

DOMESTIC VIOLENCE AND ABUSE RISK IDENTIFICATION, ASSESSMENT AND REFERRAL FORMS for use in Nottingham and Nottinghamshire

DASH – Domestic Abuse, Stalking and Harassment and Honour based violence
This is an assessment tool to identify the level of risk a survivor is experiencing from domestic abuse and attached is a MARAC referral form for high risk referrals

Always ask for consent to share information for consent to share information safely with other agencies in order to enhance the support to the individual or family, (signature Page 11).

Page 2 provides further information around Consent to discuss with the victim(s).

This form is for use by all non-police agencies in Nottingham and Nottinghamshire when domestic abuse is disclosed. Please read these notes before completing this form

PLEASE DO NOT CHANGE THIS RISK IDENTIFICATION AND ASSESSMENT MODEL

Risk Identification and Assessment

All staff and volunteers working with an individual or family at risk from domestic abuse or violence should use these forms to determine a risk level and corresponding referral pathway. “High Risk Cases” need to be referred to MARAC. Children and vulnerable adults should also be referred to Social Care for safeguarding.

The MARAC is a Multi-Agency Risk Assessment Conference for reducing the risk and increasing the safety of High Risk survivors, children and any vulnerable adults. **The MARAC does NOT provide an immediate response for high risk domestic abuse referrals.** It provides a risk and safety focused response with actions to reduce risk and increase safety which may take some time to implement.

If an immediate response is required, contact either or all of the following: the police, Children’s Services Emergency Duty Team, Adult Services and WAIS 24hr Freephone helpline.

Risk assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. However, this tool is known to improve assessment of risk in relation to domestic abuse.

Interview the victim in private if possible in order s/he can speak freely. Add up the yes ticks and use your professional judgement to achieve a total. Use the **Classification grid on Page 12** to determine a risk level and proceed as indicated.

Training is available on use of DASH RIC. For further information contact Equation or your District / Borough / City Council Domestic Violence Officer/Lead.

Information Sharing and Confidentiality

Sharing information safely is essential when working with victims of domestic abuse. Information that you have provided (victim) will help to keep you and any children safe. It will also help improve services offered to you and others.

So the worker can provide you with the support you need, we need to ask you questions and write down information about you and your family.

Your personal data is collected for specific service provision by the agency the worker completing the form with you is employed by. The worker will explain their own agency processes for information collection and storage.

They also need to share this information with other agencies they are working with, who may also share information with them. This should mean you don't have to repeat yourself too often. This information can be shared with a range of agencies and / or services including: Health, Social Services, Housing Services and providers, Police and Fire Services, Substance Misuse Services, Young People's Services, Probation and HM Prison Services, Youth Justice Service, Health Visiting and School Nursing Services, education services, the Department for Work and pensions, the Department for Communities & Local Government, Public Health and the Families Health & Wellbeing Consortium.

The worker will only share what information they need to with relevant agencies and will keep your information safe, following their own agencies policies.

Your personal data is safeguarded by the Human Rights Act 1998 and the EU General Data Protection Regulation (GDPR 2016\ 679) which replaced the Data Protection Act 1998 in May 2018.

You can refuse for all or part of this information to be shared. The only exception to sharing information without prior consent is:

- Where there is thought to be a risk of serious injury or harm to you.
- Where there is thought to be risk of serious harm to a child/children.
- Prevention and detection of a criminal act.

You can also consent to sharing the information with some services and not others. You can also specify how your information may be shared, for example, in writing, verbally or electronically.

You should inform the worker filling this form in with you, who will record the stated limitations and your options to consent to ensure your expressed preferences are followed.

You also have the right to withdraw consent at any time and can do so by contacting the agency who completed this form with you.

Before signing please:

- Ask the person completing this form with you any questions you need to about what personal information is recorded, what is shared and what the agency does with it, how the agency saves and stores information and how long it is kept for.
- Tell the worker if there are any organisations or people who you would not want them to share information with.

If you agree and consent to the completion of this DASH RIC and for agencies involved in your case to record and share information (following their policies), please sign the consent section on Page 11.

