**This form should be completed with input from the victim.**

**Please forward the completed referral to e-mail:** [**idva.referrals@cambridgeshire.gov.uk**](mailto:idva.referrals@cambridgeshire.gov.uk) **please direct any queries to this email address too.**

**For guidance on completing the Risk Assessment Checklist click** [**here**](http://www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20guidance%20FINAL.pdf)

**The Young People’s IDVA accepts referrals at all risk levels.**

**Current threshold for Cambs MARAC referrals: 17 or above or on evidenced Professional judgement.**

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| **Victim name:** **DOB:** **Ethnicity:**  **Address of Victim:**  **Safe Contact Details:**  **Perpetrator: Name and DOB:**  **Address of Perpetrator:**  **Ethnicity of Perpetrator:**  **Relationship of perpetrator to victim:       Current or past sexual partner?**  **Children:**  **Name:       DOB:** **Ethnicity:**  **Name:       DOB:       Ethnicity:**  **Name:       DOB:       Ethnicity:**  **Name:       DOB:       Ethnicity:**  **Name:       DOB:       Ethnicity:**  **Name:       DOB:       Ethnicity:**  **Address(es) of Children:**  **Details of any other people relevant to the referral** |
| **Reasons for Referral (including incidents, concerns and risks):**    **Is the person referred aware of the referral? Yes**  **No**  **If the score is below 17, do they consent to the referral to YPIDVA? Yes  No**  **If person is aware of 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?**     **If you would like case to be heard at MARAC but it does not reach 14 tick threshold, please detail professional judgement for referral** |
| **Referring Practitioner and Agency:**  **Contact details**  **Telephone:** **Mobile:**  **Email:**  **Address:**  **Please read attached Safe Lives Guidance before completing this referral** |

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| **Your feelings** | **Yes** | **No** | **Don’t know** | **State source of info if not the victim (eg police officer)** | |
| 1. Are you frightened? Click here to enter text. |  |  |  | Click here to enter text. | |
| 2. What are you afraid of? Is it further violence?  Click here to enter text. |  |  |  | Click here to enter text. | |
| 3. Are you feeling low or finding your emotions hard to cope with?  Are you having suicidal thoughts?  Click here to enter text. |  |  |  | Click here to enter text. | |
| **Consideration as part of your professional judgement** | | | | | |
| * Does the young person recognise what a dangerous situation might be and their own vulnerability? * Are they exploring risk-taking behaviour as part of their development? How might this affect their safety? * Would this young person involve the police if they were to be hurt again?   **Comments:** Click here to enter text. | | | | | |
| **What is happening to you now?** | **Yes** | **No** | **Don’t know** | | **State source of info if not the victim (eg police officer)** |
| 4. Has the current incident resulted in injury?  Please state what and whether this is the first injury: Click here to enter text. |  |  |  | | Click here to enter text. |
| 5. Does [Insert name of person who is accused of harming the young person] constantly text, contact, follow, stalk or harass you, either in person, online or by phone? |  |  |  | | Click here to enter text. |
| 6. Does [name] try to control everything you do? (For example, who you see, or what you wear?) Do they get jealous about anything you do? |  |  |  | | Click here to enter text. |
| 7. Is the abuse happening more often? |  |  |  | | Click here to enter text. |
| 8. Is the abuse getting worse? |  |  |  | | Click here to enter text. |
| **Consideration as part of your professional judgement** | | | | | |
| * How old is the young person? Where are they within the formal education system? * Is there any evidence that the young person may be minimising or exaggerating their experience?   **Comments:** Click here to enter text. | | | | | |
| **Your life and relationships** | **Yes** | **No** | **Don’t know** | | **State source of info if not the victim (eg police officer)** |
| 9. Do you see your family/friends as much as you would like? Does [Name] stop you from seeing friends and family or professionals? |  |  |  | | Click here to enter text. |
| 10. Are you pregnant or do you have a baby? |  |  |  | | Click here to enter text. |
| 11. Are there any financial issues?  For example, is [name] experiencing difficulties with money (debts or loans) or are you dependent on [name] for money or do they take money from you? |  |  |  | | Click here to enter text. |
| **Consideration as part of your professional judgement** | | | | | |
| * Is this the first relationship the young person has been in? How is this impacting on their friendship group/understanding of acceptable behaviour? * Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be? * Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people? * Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing from care, being missing from home, being in the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators? * Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems or geographic isolation?   **Comments:** Click here to enter text. | | | | | |
| **Things that might have happened to you in the past** | **Yes** | **No** | **Don’t know** | | **State source of info if not the victim (eg police officer)** |
| 12. Have you broken up with or tried to break up with the person who is hurting you? |  |  |  | | Click here to enter text. |
| 13. If you have children, is there conflict between you and the person who is hurting you over seeing the children? |  |  |  | | Click here to enter text. |
| 14. Has [name] ever used weapons or objects (such as a phone or household item) to hurt you? |  |  |  | | Click here to enter text. |
| 15. Has [name] ever threatened to kill you or someone else?  If yes, tick who:  You  Children  Member of your family  Other (please specify) Click here to enter text. |  |  |  | | Click here to enter text. |
| 16. Has [name] ever attempted to strangle/choke/suffocate/drown you? |  |  |  | | Click here to enter text. |
| 17. Does [name] 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. Click here to enter text. |  |  |  | | Click here to enter text. |
| 18. Is there any other person who has threatened you or who you are afraid of? |  |  |  | | Click here to enter text. |
| 19. Do you know if [name] has hurt anyone else?  If yes, tick who:  Children  Another family member  Someone from a previous relationship  Other (please specify) Click here to enter text. |  |  |  | | Click here to enter text. |
| 20. Has [name] ever mistreated an animal or their family pet? |  |  |  | | Click here to enter text. |

