**– for agency use in referring a High Risk client to a MARAC**

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| Date of notification:Name of person notifying: | Agency:Contact number:Email: |

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| **Victim** | **Alleged perpetrator** |
| Surname: | Surname: |
| Forename(s): | Forename(s): |
| Alias: | Alias: |
| Date of birth:  | Date of birth:  |
| Address:  | Address: |
| Housing status: | Housing status: |
| Safe telephone contact:**(Please also note a safe time span to call if there is one)** |  |
| Ethnic origin: | Ethnic origin: |
| Occupation: | Occupation: |
| Religion:  | Religion:  |
| Status of relationship: |
| If refugee/asylum seeker: (victim only) Nationality: Status: |
| GP details:  |
| Other persons living in the household at risk |
| Client’s Consent obtained? Yes/NoIs client aware of the MARAC Referral?Yes/No | If not, can you satisfy the requirement to share information without consent? Yes/No |

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| List all children of victim/ perpetrator |
| Name | DOB | School | Address, if different from above |
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| Have you discussed this referral with your Line Manager and MARAC Rep who will present the case at MARAC? Yes/No |
| Please add anything you know about:- who the victim is afraid of (other than alleged perpetrator)- who does the victim believe it’s safe to talk to?- Who does the victim believe it’s **not** safe to talk to? |
| Has a RIC been completed? Yes/No Is the RIC attached? Yes/No |

**Cheshire West & Chester Domestic Abuse Partnership**

Reason for referral:

Background information and risks:

 **D**omestic **A**buse, **S**talking and **H**arassment **Ri**sk **I**ndicator **C**hecklist **(RIC)**

Guidance on undertaking the RIC can be accessed from the SAFELIVES website @

[**http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face**](http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face)

**Please fill in all three pages and complete MARAC referral form if high risk**

**Victim name or code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column.** | **Yes** | **No** | **Don’t know** | **State source of info if not the victim e.g. police officer** |
| 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, including children). Comment: |   |   |   |   |
| 4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ………..) try to stop you from seeing friends/family/doctor or others? Comment: |   |   |   |   |
| 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?  |   |   |   |   |
| 8. Does (……) constantly text, call, contact, follow, stalk or harass you? (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 yes please complete the separate stalking questions on the last page .  |   |   |   |   |
| 9. Are you pregnant or have you recently had a baby (within the last 18 months)?  |   |   |   |   |
| 10. Is the abuse happening more often?  |   |   |   |   |
| 11. Is the abuse getting worse?  |   |   |   |   |
| 12. 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 specify behaviour.)  |   |   |   |   |
| 13. Has (……..) ever used weapons or objects to hurt you?  |   |   |   |   |
| **DASH Risk Identification Checklist (RIC)**  |  **Yes**  | **NONo o No**  | **Don’t Know** | **Source of info if not the victim e.g. police officer** |
| 14. Has (……..) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You **** Children **** Other (please specify) **** |   |   |   |   |
| 15. Has (………) ever attempted to strangle/choke/suffocate/drown you?  |   |   |   |   |
| 16. Does (……..) 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.)  |   |   |   |   |
| 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.)  |   |   |   |   |
| 18. Do you know if (………..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children **** Another family member **** Someone from a previous relationship **** Other (please specify) **** |   |   |   |   |
| 19. Has (……….) ever mistreated an animal or the family pet?  |   |   |   |   |
| 20. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?  |   |   |   |   |
| 21. Has (……..) 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 **** |   |   |   |   |
| 22. Has (……) ever threatened or attempted suicide?  |   |   |   |   |
| 23. Has (………) 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 **** Non Molestation/Occupation Order **** Child Contact arrangements **** Forced Marriage Protection Order **** Other **** |   |   |   |   |
| 24. 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 **** |   |   |   |   |
| Total Yes responses |   |   |   |   |

**What next?**

If your client is at high risk (**14+ ticks, 3 or more domestic abuse incidents in the last 12 months, professional concern**) discuss the case with a manager and complete the MARAC referral using the form om page 1-2 If you are unsure ring the number below to discuss.