DETAILS OF VICTIM (S) AND ALLEGED PERPETRATOR(S)

Where information is not available write NK (not known)

- Has the victim asked you to report this abuse to the police as a crime on their behalf? Yes No
- Having indicated that you were going to report the matter to the police, does the victim support you doing so? Yes No

If the answer to any of these questions is **Yes, call the Police on 101 / 999 to report this crime and advise you have completed the DASH RIC and date completed.** A police officer will contact the survivor to discuss an investigation.

Crime Reference Number / Incident Number <i>if known</i> :	Date (s) of incidents:
Police Officer's Name <i>if known</i> :	
Victim(s) Name:	
Date of birth	
Address	
Safe contact Tel number (home, mobile, work or other) Safe e-mail address	Mobile Landline Work Email
First / main language of the victim	
Ethnic origin	
Sexual orientation If the survivor is LGBT please complete the LGBT professional Judgement risk indicator & the DASH RIC	
Gender	
Vulnerable Adult Details Tick all that apply as far as you are aware	Learning disability <input type="checkbox"/> Life limiting illness <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Substance Misuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Mental ill health <input type="checkbox"/> No vulnerabilities Identified <input type="checkbox"/> Not known <input type="checkbox"/>
Has referral been made to Adult Safeguarding?	
If yes, date of referral	
Sources of Information:	<input type="checkbox"/> Victim <input type="checkbox"/> Other sources, please state
Victim GP Details if known:	
Relationship between Victim & Perpetrator:	

DASH FORM FOR DOMESTIC ABUSE RISK ASSESSMENT

and if partner / ex-partner the length of the relationship:	
Perpetrator(s) Name: If there is more than one perpetrator, complete the Multiple perpetrator Mapping tool on page 16.	
Date of Birth	
Address	
Tel number	
First / main language of the perpetrator	
Other names used (please specify)	Other dates of birth (please specify)
Perpetrator GP Details if known:	

Is there a history of violence, domestic or other?
 None Violence Sexual Other (specify below) Not known

Does the suspect have access to firearms? Yes No Not known

Existing Bail Conditions? (add detail) Yes No Not known

Children Living Within Domestic Abuse Household or Exposed to Domestic Abuse

Name	DOB	Gender (M) (F) (NK)	Home Address	Relationship to the alleged victim?	Relationship to the alleged perpetrator?	Name of School / Nursery child attends*	Child known to social care?

Social Worker name if known		
Time and date this family referred to Children Social Care if appropriate. See Classification grid page 10 for guidance	Time:	
	Date:	

**Inform parents that if the domestic abuse is seriously affecting their child/ren, we have a duty to inform the school in the interests of child safety and well-being*

DASH QUESTIONS

If possible the victim is interviewed on her/his own. Explain purpose is to improve safety

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.	<i>Yes</i> <input checked="" type="checkbox"/>	<i>No</i> <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury? (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 (Survivor / Victim) <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury and violence: Self (Survivor / Victim) <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please clarify): Self (Survivor / Victim) <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 friends/family/Dr 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. Is there conflict over child contact? (please state what)	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>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)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)</p>	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>9. Are you currently pregnant? <input type="checkbox"/> Or Have you recently had a baby (in the past 18 months)? <input type="checkbox"/> Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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)? Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

<p>11. Has (.....) ever hurt the children/dependants? Please give details</p> <p>Was a child present in the house at the time of the incident <input type="checkbox"/></p> <p>Was child injured? If "Yes" refer to Children's Services. <input type="checkbox"/></p> <p>Please give details</p> <p>Was the child in the arms of either party at the time of the incident <input type="checkbox"/> Who:</p> <p>Tick Yes if any of these questions apply</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Has (.....) ever threatened to hurt or kill the children/dependants?</p> <p>Hurt <input type="checkbox"/></p> <p>Kill <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DOMESTIC VIOLENCE HISTORY</p>	<p><i>Yes</i></p>	<p><i>No</i></p>
<p>13. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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 stalking and specify the behaviour)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Has (.....) ever used weapons or objects to hurt you? Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
17. Has (.....) ever threatened to kill you or someone else and you believed them? Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has (.....) ever attempted to: strangle? <input type="checkbox"/> choke? <input type="checkbox"/> suffocate? <input type="checkbox"/> drown you? <input type="checkbox"/> when was this?	<input type="checkbox"/>	<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? (Please specify who and what)	<input type="checkbox"/>	<input type="checkbox"/>
20. 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 and what you are afraid of:	<input type="checkbox"/>	<input type="checkbox"/>
21 Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) 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"/>	<input type="checkbox"/>
22. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>

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Abuser(s)	Yes <input checked="" type="checkbox"/>	No <input checked="" 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?	<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? (Please specify what) 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?	<input type="checkbox"/>	<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 specify what) 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"/> Don't Know <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"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant information (from victim or worker), which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control)

Is there anything else you would like to add to this?
(Please also use this space for providing extra information from answers to questions, or any concern about minimisation or denial).

