This Referral form is designed to be completed electronically and emailed as an attachment to: SIDAS@Somerset.gov.uk.

# Referrer Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Agency: |  |
| Telephone: |  | Email: |  |
| Police Crime Reference: |  |

# Client Details:

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Date of Birth: |
| Address:  |  | Postcode: |  |
| Telephone: |  | Safe to call: | Select | Safe Time to call: |  |
| E-mail: |  | Safe to use: | Select |
| Is the Client the person causing harm: | Select |

# Client Details Continued:

|  |  |
| --- | --- |
| Relationship to abuser (If applicable) | Select |
| Living with: | Select |
| GP Surgery: |  |
| Gender Assigned at Birth: | Select | Gender Identity: | Select |
| Ethnicity: |  | Sexuality: |  |
| Country of Birth: |  | Immigration Status: | Select |
| Does the client have the right to remain in the UK: | Select |
| Interpreter needed: | Select | Gypsy or Traveler: | Select |
| Communication Difficulty: | Select |
| Learning Disability: | Select | Physical Disability: | Select |
| Suffering with poor mental health: | Select |
| Further Disability or Mental Health Information:\_\_\_\_\_ |

# Client Understanding:

|  |  |
| --- | --- |
| **I understand that my information will be passed to the Somerset Integrated Domestic Abuse Service so that I can be provided with a service.** | Select |
| **Signature:** |  |
| **Verbal Confirmation:** | Select |

|  |  |
| --- | --- |
| **Parent/Guardian Agreement if client is under 16yrs.** | Select |
| **Name:** |  |
| **Signature:** |  |
| **Verbal Confirmation:** | Select |

# Reason for Referral:

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Judgement: | Select | Risk Level: | Select |
| Potential Escalation in Frequency and/or Severity of Abuse: | Select |
| MARAC Repeat? | Select | Reason for Repeat | Choose an item. | Case number |  |
| Brief Explanation of Referral Being Made: \_\_\_\_\_ |
| Type of Abuse Experienced by Abused Person (Tick all that apply):[ ] Abduction [ ] ABH [ ] Arson [ ] Assault [ ] Battery [ ] Blackmail [ ] Breach of Bail [ ] Breach of Court Order [ ] Coercive Control [ ] Criminal Damage [ ] Emotional Abuse [ ] False Imprisonment [ ] Financial Abuse [ ] Forced Marriage [ ] Forced to Flee [ ] GBH [ ] Harassment [ ] Hate Crime [ ] Inflicting Injury with a Weapon [ ] Intimidation [ ] Isolation from Friends and/or Family [ ] Malicious Communication [ ] Psychological Harm [ ] Rape [ ] Sexual Assault [ ] Sexual Exploitation [ ] Sharing Intimate Images [ ] Stalking [ ] Strangulation [ ] Threats of Violence [ ] Threats Sharing Intimate Images [ ] Threats to Kill [ ] Trafficking for Exploitation  |
| DVDs Right to Ask:  | Select | DVDs Right to Know: | Select | DVDs Third Party: | Select |
| Has the victim been referred to any other MARAC in a different area? | Select |
| If yes, please state where and when |  |
| Is the victim aware of the Risk Assessment and Informed of MARAC?If No’, please state the reasons why below: | Select |
|  |
| Please confirm the Lawful Basis for the processing of this information: | Select |
| Please detail any special data sharing details below:\_\_\_\_\_ |

# Risk Details (Including DASH):

|  |  |
| --- | --- |
| DASH Score |  |
| 1: Has the current incident resulted in injury? | Select |
| 1a: Please state what and whether this is the first injury.\_\_\_\_\_\_\_\_ |
| 2: Are you very frightened? | Select |
| 2a: Comment:\_\_\_\_\_\_\_\_\_\_\_ |
| 3: What are you afraid of? Is it further injury or violence? | Select |
| 3a: Please give an indication of what you think [name of abuser(s)] might do and to whom, including children.\_\_\_\_\_\_\_ |
| 4: Do you feel isolated from family/friends? | Select |
| 4a: Ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others?\_\_\_\_\_\_ |
| 5: Are you feeling depressed or having suicidal thoughts? | Select |
| 6: Have you separated or tried to separate from [name of abuser(s)] within the past year?  | Select |
| 7: Is there conflict over child contact?  | Select |
| 8: Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? | Select |
| 8a: 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)? | Select |
| 10: Is the abuse happening more often? | Select |
| 11: Is the abuse getting worse? | Select |
| 12: Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? | Select |
| 13: . Has [name of abuser(s)] ever used weapons or objects to hurt you? | Select |
| 14: Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? | Select |
| 14a: If yes, tick who: You ☐ Children ☐ Other (please specify) ☐ |
| 15: Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you? | Select |
| 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? | Select |
| 16a: If someone else, specify who.\_\_\_\_\_\_\_\_ |
| 17: Is there any other person who has threatened you or who you are afraid of? | Select |
| 17a: 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? | Select |
| 18a: Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐ |
| 19: Has [name of abuser(s)] ever mistreated an animal or the family pet? | Select |
| 20: Are there any financial issues? | Select |
| 20a: 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? | Select |
| 21a: 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? | Select |
| 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? | Select |
| 23a: 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 ☐ Forced Marriage Protection Order ☐ Other ☐ |
| 24: Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? | Select |
| 24a: If yes, please specify: Domestic abuse ☐ Sexual violence ☐ Other violence ☐ Other ☐ |

