



UAVA Referral Form

City Specific Service: Jenkins Centre Perpetrator Services

All Sections are mandatory – Forms will be returned if not fully completed which may delay support



Please note all boxes will expand when typing.

Section 1	Referrers Details:		
Name		Date	
Position		Mobile No	
Organisation		Landline No	
Email			

Section 2	Purpose of Referral (please highlight)		
Perpetrator Service Only	Family Service Only	Perpetrator & Family Service	
Does this referral relate to? (please tick all that apply)			
Intimate Partner Abuse (Adult)	Adolescent to Parent Violence (APV-13-18yrs)	Children Using Violence/Abuse (under 13 years)	
Intimate Partner Abuse (13 to 18 years)	Children Experiencing Domestic Abuse		

Section 3	Personal Details (Primary Perpetrator):				
Full Name		Date of Birth			
Known As		Age			
Address			Postcode		
Mobile No		Landline No		Email	
Is Perpetrator pregnant?	Yes / No	E.D.D:		NI Number	

Equalities Data: please refer to equalities sheet to identify categories

Tenancy Status		Employment / Economic Status:		Relationship Status	
Gender	Male / Female	Gender Reassignment	Yes / No / Prefer Not to Say	Sexual Orientation	
Ethnicity:		Nationality		Preferred Language	
Interpreter Required?	Yes / No	Immigration Status:		Religion	
Disability	Yes / No	If yes to disability please provide details:			

Risk Profile

Please give details of any risk related information

DASH Score:		Has this case been referred to MARAC?	Yes / No	Date:	
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Outcome

Please complete a copy of the DASH at the end of the referral.

For the Perpetrator Programme & Adolescents using Violence & Abuse a **DASH** risk assessment **MUST** be completed

Has there been historic MARAC Involvement	Yes / No	Is this case subject to IOM (Integrated Offender Management)?	Yes / No	Is this a historic or current MAPPA case?	Yes / No
Date of last incident?		Number of police call outs		Current Criminal Convictions?	
Current Injunctions or Bail Conditions including DVPO& DVPN (please provide dates):					

Current criminal legal proceedings (Please State if applicable): <i>clients cannot be referred to JC whilst there are criminal proceedings for a DV related offence.</i>			
Please provide information on historical criminal convictions, police call outs and arrests relating to domestic violence offences and any other violent offences:			
Has the perpetrator been convicted of a non-violent crime or have any other criminal convictions? (please state):			
Schedule 1 Offender?	Yes / No	Sex Offender Register	Yes / No
Has the perpetrator been abusive in previous intimate partner relationships (give details)			
Aggressive towards professional?			


Perpetrator Needs & Vulnerabilities			
Is there current/historic substance/alcohol misuse?	Yes / No	Please state which substances/alcohol:	
Is the perpetrator undergoing any substance misuse treatment?	Yes / No	Please give details of provider & worker	
Are there current/historic Mental Health Needs	Yes / No	Please give details of provider & worker	
Please provide details of any physical & well-being needs (e.g. physical or health conditions, diagnosis and any support being provided):			
Does the perpetrator have any history of trauma? (e.g. childhood abuse or other traumatic incident)			

Outline of Current & Historic Domestic Abuse
Please give details of the Domestic Violence & Abuse, including a chronology and details of incidents. Please state source of information (e.g. victim, perpetrator, police, or other party)
Perpetrator Programme Suitability: Please describe the perpetrator's own view of their violence & abuse, e.g. Do they acknowledge their use of violent & abusive behaviours? Do they minimise or deny their abusive behaviours? What is their motivation to attend the Jenkins Centre?
Are there any other barriers that would prevent the perpetrator (adult) from attending a 24 week group or individual programme in the evening?