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| **The person who harms you** | **Yes** | **No** | **Don’t know** | **State source of info if not the victim (eg police officer)** |
| 21. Has [name] 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  Alcohol  Mental health |  |  |  | Click here to enter text. |
| 22. Has [name] ever threatened or attempted suicide? |  |  |  | Click here to enter text. |
| 23. Has [name] ever breached their bail conditions or not followed an order by the police or a judge in court?  Bail conditions  Child contact arrangements  Forced Marriage Protection Order  Other Click here to enter text. |  |  |  | Click here to enter text. |
| 24. Do you know if [name] has ever been in trouble with the police or has a criminal history?  If yes, please specify:  Domestic abuse  Sexual violence  Other violence  Other Click here to enter text. |  |  |  | Click here to enter text. |
| **Consideration as part of your professional judgement** | | | | |
| Is the person who hurts your client older than them? By how many years?  Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk?    **Comments**: Click here to enter text. | | | | |
| **Total ‘Yes’ responses:** Click here to enter text. | | | | |

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| **For consideration by professional:** | |
| What additional concerns do you have, based on your professional judgement/escalation? | Click here to enter text. |
| Is the young person willing to engage with your service? | Click here to enter text. |
| Consider the person causing harm’s occupation/interests.   * Could this give them unique access to weapons? * How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking? | Click here to enter text. |
| What are the young person’s greatest priorities to address their safety? | Click here to enter text. |
| **The experience of relationship abuse by young people is a safeguarding issue which should be shared with your safeguarding children’s team. A referral will also be required if you believe that there are risks facing any children in the family.** | |
| **Please confirm if you have made a referral to safeguard the young person and any children they have:** | Yes  No |
| **Signed:** Click here to enter text. | **Date:** Click here to enter text. |
| **If the young person is over 16, do you believe that there are reasonable grounds for referring this case to MARAC?** | Yes No |

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| **Signed:** Click here to enter text. | **Date:** Click here to enter text. |