



Cambridgeshire and Peterborough Dash Risk Indicator (RIC) Checklist for older people (over 60)

The Older People's (OP) Dash RIC has been developed by Cambridgeshire and Peterborough DASV Partnership to more accurately reflect the risks to older victims of domestic abuse.

This form should, where possible, be completed with input from the client to assess the level of risk.

The current threshold for Cambridgeshire and Peterborough Multi Agency Risk Assessment Conference (MARAC) referrals is 17 ticks or above on a Dash RIC or on evidenced professional judgement. Consent is preferable but not essential.

A Dash RIC scoring 14-16 can be sent to the IDVA Service with consent from the client.

Please x box to confirm consent

Please be aware that when making a referral to MARAC all professionals from external partner services will be expected to present their own case or provide a representative from their service who has a sound understanding of the case. If no one is available to present the case it may be deferred.

Question 8 only counts as one tick – the sub questions are not counted; they are there for additional information only.

In Peterborough the following specialist IDVAs take OP referrals at any risk level. A Dash RIC is preferred with these referrals but not essential:

Eastern European & Housing.

Please see the professional referrals page [Professional referrals](#) on the website for more information on specialist IDVA criteria.

Please send this completed DASH RIC as an attachment to the online referral form for the relevant IDVA service, which is found on the website [Professional referrals](#)

Please do not send the DASH RIC without the online referral form



Handwritten DASH RIC assessments will not be accepted

If you have any queries, please email the duty IDVA in the area where the client lives:

Peterborough: peterboroughidvas@peterborough.gov.uk

Cambridgeshire: idva.referrals@cambridgeshire.gov.uk

Date Completed:

Name of Client:

DOB:

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 AND ADD COMMENT WHERE NECESSARY TO EXPAND.	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury or has there been injury in the past? (please state what and whether this is the first injury)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<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 (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"/>	<input type="checkbox"/>
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)....) try to stop you from seeing or talking to friends/family/GP or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any health issues that make it hard for you to protect yourself? (please state what)	<input type="checkbox"/>	<input type="checkbox"/>

12. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>
14. 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 stalking and specify the behaviour)	<input type="checkbox"/>	<input type="checkbox"/>
15. Has (....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has (....) ever threatened to kill you or someone else and you believed them?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has (....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does (....) do or say things of a sexual nature that physically hurt you or that you don't want? (Please specify who and what)	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour-based violence. Please specify who)	<input type="checkbox"/>	<input type="checkbox"/>
20. Has (....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>
ABUSER(S)	YES	NO
21. Is the person that is abusing you also providing care for you (formal or informal) or are you caring for them? (consider suitability of carer, carer assessment, neglect)	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the person that is abusing you an immediate family member? (please indicate) Partner (or ex) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-Law <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> (please state if abuser under 18)	<input type="checkbox"/>	<input type="checkbox"/>

23. Are there any financial issues? For example, are you dependent on (...) for money or are they dependent on you for money?	<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? (Including dementia related illness) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (...) taken money from you without your consent, or pressured you into giving them money?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (...) ever threatened or attempted suicide?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><u>Professional Judgement:</u></p> <ul style="list-style-type: none"> • Other relevant information (from victim or professional) which may alter risk levels? • Consider the victim and abuser's situations in relation to disability or health issues, substance misuse, and mental health concerns? • Consider if the victim is reliant on the abuser for care of any sort (including help with managing the household, collecting shopping or medication, emotional support as well as personal care), consider the impact of losing this support on the victim • Cultural/language barriers, 'Honour based' systems, geographic isolation and minimisation, understanding of language to describe abuse • Consider the abuser's occupation/interests/ criminal associates/lifestyle habits, including access to firearms/weapons? Consider items that could be used as weapons – ie walking sticks • What are the victim's greatest priorities to addressing their safety? 		
<p><u>Any other relevant risk led information.</u></p>		
<p><u>Are any other professionals or services involved with the victim? In some cases it may be appropriate to liaise with all services that are working closely with the victim to help with safety planning</u></p>		
<p><u>If the victim has care and support needs or is a carer, has a referral been made to the Adult Safeguarding MASH Team as appropriate?</u></p> <p><u>Outcome of Adult Safeguarding Referral (if known)</u></p>	<input type="checkbox"/>	<input type="checkbox"/>