Section 4		Personal Details (Primary Victim):			
Full Name				Date of Birth	
Known As				Age	
Address				Postcode	
Mobile No		Landline No		Email	
Is victim pregnant?	Yes / No	E.D.D		NI Number	
Equalities Data: please refer to equalities sheet to identify categories					
Tenancy Status		Employment / Economic Status:		Relationship Status	
Gender		Gender Reassignment		Sexual Orientation	
Male / Female		Yes / No / Prefer Not to Say			
Ethnicity:		Nationality		Preferred Language	
Interpreter Required?		Immigration Status:		Religion	
Yes / No					
Disability		If yes to disability please provide details:			
Yes / No					
Victim Risk Profile					
Safe to Contact?		Safe to text?		Mobile safe?	
Yes/No		Yes / No		Yes / No	
Email safe?		Address safe?		Landline safe?	
Yes / No		Yes / No		Yes / No	
Safe Communication comments:					
Please give details of any risk related information					
Schedule 1 Offender?		Sex Offender Register			
Yes / No		Yes / No			
Aggressive towards professional?					
Vulnerabilities & Complex Needs					
Please highlight all vulnerabilities and complex needs which apply:					
Alcohol		Self Harm		Financial	
Drugs		Suicide		Victim or Risk of FGM	
		Sexual Exploitation		Rape or Sexual Assault	
Please give details of any health concerns, disabilities, learning difficulties or other relevant health & wellbeing information					
Does the victim require referral to services for Domestic or Sexual Abuse?				If yes the Victim's details will be passed to the relevant team to assess support needs.	
Yes / No					
If this referral is to be passed to the relevant service to support the Victims needs, please provide us with an overview in relation to the specific risks, concerns & needs:					

Section 5		Children's Details								
Child's Name	Date of Birth	Age	Gender	School (On Roll)	Year Group	Children & Young People's or Social Services Involvement (state level/type)	Relationship to Victim	Relationship to Perpetrator	Disability	Ethnicity
Where there are more than 6 children, please complete a supplementary sheet				Please Attach most recent Child Protection Plan, Support Plans and minutes to meetings						
Is this family open to Early Help or Troubled Families? Please provide details										
If Case open to Early Help, Troubled Families or CYPS – Please indicate next meeting date, time & venue :										
Contact & Residency Information: please indicate if any child is looked after										
Please give details of children's residency and contact arrangements including supervised contact, voluntary care or other care orders etc.										
Please provide details of any ongoing public or private law proceedings in relation to the children; <i>JC will not accept any case in private/public law proceedings without an Expert Dv Risk Assessment.</i>										
If no ongoing proceedings, is this at legal planning or pre-proceedings stage?										
Health & WellBeing:										
Are any of the children expecting or have children of their own		Yes / No		If Yes please give details:						
Please provide details of any health, disability, learning needs and health and wellbeing information for each child										
Child Protection procedures: Where staff have concerns that a child has been harmed or abused or is at risk of harm or abuse, then the relevant child protection procedures must be followed.										

Section 6	Information about the Perpetrator, Victim and Children				
In the boxes below please provide detailed information in relation to the guidance headings. This should include information relating to what has been witnessed or experienced or perpetrated.					
Please give a description of concerns & reasons for referral					
Please give a description of strengths; interests and positive interactions					
Please give details of any identified risks when contacting, visiting or working with individuals & the family					
Agencies Involved - Please indicate which Agencies have been involved with the perpetrator, victim and children within the last 2 years if known:					
Agency	Contact Name	Role	Contact Number	Email	Open Case

Section 7	Consent & Referral				
Please give details of any views that the perpetrator, victim and young person (Gillick Competent) have regarding this referral					
Consent 	The reason for the referral has been explained to the primary perpetrator by the referrer and they agree to the referral being made to the Jenkins Centre				Yes / No
	Has the reason for referral been explained to the primary victim by the referrer and they agree to the referral being made to LWA Family Service				Yes / No
	The referrer has explained the information contained in this form and they have acknowledged the Data Protection and Confidentiality Clause detailed in Section X				Yes / No
	Please confirm that your organisation has consent to share sensitive information?				Yes / No
	If referral is high risk and requires IDVA, consent is not required for the referral. A DASH must be completed to assess as high risk. Please attach the completed copy of the DASH & any relevant documentation High risks as identified through DASH should be immediately referred to MARAC and the IDVA service at UAVA: 08088 020 028 by the referring professional.				
Data Protection & Confidentiality					
Information provided within this referral will be handled in accordance data protection and confidentiality guidance and legislation. Details may be disclosed to other appropriate services and partner agencies for the purpose of providing support. It will not be shared with other third parties, unless required to do so by law. To ensure the safety and wellbeing of the individuals referred, information in this referral will be shared with them if they wish to see it. Though may be restricted or withheld in line with good practice, guidance and legislation relating to domestic abuse and safeguarding.					

Section 8:	Submitting Referral			
The form must be submitted electronically through the organisations email system via one of the email addresses below. Support in relation to completion of a referral can be accessed via the UAVA Professional Helpline. Documents can be password protected. Passwords should be sent separately. Faxed referrals are not accepted.				
Standard Email*	Secure Email	UAVA Helpline	UAVA Professionals Advice Line	
referrals@uava.org.uk	referrals@uava.org.uk.cjism.net	08088 020 028	0116 255 004	

* Secure email can only be sent to from a secure email, these are different to standard organisational addresses.

