

## Instructions:

- 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 . Please use the comment box at the end of the form to expand on any answer.
- It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column
- Please note that the 'don't know' option is included where the victim does not know the answer to a specific question. It should be used when ticking 'no' would give a misleadingly low risk level.
- Someone is a victim of 'current' abuse where there has been any form of domestic abuse (including psychological, financial, sexual and physical abuse) occurring within the last three months. However, this is not an absolute; **risk can change**, and each client's situation will differ.
- This assessment will not easily apply to historical abuse cases, i.e., if most of the abuse has ceased and the client is in need of general support not crisis service.

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	Comments
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the perpetrator contacted you since the assault?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think abuser(s) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does abuser(s) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you had any thoughts of hurting yourself or had any suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you increased use of alcohol / drugs (prescribed or non-prescribed) since the abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you thought about, or acted on, an urge to cut or otherwise hurt yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does abuser repeatedly text, call, contact, follow, stalk or harass you or your family? (Do you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you have any social media accounts (e.g., Facebook, Google+, Twitter, Linked In, etc.)? Are you "friends" with the perpetrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Has the perpetrator or the perpetrator's friends or family contacted you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has the perpetrator or the perpetrator's friends or family posted anything about you online? (What was posted? Is the post still online?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. Does the abuser know where you live/work/go to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the abuser have access to your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Is the abuser a classmate/co-worker, or person in authority at your school/workplace? (e.g. teacher / boss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Questions 18-22 For intimate partner violence cases only</b>				
17. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Does abuser try to control everything you do and/or are they excessively jealous? (e.g. telling you what to wear, who you can see. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you separated or tried to separate from abuser(s) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has abuser ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has abuser ever threatened to kill you or someone else? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Has abuser ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Does abuser 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you know if abuser has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Other family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Has abuser ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Are there any financial issues? E.g. are you dependent on abuser for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Has abuser 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Has abuser ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

32. Has abuser 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"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Do you know if abuser 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total 'yes' responses			
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	No-intimate partner case:	✓	Intimate partner case:	✓
Risk category	High/urgent(10 or more "yes")	<input type="checkbox"/>	High/urgent(13 or more "yes")	<input type="checkbox"/>
	Moderate/elevated (3-9 "yes")	<input type="checkbox"/>	Moderate/elevated (5-12 "yes")	<input type="checkbox"/>
	Low/routine (0-2 "yes")	<input type="checkbox"/>	Low/routine (0-4 "yes")	<input type="checkbox"/>

**For consideration by professional:** 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:

  
  
  
  

Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to [Police/Medical/Shelter/Legal] (please indicate) services? Yes  / No

If yes, have you made a referral? Yes  /No

Signed:

Date:

If yes, please obtain written consent from your client to pass their name and safe contact details on to the relevant service provider/s.

'I hereby openly consent to grant my permission for information relating to incidents of sexual/domestic abuse, in which I was involved, to be provided with my details to the [police/hospital/shelter/lawyer/other: \_\_\_\_\_]

Signed:

Date:

Do you believe that there are risks facing the children in the family? Yes  / No

If yes, please confirm if you have made a referral to safeguard the children: Yes  / No

Date referral made .....

Signed:

Date:

Name: