**This form should be completed with input from the client to assess the level of risk**

**This form can be used to refer to MARAC where appropriate**

**Please send completed MARAC application by e-mail:** idva.referrals@cambridgeshire.gov.uk

 **Use the same email address for professional enquiries**

**Current threshold for Cambs and Peterborough MARAC referrals: 17 or above on attached Safe Lives DASH risk assessment or on evidenced Professional judgement. Consent is preferable but not essential.**

**DASH forms scoring 14-16 can be sent to the IDVA Service with consent from the client.**

**Please tick box to confirm consent [ ]**

**The following posts all take referrals at any risk level and the referral forms can be found at** [**Welcome to Cambridgeshire DASV Partnership (cambsdasv.org.uk)**](https://www.cambsdasv.org.uk/website/idva__marac_referral_forms/296136)**: A8 IDVA, Health IDVA, Male Victims IDVA, Young People’s IDVA. If the victim is over 60, please use the Older People’s DASH also at the link above.**

**Please be aware that all professionals from external partner services will be expected to present their own case or provide a representative from their service. i.e. a manager who is fully familiar with the case and able to assist in creating actions on their service’s behalf in order to reduce risk to the victim. If you or your Manager is not able to present then your case may be deferred.**

|  |
| --- |
| **Victim name:** **DOB:** **Ethnicity:** **Address of Victim:** **Who owns the residential property (e.g. Victim/Suspect/Housing Association/Private Landlord/Privately Rented) – Full details of owner to be recorded including contact number.****Safe Contact Details:** **Occupation/Workplace (if relevant):****Perpetrator: Name and DOB:** **Address of Perpetrator:** **Ethnicity of Perpetrator:****Children:** **Name:       DOB:** **Ethnicity:****Name:       DOB:       Ethnicity:****Name:       DOB:       Ethnicity:****Name:       DOB:       Ethnicity:****Name:       DOB:       Ethnicity:****Name:       DOB:       Ethnicity:****Address(es) of Children:**  |
| **GP Details:****Reasons for Referral:** **Background and Risk Issues:** **Is the person referred aware of the MARAC referral? Yes** **[ ]  No** **[ ]** **If person is aware of MARAC referral and it is safe to contact them please consider the following questions;*** **Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)**

* **Who does the victim believe it is safe to talk to?**

* **Who does the victim believe it is not safe to talk to?**

**(Attach risk assessment/ professional judgement).** |
| **Referring Practitioner and Agency:** **Contact details****Telephone:** **Mobile:** **Email:** **Address:** **Date completed:**If there are children in the household and MARAC Threshold met, or significant concern under Professional Judgement, then a referral to Children’s Social Care should be made. If relevant, please confirm this has been done **[ ]** **Please read attached Safe Lives Guidance (P.9) before completing this Marac referral** |

Date Completed:

|  |  |  |
| --- | --- | --- |
| **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. | Yes**☑** | No**☑** |
| 1. Has the current incident resulted in injury? (please state what and whether this is the first injury)

      |  [ ]  | [ ]  |
| **2. Are you very frightened?** Comment:       | **[ ]**  | **[ ]**  |
| 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 [ ]  Children [ ]  Other (please specify) [ ]  Further injury and violence: Self [ ]  Children [ ]  Other (please specify) [ ] Other (please clarify): Self [ ]  Children [ ]  Other (please specify) [ ]  | [ ]  | [ ]  |
| **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?** | **[ ]**  | **[ ]**  |
| 5. Are you feeling depressed or having suicidal thoughts?       | [ ]  | [ ]  |
| **6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?**  | **[ ]**  | **[ ]**  |
| **7. Is there conflict over child contact?** (please state what)       | **[ ]**  | **[ ]**  |
| **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)**If answer is yes, ask the following questions. If No, continue to Q9**