Use this section to detail why you are referring using **your professional judgement**.
When using your professional judgement consider the following things from the completion of the DASH RIC – extreme levels of fear, extreme jealousy, Previous attempts to leave, Threats / attempts to kill, rape, harm to children, pregnancy, use of weapons, control or coercion, patterns – increasing in severity and or frequency, cultural / immigration/ language barriers and or issues to disclose, disability, mental health.
If you have serious professional concerns that has not been identified on the DASH RIC but may have been disclosed by the survivor, third party, previous records.

I hereby give consent for agencies involved in my case to share information to assist them to support my family and me (delete as appropriate).

Signature.....

Date.....

Where consent not given and MARAC referral is being made, the full reasons for referral without consent must be entered on the MARAC referral form (page12).

In all cases an initial risk classification is required:

RISK TO VICTIM:		
STANDARD <u>1-6 Ticks</u> <input type="checkbox"/>	MEDIUM <u>7-13 Ticks</u> <input type="checkbox"/>	HIGH <u>14 Ticks</u> <input type="checkbox"/> Your Professional Judgement <input type="checkbox"/>
<p>SEE CLASSIFICATION GRID OVERLEAF Please note that some agencies will automatically refer a case to the MARAC if it scores 14 ticks or more. However, if you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk. Your reasons should be given in the professional judgement section.</p>		<p>Referral contact details are on the MARAC Referral form</p> <p>Total Number of ticks (for Standard, Medium and High):</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: auto; margin-right: auto;"></div>

Person completing form with victim

Name

Agency.....

Signature:.....

Date:.....

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Classification Grid – Domestic Abuse DASH RIC Nottingham & Nottinghamshire - 2017