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| --- |
| 1: 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, geographic isolation and minimisation. Are they willing to engage with your service?  |
| Describe….. |
| 2: Consider abuser’s occupation / interests. Could this give them unique access to weapons?  |
| Describe…. |
| 3: What are the victim’s greatest priorities to address their safety? |
|  |

|  |  |
| --- | --- |
| Do you believe that there are reasonable grounds for referring this case to MARAC?  | Select |
| Professional Judgement in relation to Risk (Please include specific concerns around pattern of abuse and risk of escalation and all additional vulnerabilities): |
|  |
| Do you believe that there are risks facing the children in the family? | Select |
| If yes, please confirm if you have made a referral to safeguard the children? | Select |

|  |
| --- |
| Protective Factors (Tick all that apply):[ ] DVPN/O [ ] Restraining Order [ ] Non-Molestation Order [ ] CCTV [ ] Cocoon [ ] Custodial Sentence [ ] Home Office Alarm [ ] Panic Room [ ] Protective Family and/or Friends [ ] Remand [ ] Sanctuary [ ] Security Lighting [ ] SIG Warning [ ] TecSOS  |
| Other Protective Factors: |

# Desired Outcomes:

|  |
| --- |
| Views / Perceptions / Desired Outcomes and Concerns of the Person Experiencing Abuse: |
| Priority Needs (Tick all that apply): [ ] Accommodation [ ] Adult Safeguarding [ ] Agency Awareness [ ] Behaviour Changing Programme [ ] Child Safeguarding [ ] Create Opportunities for Engagement [ ] Criminal Justice Outcome [ ] Mental Health [ ] Parenting Support [ ] Physical Health [ ] Priority Needs [ ] Replacement Phone [ ] Support to Flee [ ] Support to Identify Abuse [ ] Support to Remain in Relationship Safely |

# Information on Individual Engaging in Abusive Behaviour:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: |  | Date of Birth: |  |
| Address:  |  | Postcode: |  |
| Telephone: |  | Safe to call: | Select | Safe Time to call: |  |
| E-mail: |  | Safe to use: | Select |

# Individual Engaging in Abuse Details Continued:

|  |  |
| --- | --- |
| Living with: | Select |
| GP Surgery: |  |
| Gender Assigned at Birth: | Select | Gender Identity: | Select |
| Ethnicity: |  | Sexuality: |  |
| Country of Birth: |  | Immigration Status: | Select |
| Does the client have the right to remain in the UK: | Select |
| Interpreter needed: | Select | Gypsy or Traveler: | Select |
| Communication Difficulty: | Select |
| Learning Disability: | Select | Physical Disability: | Select |
| Suffering with poor mental health: | Select |
| Further Disability or Mental Health Information:\_\_\_\_\_ |

# Family Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: |  | Date of Birth: |  |
| Relationship To Victim: | Select | Relationship To Individual engaging in abusive behaviour: | Select |
| Gender Assigned at Birth: | Select | Gender Identity: | Select |
| School/Nursey Name: |  | GP Surgery: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: |  | Date of Birth: |  |
| Relationship To Victim: | Select | Relationship To Individual engaging in abusive behaviour: | Select |
| Gender Assigned at Birth: | Select | Gender Identity: | Select |
| School/Nursey Name: |  | GP Surgery: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: |  | Date of Birth: |  |
| Relationship To Victim: | Select | Relationship To Individual engaging in abusive behaviour: | Select |
| Gender Assigned at Birth: | Select | Gender Identity: | Select |
| School/Nursey Name: |  | GP Surgery: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Surname: |  | Date of Birth: |  |
| Relationship To Victim: | Select | Relationship To Individual engaging in abusive behaviour: | Select |
| Gender Assigned at Birth: | Select | Gender Identity: | Select |
| School/Nursey Name: |  | GP Surgery: |  |