|  |
| --- |
| A.    Is there a previous domestic abuse and/or harassment history? |
| B.    Had the perpetrator vandalised or destroyed property? |
| C.    Has the perpetrator turned up unannounced more than 3 times per week? |
| D.    Has the perpetrator threatened physical or sexual violence? |
| E.    Has the perpetrator been harassing any third party since the harassment began? |
| F.    Has the perpetrator acted violently towards anyone else during the stalking incident? |
| G.   Has the perpetrator engaged others to help? (wittingly or unwittingly) |
| H.    Is/has the perpetrator abusing/been abusing alcohol/drugs? |
| I.      Has the perpetrator been violent in the past? (physical & psychological) |
| J.     Does the perpetrator follow the victim or loiter near the victim? |

 | **[ ]** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | **[ ]** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Children/Dependents** (If no children/dependants, please go to the next section) | Yes | No |
| **9. Are you currently pregnant or have you recently had a baby (in the past 18 months)?** | **[ ]**  | **[ ]**  |
| 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)?  | [ ]  | [ ]  |
| **11. Has (…..) ever hurt the children/dependants?**  | **[ ]**  | **[ ]**  |
| 12. Has (…..) ever threatened to hurt or kill the children/dependants?       | [ ]  | [ ]  |
| **Domestic Violence History** | Yes | No |
| **13. Is the abuse happening more often?**  | **[ ]**  | **[ ]**  |
| **14. Is the abuse getting worse?**  | **[ ]**  | **[ ]**  |
| **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) | **[ ]**  | **[ ]**  |
| **16. Has (…..) ever used weapons or objects to hurt you?**  | **[ ]**  | **[ ]**  |
| **17. Has (…..) ever threatened to kill you or someone else and you believed them?**  | **[ ]**  | **[ ]**  |
| **18. Has (…..) ever attempted to strangle/choke/suffocate/drown you?**  | [ ]  | [ ]  |
| **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) | **[ ]**  | **[ ]**  |
| 1. **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)

 | **[ ]**  | **[ ]**  |
| 1. Do you know if (…..) has hurt anyone else ? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)

Children [ ]  Another family member [ ]  Someone from a previous relationship [ ]  Other (please specify) [ ]  | [ ]  | [ ]  |
| **22. Has (…..) ever mistreated an animal or the family pet?**  | **[ ]**  | **[ ]**  |
| **Abuser(s)** | Yes | No |
| 23. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?      |  [ ]  | [ ]  |
| **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 [ ]  Alcohol [ ]  Mental Health [ ]  | **[ ]**  | **[ ]**  |
| **25. Has (…..) ever threatened or attempted suicide?**  | **[ ]**  | **[ ]**  |
| 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 [ ]  Non Molestation/Occupation Order [ ]  Child Contact arrangements [ ]  Forced Marriage Protection Order [ ]  Other [ ]  | [ ]  | [ ]  |
| 27. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify)DV [ ]  Sexual violence [ ]  Other violence [ ]  Other [ ]       | [ ]  | [ ]  |
| **Professional Judgement:*** **Other relevant information (from victim or professional) which may alter risk levels?**
* **Consider the victim’s situation in relation to disability, substance misuse, and mental health issues?**
* **Cultural/language barriers, ‘Honour based’ systems, geographic isolation and minimisation?**
* **Consider the abuser’s occupation/interests/ criminal associates/lifestyle habits, including access to firearms/weapons?**
* **What are the victim’s greatest priorities to addressing their safety?**

     **Please note that the current threshold for Cambs MARAC referrals: 17 or above on attached Safe Lives Dash risk assessment or on evidenced professional judgement which should be evidenced by your stating additional risk factors that are not asked about in this assessment form. Please refer to attached guidance notes on risk indicators to assist you in completing this form. If you need any further assistance please call the MARAC Co-ordinators or a Duty IDVA  on 01480 847718.** |  |  |
| **Any other relevant risk led information.** |  |  |

 

**SafeLives Dash risk checklist**

**Quick start guidance**

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of ‘honour’-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

**The Dash risk checklist should be introduced to the victim within the framework of your agency’s:**

* Confidentiality Policy
* Information Sharing Policy and Protocols
* Marac Referral Policies and Protocols

**Before you begin to ask the questions in the Dash risk checklist:**

* Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
* Establish the whereabouts of the perpetrator and children
* Explain why you are asking these questions and how it relates to the Marac

**While you are asking the questions in the Dash risk checklist:**

* Identify early on who the victim is frightened of – ex-partner/partner/family member
* Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

**Revealing the results of the Dask risk checklist to the victim**

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area’s protocols when referring to Marac and Children’s Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn’t feel that their situation is being minimised and that they don’t feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

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 SafeLives Dash risk checklist quick start guidance, Marac or in another way.