Level of Risk	Action to take	Is consent Required	Contact Details
<p>High Adult and Children</p> <p>14 Ticks in Yes box or Professional Judgment – score is below 14 ticks but practitioner has serious safety concerns or there is clearly increasing in severity or frequency (and <u>state reasons on DASH RIC</u>)</p>	<p>Immediate MARAC referral. If there are immediate safety concerns call the police and emergency duty team for children / vulnerable adults. Once the relevant person in your agency has quality assured the DASH RIC (1-2 working days from receipt of DASH RIC) send to:</p> <p>City –send the DASH RIC and MARAC Referral form to the DART - <u>When Faxing note in the Subject heading this is for the DART</u></p> <p>County – send the DASH RIC and MARAC Referral form to the MARAC Administrator for either North or South of the County. AND complete a child safeguarding referral or a vulnerable adult safeguarding where appropriate and refer to the MASH</p> <p>Complete MARAC Referral form on Page 13.</p> <p>MARAC Repeat Referrals – a case has been referred to the MARAC and within 12 months a further incident is identified. Where a repeat victim is identified by any MARAC agency, that agency should refer the case to the MARAC, regardless of whether the behaviour experienced by the victim meets the referral threshold high risk, escalation or professional judgement.</p>	<p>Signed consent should always be sought however consent is not essential for high risk referral</p> <p>If survivor refuses consent when MARAC referral is discussed, reasons why data should be shared legally should be clearly written on the Referral Form</p> <p>Signed consent for a safeguarding referral is not required. However, you are required to inform parent/carer of child of the safeguarding referral as long as it is safe to do so</p>	<p>City <u>DART</u> dart@nottinghamcity.gov.uk Tel: 0115 876 2363. Fax 0115 876 2927 – note it is for the DART</p> <p>County <u>MASH</u> Mash.safeguarding@secure.nottscc.gov.uk Tel: 0300 500 8090 Fax: 01623 483 295</p> <p>South and North MARAC: maracadmin.south@nottinghamshire.pnn.police.uk / maracadmin.north@nottinghamshire.pnn.police.uk</p> <p>Fax 01623 483 124</p>
<p>Medium Adult and Children</p> <p>7-13 Ticks in Yes box</p>	<p>Offer to arrange specialist support from Women’s Aid or equivalent. Initiate CAF (Common Assessment Framework) or an EHAF for child. Refer to own agency procedures.</p> <p>If you would like a multiagency approach, contact other agencies working with survivor / perpetrator / children / vulnerable adult to arrange a multi-agency / multi discipline meeting.</p> <p>City only – The survivor is a vulnerable adult / survivor is pregnant and or has children / you have professional concerns - refer to the DART</p> <p>County only - If thresholds are met for safeguarding or care and support needs, review the Nottinghamshire Safeguarding Children and Adult Board Procedures and make a referral to the MASH or contact Early Help Unit for additional support for children..</p>	<p>Signed consent should always be sought.</p> <p>If not given you do not have grounds for CAF/EHAF or referral to specialist agency</p> <p>If the survivor does not give consent but you have safeguarding concerns <u>for a child</u>, you can still submit the completed DASH RIC to the DART / MASH.</p>	<p>City <u>DART</u> dart@nottinghamcity.gov.uk Tel: 0115 876 2363. Fax 0115 876 2927 note it’s for the DART</p> <p>County <u>MASH</u> Mash.safeguarding@secure.nottscc.gov.uk Tel: 0300 500 8090 Fax:01623 483 295 Early Help Unit Tel: 0115 804 1248</p> <p><u>Male survivor support Medium and Standard Risk -</u> City</p>
<p>Standard Adult and Children</p> <p>1-6 ticks in yes box</p>	<p>Supply 24hour DV Helpline information and other relevant signposting.</p> <p>If the survivor is a vulnerable adult / survivor is pregnant and or has children / you have professional concerns refer to the DART or MASH.</p> <p>If you would like a multiagency approach, contact other agencies working with survivor / perpetrator / children / vulnerable adult to arrange a multi-agency / multi discipline meeting.</p>	<p>Signed consent should always be sought.</p> <p>If not given you do not have grounds for CAF/EHAF or referral to DART / MASH or a specialist agency</p>	<p>Secure email -_city.referrals@equation.cjsm.net Non secure email - cityreferrals@equation.org.uk</p> <p>County Secure email –county.referrals@equation.cjsm.net Non secure email - countyreferrals@equation.org.uk</p> <p>Tel: 0115 960 5556</p>

Nottingham and Nottinghamshire MARAC referral form

RESTRICTED WHEN COMPLETED

MARAC referrals should be sent by **secure email or other secure method** with a completed Risk Identification Checklist to:

Nottingham City:	dart@nottinghamcity.gov.uk	Fax 0115 876 2927
South MARAC:	maracadmin.south@nottinghamshire.pnn.police.uk	Fax 01623 483124
North MARAC:	maracadmin.north@nottinghamshire.pnn.police.uk	Fax 01623 483124

Date:			
Victim Name:	Sexual Orientation:		
	Disability / Life Limiting Illness:		
	Gender:		
Date of birth:	Ethnicity:		
Reason for referral:			
Referral made using (please tick)			
Professional judgment <input type="checkbox"/> Escalation <input type="checkbox"/> Actuarial assessment (number of ticks on Risk Identification Checklist) <input type="checkbox"/>			
The DASH RIC has been quality assured (for referrals based on professional judgement) <input type="checkbox"/>			
Attach Risk Identification Checklist			
Is the person referred aware of the MARAC referral?			Yes/No
Has this person given consent for MARAC and information sharing?			Yes/No
<i>If the answer is YES go to the “Describe the situation as seen by referring agency” and Agency Referring Details sections overleaf.</i>			
<i>If the answer is NO i.e. consent has NOT been given, referring agency MUST complete the boxes below. At least one legal justification needs to be made. If you need assistance in completing this form please speak to a member of the Police Public Protection at Mansfield or Oxclose Lane Police Stations Tel 101</i>			
Legal grounds for information sharing without consent - please tick one or more grounds below			
Prevention and detection of crime			
Prevention / detection or crime and/or apprehension or prosecution of offenders (GDPR, sch 2 part 1 section 2)			
To protect victim or others from serious harm or matter of life or death (vital interests)((GDPR art.6 & 9) (DPS, sch 2 & 3)			
For a public task– vital interests (usually bringing perpetrators to justice) (GDPR art.6 & 9)			

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For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3) (GDPR art.6 & 9) (Compliant of a legal obligation)	
In accordance with a court order	
Overriding public interest (common law) including child protection (GDPR art.6 & 9)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3)	

Please describe the situation as seen by referring agency i.e.:

Who is at risk?

