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DRAGONFLY			Р	ARAGON ETHER EMPOWERING CHANGE
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Referring Agency:-			Sto	wey House Iport Road
Name of Referrer:-			Ροι	indbury chester
Telephone Number:-				L 3SB
Email address:-			par	0 032 5204 agondorset@ youtrust.org.uk
Paragon Service Requi	red:			
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		dlord –
We may also disclose your information if we have a duty to do so, or if the law allows us to.		
As data controller, we will not keen your information longer than necessary and will strive to keen it up to date. You	We may also disclose your information if we have a duty to do so, or if the law allows us to.	
have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you	As data controller, we will not keep your information longer than necessary and will strive to keep it up to date.	You
have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you.	As data controller, we will not keep your information longer than necessary and will strive to keep it up to date.	You



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

saf	ase explain that the purpose of asking these questions is for the ety and protection of the individual concerned.			M	
	It the box if the factor is present. Please use the comment box at end of the form to expand on any answer.			T KNOW	State source of info if not the
this	assumed that your main source of information is the victim. If s is <u>not the case</u> , please indicate in the right hand column	YES	NO	DON'	victim (eg police officer)
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, including children. Comment:				
4.	<b>Do you feel isolated from family/friends?</b> le, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:				
	Are you feeling depressed or having suicidal thoughts?				
	Have you separated or tried to separate from [name of abuser(s)] within the past year?				
-	Is there conflict over child contact?				
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.				
9.	Are you pregnant or have you recently had a baby (within the last 18 months)?				
	Is the abuse happening more often?				
	Is the abuse getting worse?				
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.				
13	Has [name of abuser(s)] ever used weapons or objects to hurt you?				



14. Has [name of abuser(s)] ever threatened to kill you or someone		
else and you believed them?		
If yes, tick who:		
You 🗆		
Children 🗆		
Other (please specify) 🛛		
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?		
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 someone else, specify who.		
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.		
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□		
Another family member 🗆		
Someone from a previous relationship $\square$		
Other (please specify)		
19. Has [name of abuser(s)] ever mistreated an animal or the family		
pet?	 	
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?		
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 🗆		
Alcohol 🗆		
Mental health		
22. Has [name of abuser(s)] ever threatened or attempted suicide?	 	
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		
Non Molestation/Occupation Order		
Child contact arrangements $\Box$		
Forced Marriage Protection Order		
Other		



24. Do you know if [name o the police or has a crim		ever been in troub	le with			
If yes, please specify:						
Domestic abuse						
Sexual violence						
Other violence						
Other						
Total 'yes' responses						

## For consideration by professional

Is there any other relevant information victim or professional) which may in risk levels? Consider victim's situation relation to disability, substance mist mental health issues, cultural / langue barriers, 'honour'- based systems, geographic isolation and minimisation Are they willing to engage with your Describe.	crease on in use, uage on.		
Consider abuser's occupation / inter Could this give them unique access weapons? Describe.			
What are the victim's greatest priorit address their safety?	ies to		
Do you believe that there are reason this case to Marac?	able grounds for referring	Ye	
If yes, have you made a referral?		Ye No	
Signed		Date	
Do you believe that there are risks fa family?	ncing the children in the	Ye No	-
If yes, please confirm if you have made a referral to safeguard the children?	Yes	Date referral made	
Signed		Date	
Name			



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.

