



**Leicester, Leicestershire & Rutland
Domestic & Sexual Violence
Referral Form For Group Programmes**

Date of Referral:		OASIS Reference Number: (Office Use Only)	
Referrer:		Email:	
Position:		Telephone No:	
Group required – please tick:		<ul style="list-style-type: none"> • 1:1 is only available if there are extenuating circumstances / health needs / disability or interpreter required – please elaborate on separate sheet if necessary 	
Freedom Program	Lightbulb	Unbroken	Unbreakable
Recovery Tool Kit	Male Survivor Group	Space 4 Me	You, Me & Mum

Primary Victim Details			
Forename(s):		Telephone:	
Surname:		Mobile:	
Date of Birth:	Age:	Email:	
Address:		Safe Contact Methods	
Post Code:		NOT Safe <input type="checkbox"/>	Call Safe <input type="checkbox"/> Other:
		Address Safe <input type="checkbox"/>	Text Safe <input type="checkbox"/>
		Phone Safe <input type="checkbox"/>	Email Safe <input type="checkbox"/>
		Click here to enter text.	
Alt Safe Contact:		Alt Safe Contact No: Click here to enter text.	
Gender:	Sexual Orientation:	Transgender:	
First Language:	Religion:	Ethnicity:	
Relationship status:	Employment status:	Tenure:	
Access to public funds:			

Disabilities		Vulnerabilities / Complex Needs (In the past year has the client had any problems with any of the following?)			
Long Term Illness or Condition <input type="checkbox"/>	Physical <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Drugs <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Self Harm <input type="checkbox"/>
Hearing <input type="checkbox"/>	Learning <input type="checkbox"/>	Victim or Risk of FGM <input type="checkbox"/>	Forced Marriage <input type="checkbox"/>	Homelessness <input type="checkbox"/>	Criminal Offences <input type="checkbox"/>

Visual <input type="checkbox"/>	None <input type="checkbox"/>	Sexual Exploitation <input type="checkbox"/>	Rape or Sexual Assault <input type="checkbox"/>	Struggle with Social Skills <input type="checkbox"/>	Schedule 1 Offender (At any time) <input type="checkbox"/>
Other Issues / Vulnerabilities:					
Disabilities – additional information:					
Disabilities – any special requirements (is a further risk assessment required):					
Vulnerabilities / Complex Needs – additional information:					
Vulnerabilities / Complex Needs – any special requirements (is a further risk assessment required):					

Perpetrator Details		
Forename(s): Surname: Date of Birth:	Age:	Telephone: Mobile: Email:
Address:		
Postcode:		
Gender:	Sexual Orientation:	Transgender:
First Language:	Religion:	Ethnicity:
Relationship status:	Employment status:	Tenure:
Access to public funds:		
Has a discussion been had with the service user regarding contact with the perpetrator(s) and the need for confidentiality in terms of the location of the group? Please circle as appropriate: Yes No		

Child/ren's Details					
First Name	Surname	Date of Birth	Age	Gender	Ethnicity
Children's Address: (If different from victim)					
Care Status: Child/ren Adopted: Yes / No / DK					
Current Agency Involvement: S17(CIN) <input type="checkbox"/> S47(CP) <input type="checkbox"/> S31 (Care or SO) <input type="checkbox"/> Other:.....					

Is the Victim/Client Pregnant? Yes / No	E.D.D:	Lone parent:
<p>Does the client consent to their information being placed on the UAVA database? Yes No</p> <p>Please circle as appropriate.</p>		
<p>EXTERNAL AGENCIES / SOCIAL CARE: Has the client consented to group attendance? Please note that service users are required to consent prior to commencing group this will be checked when we contact the client – if they do not consent we are unable to place them on the program.</p> <p style="text-align: right;">Yes No</p>		
<p>Does the client agree for Commissioners to review their file on the UAVA database? Yes No</p> <p>Please circle as appropriate.</p>		

SafeLives Dash risk checklist

Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking and ‘honour’-based violence.
- To decide which cases should be referred to Marac and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the Marac¹ process and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which underpins most recognised models of risk assessment.

How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded from:

<http://safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>. Risk is dynamic and can change very quickly. It is good practice to

review the checklist after a new incident.

Recommended referral criteria to Marac

1. **Professional judgement:** if a professional has serious concerns about a victim’s situation, they should refer the case to Marac. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. *This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence.* This judgement would be based on the professional’s experience and/or the victim’s perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **‘Visible High Risk’:** the number of ‘ticks’ on this checklist. If you have ticked 14 or more ‘yes’ boxes the case would normally meet the Marac referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a Marac or in another way. **The responsibility for identifying your local referral threshold rests with your local Marac.**

What this form is not

¹ For further information about Marac please refer to the 10 principles of an effective Marac: <http://safelives.org.uk/sites/default/files/resources/The%20principles%20of%20an%20effective%20MARAC%20%28principles%20only%29%20FINAL.pdf>

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

SafeLives Dash risk checklist for use by Idvas and other non-police agencies² for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
<p>1. Has the current incident resulted in injury? Please state what and whether this is the first injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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, including children. Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you feel isolated from family/friends? Ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Does [name of abuser(s)] 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"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

² Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being ‘policed’ at home; telling you what to wear. Consider ‘honour’-based violence (HBV) and specify behaviour.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p>	YES	NO	DON'T	State source of info
<p>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? If someone else, specify who.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>17. Is there any other person who has threatened you or who you are afraid of? If yes, please specify whom and why. Consider extended family if HBV.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Are there any financial issues? For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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? If yes, please specify which and give relevant details if known. Drugs <input type="checkbox"/></p>				

Alcohol <input type="checkbox"/>				
Mental health <input type="checkbox"/>				
22. Has [name of abuser(s)] ever threatened or attempted suicide?				
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? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant. 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"/>				
24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history? If yes, please specify: Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				

<p>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.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	

What are the victim's greatest priorities to address their safety?

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For consideration by professional

Do you believe that there are reasonable grounds for referring this case to MARAC?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, have you made a referral?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signed		Date			
Do you believe that there are risks facing the children in the family?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date referral made			
Signed		Date			
Name					

Practitioner's notes

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This document reflects work undertaken by SafeLives in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool Marac for their contribution in piloting the revised checklist without which we could not have amended the original SafeLives risk identification checklist. We are very grateful to Elizabeth Hall of CAFCASS and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.