What are the risks?

Referring Agency Details

If you are not from an agency that attends the MARAC meeting you will be notified of the date the case will be heard at the MARAC. If your agency does attend the MARAC meetings, inform your agencies MARAC representative that you have made a referral to the MARAC.

I understand that either myself or a representative from my agency will attend the MARAC meeting this referral has been allocated to.

Name of Referrer:

Address:

Signature:

email:

Telephone:

Mobile:

Admin to complete

Date referral received:

Case number allocated:

MARAC date case to be discussed:

Additional forms to assist with identifying specific types of risk.

1. LGBT Professional Judgement Risk Indicator and LGBT Risk Identification Tool - glossary



LGBT risk
identification tool_N



LGBT Risk
Identification tool -

2. Stalking Risk Indicator Checklist



risk-identification-c
hecklist-for-stalking

For support regarding Stalking please contact:

- WAIS 24 hours Freephone domestic and sexual abuse Helpline: Tel - **0808 800 0340**
- National Stalking Helpline: Tel. **0808 802 0300**

Nottingham City Multiple Perpetrator Mapping Tool

ASSOCIATE

Name:
 DOB:
 Address:

 Risk:

 Connection to Perpetrator:
 Any Other Known Survivors:
 Connection to Survivor:

ASSOCIATE

Name:
 DOB:
 Address:

 Risk:

 Connection to Perpetrator:
 Any Other Known Survivors:
 Connection to Survivor:

PRIMARY PERPETRATOR

Name:
 DOB:
 Address:

 Risk:

ASSOCIATE

Name:
 DOB:
 Address:

 Risk:

 Connection to Perpetrator:
 Any Other Known Survivors:
 Connection to Survivor:

ASSOCIATE

Name:
 DOB:
 Address:

 Risk:

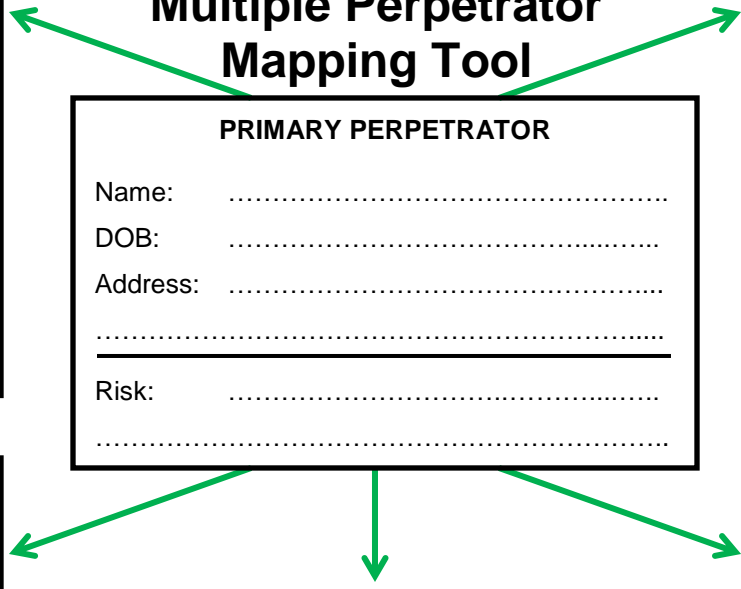
 Connection to Perpetrator:
 Any Other Known Survivors:
 Connection to Survivor:

ASSOCIATE

Name:
 DOB:
 Address:

 Risk:

 Connection to Perpetrator:
 Any Other Known Survivors:
 Connection to Survivor:



- Examples of connection to perpetrator:**
- Criminal
 - Community member
 - Other, *please specify*
 - Family member
 - Friendship group with criminal activities

- Examples of connection to survivor:**
- Family member
 - Drug dealer
 - Other, *please specify*
 - Friendship group
 - Via perpetrator association