexuality.” N.B- Family members include mother, father, son, daughter, brother, sister, grandparents, in-laws and stepfamily.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box to expand your answer.	Yes	No
<b>1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)</b> Comment	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Are you very frightened? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Are you afraid of further injury or violence? Is it further injury or violence? (Please give an indication of what you think might do and to whom, including children).</b>		
Kill:                                      Victim <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further injury and violence:                      Victim <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
Other (please clarify):                      Victim <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>		
<b>4. Do you feel isolated from family/friends i.e. does                      try to stop you from seeing friends/family/Dr or others?</b> Comment	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Are you feeling depressed or having suicidal thoughts? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Have you separated or tried to separate from                      within the past year? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Is there conflict over child contact? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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.) Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Are you currently pregnant or have you recently had a baby (Within the past 18 months)?</b> Comment	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Are there any children, step-children that aren't                      's in the household? Or are there other dependants in the household (i.e. older relative)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Has                      ever hurt the children/dependants? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Has                      ever threatened to hurt or kill the children/dependants? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Is the abuse happening more often? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Is the abuse getting worse? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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 specify behaviour.) Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Has                      ever used weapons or objects to hurt you? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Has                      ever threatened to kill you or someone else and you believed them? Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Has                      ever attempted to strangle/choke/suffocate/drown you? Comments</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Does                      do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (If someone else, specify who and what.) Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes	No
20. 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.) <b>Comments</b>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you know if _____ has hurt anyone else? (children, siblings, elderly relative or stranger. Please specify who and what) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other <input type="checkbox"/> (please specify) <b>Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has _____ ever mistreated an animal or the family pet? <b>Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are there any financial issues? For example, are you dependent on _____ for money/have they recently lost their job/other financial issues? <b>Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
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? (If yes, please specify which and give relevant details if known.) <b>Comment</b> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has _____ ever threatened or attempted suicide? <b>Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
26. Has _____ ever breached bail/an injunction and/or any formal agreement for when they can see you and/or the children? (Please specify what.) Bail conditions <input type="checkbox"/> Non Molestation/Injunction <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you know if _____ has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> <b>Comment</b>	<input type="checkbox"/>	<input type="checkbox"/>
Total 'Yes' responses		
<p style="color: red;"><b>28. In order to properly address issues surrounding Domestic Abuse, we work alongside many other agencies. In order to offer you proper support and unless you object details of this incident will be shared with one or more of the following; Victim Support, The Refuge Outreach Service and/or The Independent Domestic Violence Advisor. (Please tick if victim objects) <input type="checkbox"/></b></p>		
<p><b>29 - For consideration by professional:</b> 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 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 Firearms / weapons (<b>check nominal</b>)? Describe:</p>		
<p>What are the victim's greatest priorities to address their safety?</p>		
<b>Name:</b>	<b>Date:</b>	