

Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification Checklist for anyone experiencing abuse

A number of high risk factors have been identified as being associated with serious violence and murder through researching many cases. We cannot predict what will happen in your case. However, we would like you to be aware of what those risk factors are and whether they are occurring in your case.

If you have already reported to the police, do not despair if you have not been satisfied with the initial police response. Keep trying to be heard. Complete this checklist and then take it into the Police if you answer positively to the questions. We can assure you that most police officers want to help, but they sometimes lack the tools and training needed.

If you are concerned about what is happening to you, then please complete the risk identification checklist.

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX	YES <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury?	<input type="checkbox"/>
2. Are you very frightened? Comment:	<input type="checkbox"/>
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) Kill: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury and violence: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/Dr or others?	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>
7. Is there conflict over child contact?	<input type="checkbox"/>
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.	<input type="checkbox"/>

CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)	YES
9. Are you currently pregnant or have you recently had a baby in the past 18 months?	<input type="checkbox"/>
10. Are there any children, step-children that aren't (.....) in the household? Or are there other dependants in the household (i.e. older relative)?	<input type="checkbox"/>
11. Has (.....) ever hurt the children/dependants?	<input type="checkbox"/>
12. Has (.....) ever threatened to hurt or kill the children/dependants?	<input type="checkbox"/>
DOMESTIC VIOLENCE HISTORY	YES
13. Is the abuse happening more often?	<input type="checkbox"/>
14. Is the abuse getting worse?	<input type="checkbox"/>
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)	<input type="checkbox"/>
16. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>
17. Has (.....) ever threatened to kill you or someone else and you believed them?	<input type="checkbox"/>
18. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>
19. Does (.....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?	<input type="checkbox"/>
20. Is there any other person that has threatened you or that you are afraid of?	<input type="checkbox"/>
21. Do you know if (.....) has hurt anyone else? (children/siblings/elderly relative/stranger, for example) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>
22. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>
ABUSER(S)	YES
23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<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? (Please tick appropriate box) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>
25. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please tick appropriate box) 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"/>	<input type="checkbox"/>

27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>
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If you answer positively to these questions, you are not alone and please do not suffer in silence. Please seek help. There are a number of options available:

- seek advice/help from your local domestic violence service or Independent Domestic Violence Adviser (IDVA),
- call the 24 hour National Domestic Violence Helpline on 0808 200 0247
- go to the Police.