**If your client is at lower risk please undertake essential safety planning and signposting**

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| **For consideration by professional:** 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’ and minimisation.) Are they willing to engage with your service? Consider abuser’s occupation/interests - could this give them unique access to weapons? Has the abuser used or threatened arson? Yes/NoIf yes, please give more detail: |
| **Do you believe that there are reasonable grounds for referring this case to MARAC?** **Yes / No** If yes, have you made a referral? Yes/No **Signed: Date:** |
| What are the victim’s greatest priorities to address their safety? |
| **Do you believe that there are risks facing the children in the family? Yes / No** If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made ……………………………………………. |
| **If the adult survivor is ‘vulnerable’ (eligible for community care services) please ensure that you have considered Safeguarding Vulnerable Adult procedures.** |
| Signed |
| Name |
| Date |
| Practitioner’s notes: |

**What next?**

If your client is at high risk (**14+ ticks, three or more domestic abuse incidents in the last 12 months, professional concern**) discuss the case with a manager and make a MARAC referral using the referral form on page 1 and 2. If you are unsure, ring 0300 123 7047 (Option 2) to discuss.

**If your client is at medium risk undertake essential safety planning/signposting and refer to the Integrated Access and Referral Team (i-ART) 0300 123 7047.**

Please send your MARAC referral and Risk Indicator Checklist to the MARAC co-ordinator by **secure** email as follows:

CWaC email users send to: idvawest@cheshirewestandchester.gov.uk

CJSM email users send to: idva.west@cwandc.cjsm.net

Other users send via EGRESS

 **For more information ring: 0300 123 7047 Option 2**

**Risk Identification for Stalking and Harassment Cases**

**Additional Risk Indicator for Stalking and Harassment Cases**

To be completed if stalking is identified at Q8 of the previous questions. For guidance see:
 <http://victimsofcrime.org/docs/src/risk-identification-checklist-for-stalking-and-harassment.pdf?sfvrsn=0>

This risk identification checklist can be used in **ALL** cases of stalking and harassment. These questions direct you to specific areas that will give you an indication of the victim(s) risk of future violence/harm. Most behaviour will be about coercive control. Do not think it is any less serious if there has been no physical violence. The more ‘yes’ answers you have, the higher the risk that the suspect could physically attack the victim at any time. The answers below **don’t count** towards the numerical RIC score out of 24 – they are additional to that. They may influence your professional judgement about the degree of risk.

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| **The context and details of what is happening is very important. These are all risk factors of serious harm. Tick the relevant box and add comment where necessary to expand**   |
|   | Yes | No |
| **1. Is the victim very frightened?**  |  |  |
| **2. Has** (Insert name of abuser(s)……) **engaged in harassment on previous occasions(s)?** (this victim and/or other victims)  |  |  |
| **3. Has** (Insert name of abuser(s)…..) **ever destroyed or vandalised the victim’s property?**  |  |  |
| **4. Does** (name of abuser(s)…..) **visit the victim at work, home, etc., more than three times per week?**  |  |  |
| **5. Has** (……..) **loitered around the victim’s home, workplace etc?**  |  |  |
| **6. Has** (……..) **made any threats of physical or sexual violence in the current harassment incident?**  |  |  |
| **7. Has** (……..) **harassed any third party since the harassment began?** (e.g. friends, family, children, colleagues, partners or neighbours of the victim)  |  |  |
| **8. Has** (……..) **acted out violently towards people within the current stalking incident?**  |  |  |
| **9. Has** (……..) **persuaded other people to help him/her?** (wittingly or unwittingly)  |  |  |
| **10. Is** (……..) **known to be abusing drugs and/or alcohol?**  |  |  |
| **11. Is** (……..) **known to have been violent in the past?** (This could be physical or psychological. Intelligence or reported)  |  |  |
| **Other relevant information/additional observations made by Practitioner** (e.g. level of fear in victim, details of threats and violence, duration of harassment, various harassing behaviours engaged in by abuser, victim’s beliefs concerning abuser’s motives, weapons owned by abuser, nature of unwanted ‘gifts’/items left for victim, attitude/demeanour of abuser including mental health issues and whether victim has responded in any way to the abuser) |

Please ensure that you write the additional notes about the context of what is going on and link the risk identification response to a risk management/safety plan.

**For further advice and resources see:** [**www.stalkinghelpline.org**](http://www.stalkinghelpline.org)