We will contact you to confirm receipt of this referral.

If you have not had confirmation within 48 hours please contact us to ensure the referral has been received.

Section 8	DASH & Risk Assessment
<p>Please complete the attached risk assessment with the potential client, or the partner/ex partner, or based on information you already know, stating source of info i.e. victim, Social Care report etc. The purpose of asking these questions is for the safety and protection of the partner/ex-partner concerned. Tick the box if the factor is present. Please free to comment and to expand on any answer. Please indicate the source of information in the right hand column, particularly if it is not the victim. You can also include any additional information or concerns you think we may need to know.</p>	
<p>If the score is 14 or above this should be referred IMMEDIATELY to MARAC and the IDVA service at UAVA: 08088 020 028</p>	
<p>IF YOU ARE UNABLE TO COMPLETE THE RISK ASSESSMENT PLEASE STATE YOUR REASONS HERE:</p>	
<p><u>DASH SCORE:</u></p>	

	Yes	No	Don't Know	Source of Info
1. Did the most recent incident result in injury? (Please state what and whether this is the first injury.) <i>Comment:</i>				
2. Is/was the partner/ex partner very frightened of the client? <i>Comment:</i>				
3. Is the partner/ex partner afraid of further injury or violence? (Please give an indication of what you think the client may do and to whom, including children) <i>Comment:</i>				
4. Does/has the partner/ex partner feel/felt isolated from family/friends i.e. does client try to stop them from seeing friends/family/doctor or others? <i>Comment:</i>				
5. Is the partner/ex partner feeling depressed or having suicidal thoughts? <i>Comment:</i>				
6. Has the partner/ex partner separated or tried to separate from the client within the past year? <i>Comment:</i>				
7. Is there conflict over child contact? <i>Comment:</i>				
8. Does the client constantly text, call, contact, follow, stalk or harass the partner/ex partner? (Please expand to identify what and whether you believe that this is done deliberately to intimidate? Consider the context and behaviour of what is being done.) <i>Comment:</i>				
9. Is the partner/ex partner pregnant or recently had a baby (within the last 18 months)? <i>Comment:</i>				
10. Is the abuse happening more often? <i>Comment:</i>				
11. Is the abuse getting worse? <i>Comment:</i>				
12. Does the client try to control everything the partner/ex partner does, or are they excessively jealous? (E.g. In terms of relationships, being policed at home, being told what to wear and who to see. Consider 'honour' based violence and specify behaviour.) <i>Comment:</i>				
13. Has the client ever used weapons or objects to hurt the partner/ex partner? <i>Comment:</i>				
14. Has the client ever threatened to kill the partner/ex partner or someone else in ways that they believed them? Please specify i.e. Partner/ex partner, children, other family member etc. <i>Comment:</i>				

	Yes	No	Don't Know	Source of Info
15. Has the client ever attempted to strangle/choke /suffocate/drown the partner/ex partner? <i>Comment:</i>				
16. Does the client do or say things of a sexual nature that make the partner/ex partner feel bad or that physically hurt them or someone else? (If someone else, specify who.) <i>Comment:</i>				
17. Is there any other person who has threatened the partner/ex partner or who they are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.) <i>Comment:</i>				
18. Do you know if client has hurt anyone else (please specify whom e.g. previous partner, children, family member etc.)? <i>Comment:</i>				
19. Has client ever mistreated the family pet or other animal? <i>Comment:</i>				
20. Are there any financial issues? For example, is the partner/ex partner dependent on client for money/has the client recently lost their job/other financial issues? <i>Comment:</i>				
21. Has the client 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.) <i>Comment:</i>				
22. Has the client ever threatened or attempted suicide? <i>Comment:</i>				
23. Has the client ever broken bail/an injunction and/or formal agreement for when they can see the partner/ex partner and/or the children? E.g. bail conditions, non-molestation orders, occupation order, child contact arrangements etc. <i>Comment:</i>				
24. Has the client ever been in trouble with the police or has a criminal history? E.g. Domestic violence, sexual violence, other violence etc. <i>Comment:</i>				
25. Is there any other relevant information that may increase risk levels? E.g. Disability Language barriers Willingness to engage with services Occupation/interests that may give access to weapons <i>Comment:</i>				