**The responsibility for identifying your local referral threshold rests with your local Marac.**

**Resources**

Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

* **National Domestic Violence Helpline** (tel: 0808 2000 247) for assistance with refuge accommodation and advice.
* **‘Honour’ Helpline** (tel: 0800 5999247) for advice on forced marriage and ‘honour’ based violence.
* **Sexual Assault Referral Centres** (web: http://www.rapecrisis.org.uk/Referralcentres2.php) for details on SARCs and to locate your nearest centre.
* **Galop** (tel: 0800 999 5428 web: www.galop.org.uk for advice for LGBT victims) for advice and support for LGBT victims of domestic abuse.

**Asking about types of abuse and risk factors**

**Physical abuse**

We ask about physical abuse in questions 1, 10, 11, 13, 15, 18, 19 and 23.

* Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
* You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
* Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
* The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
* Sometimes violence will be used against a family pet.
* If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.

**Sexual abuse**

We ask about whether the victim is experiencing any form of sexual abuse in question 16.

* Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
* If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

**Coercion, threats and intimidation**

Coercion, threats and intimidation are covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 and 24.

* It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for (e.g. children/siblings). Victims usually know the abuser’s behaviour better than anyone else which is why this question is significant.
* In cases of ‘honour’ based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
* Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as “If I can’t have you no one else can…”
* Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim’s home or workplace, loitering and destroying/vandalising property.
* Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
* Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
* Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
* Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
* Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for ‘honour’-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

**Emotional abuse and isolation**

We ask about emotional abuse and isolation in questions 4, 5 and 12. This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

* The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
* Victims of ‘honour’ based violence talk about extreme levels of isolation and being ‘policed’ in the home. This is a significant indicator of future harm and should be taken seriously.
* Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave. This can often have an impact on the victim’s mental health and they might feel depressed or even suicidal.
* Equally the risk to the victim is greater if their partner/ex-partner has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won’t understand and will judge them. They may feel frightened that revealing this information will get them and their partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

**Children and pregnancy**

Questions 7, 9 and 18 refer to being pregnant and children and whether there is conflict over child contact.

* The presence of children including stepchildren can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
* Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child’s life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
* The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
* Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children’s Services.

**Economic abuse**

Economic abuse is covered in question 20.

* Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
* The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.

We also have a library of resources and information about training for frontline practitioners at [Training for Marac Representatives in England and Wales | Safelives](https://safelives.org.uk/training/if-you-attend-marac/training-marac-representatives)

**Other Marac toolkits and resources**

If you or someone from your agency attends the Marac meeting, you can download a **Marac Representative’s Toolkit** here: [Resources for people referring | Safelives](https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring) This essential document troubleshoots practical issues around the whole Marac process.

Other **frontline Practitioner Toolkits** are also available from [Resources for people referring | Safelives](https://safelives.org.uk/practice-support/resources-marac-meetings/resources-people-referring)

These offer a practical introduction to Marac within the context of a professional role. Please signpost colleagues and other agency staff to these toolkits where relevant:

A&E

Ambulance Service

BAMER Services

Children and Young People’s Services

Drug and Alcohol

Education

Fire and Rescue Services

Family Intervention Projects

Health Visitors, School Nurses & Community Midwives

Housing

Independent Domestic Violence Advisors

LGBT Services

Marac Chair

Marac Coordinator

Mental Health Services for Adults

Police Officer

Probation

Social Care Services for Adults

Sexual Violence Services

Specialist Domestic Violence Services

Victim Support

Women’s Safety Officer

For additional information and materials on Multi Agency Risk Assessment Conferences (Maracs), please see the <http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc>

This provides guidance on the Marac process and forms the basis of the Marac Quality Assurance process and national standards for Marac.