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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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:

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| --- | --- | --- |
| **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 | |

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| **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):

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| --- | --- | --- | --- | --- |
| 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? |
|  |

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| 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 | |

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| 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:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | |