**Marac Referral Form**

**Page 1**

All completed referrals should be sent to your nominated Designated Officer (DO) who will quality assure the information and send it onto the MASH. Do not send the forms directly to the MASH unless you do not have DO.

Please ensure you use the most current version of the referral which refers to the Northumberland MASH

When deciding whether a victim should be assessed as HIGH risk the victim must be **‘in imminent risk of serious harm or homicide’**. Otherwise they should be Medium or Standard risk and won’t go to Marac.

Try to complete as much of the victims and perpetrators (perp) details as possible. It is imperative that there are details of a perp otherwise the DV incident and victim cannot be entered onto the Police system. The minimum requirement for the perp is name and DOB.

Try to obtain a SAFE telephone number for the victim (or alternatively a secure email address). It is crucial a means of contact is put onto the form so that the Domestic Violence Officer (DVO) and Independent Domestic Violence Advisor (IDVA) can make early contact and intervention.

**Page 2**

Please complete the 3 boxes for CONSENT. There is a legal obligation on all organisations to ensure a duty of care to individuals. The Marac process is a means for Partner agencies to share information in a secure environment so that a holistic picture of the victim and perp can be developed which tailors the safeguarding plan.

Some victims may decline consent for Marac for a number of personal reasons. However If you, as a practioner, believe the victim is at risk of serious harm you can override the non-consent and submit a referral for safeguarding purposes. This can be documented in box 3 of CONSENT.

Please list any children or other vulnerable people. This provides an opportunity to see if a Children’s or Adult notification has been submitted.

It is the duty of the organisation that submits the referral to complete and submit any Child or Adult notifications. It is not the role of the MASH Support Officer to do this unless the referral comes from an external Police force.

**Page 3**

This page relates to any crimes that may have been caused and need to be recorded. There is a statutory obligation on the police to record any notifiable crime within 24hrs of it being reported. This page has been designed to provide relevant information but it is down to the referrer to elicit the information in the best way possible. A lot of victims may become wary once they hear the words – Police and crime, and refuse to answer anything else. Try not to use police language where possible but do try to get sufficient information so any crime can be recorded. The final box is an opportunity to inform the DVO whether the victim supports a prosecution / the offender is to be spoken to / any perceived risks. The DVO may contact the referrer to discuss this situation before a decision is made as to progressing an investigation.

**Page 4**

When you complete the risk assessment form the grading is as follows:

14 ticks or more High risk

8 – 13 ticks Medium risk

0 -7 ticks Standard risk

However victims can still be considered for Marac if they score less than 14 ticks but are supported with Professional Judgement as to why they should be High risk.

The Background information section should be completed as fully as possible to support what has happened and why you think the victim is high risk. It is better if a holistic approach is taken so that all information can be considered when considering the situation of the victim.

**SafeLives Dash Risk Checklist (See below)**

The checklist should be completed as fully as possible. The checklist should provide the evidence to support the referral so the victim can be considered for Marac, not the other way around. The checklist should not be solely used as a means to get someone into Marac.

The evidence for the referral should relate to the current DV incident and not historic incidents.

**Key Points**:

Box 1 – If there are any current injuries please note and describe them. Make sure you document how the injuries occurred (if not here, somewhere else on the form).

Box 4 - If a victim has been isolated from family and friends it is the start for cohersive control and should be explored in a sentence.

Box 8 – Constant texts, calls, stalking etc. – again this falls into harassment and cohersive control and should be expanded upon.

Box 12 – Control adds to any crime of cohersive control which underlies most abuse.

Box 13 – If weapons have been used then describe how they have been used and any injury. It is no good just stating a knife as this is only the start of the conversation and needs more information.

Box 15 – Choke / strangulation. If this is checked then there needs to be more information than just one word. Please explain what the victim means by being strangled or chocked i.e. when, where, how, to what extent – this may be a recordable crime in its own right.

Box 16 – Anything relating to sexual assault needs to explored as much as possible. Please be aware of the definition of rape. You may find victims tell you things which they have not disclosed to anyone else including the police so you will need to treat this section with sensitivity. However if they state they have been raped or describe circumstances which amount to rape, specialist police officers will deal with this aspect of the situation.

Box 17 – Pertinent for Honour Based Violence

Box 18 – Try to find out if children have been involved so that appropriate CCN’s can be submitted for safeguarding

Box 21 – Drugs, Mental Health, alcohol are all key drivers for abuse and should be noted.

Box 23 – Non mols / restraining orders – The victim may give a much better picture of whether the perp continually breaks any imposed orders than already recorded by the police.

**Page 4**

This is an opportunity to state why you think the victim should be HIGH risk. This will probably be based upon your previous reasons so should be easy to complete.

Sign and date the risk assessment as appropriate and add any additional notes that you think relevant so that full consideration can be given to safeguarding any children, the victim, the perp and anyone else that comes in contact with any party.

If you have any other queries please contact:

Northumberland MASH 01670 536485

John Barnes 01670 536487

Ken Hogg 01670 536488

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 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.
* Broken Rainbow (tel: 08452 604460 / web: www.broken-rainbow.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 [http://www.safelives.org.uk/marac/Information\_about\_Maracs.html](http://www.caada.org.uk/marac/Information_about_MARACs.html)

Other Marac toolkits and resources

If you or someone from your agency attends the Marac meeting, you can download a Marac Representative’s Toolkithere: [http://www.safelives.org.uk/marac/Toolkit-Marac-representative.pdf](http://www.caada.org.uk/marac/Toolkit-MARAC-representative.pdf). This essential document troubleshoots practical issues around the whole Marac process.

Other frontline Practitioner Toolkits are also available from [http://www.safelives.org.uk/marac/Resources\_for\_people\_who\_refer\_to\_Marac.html](http://www.caada.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html). 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.

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 Marac[[1]](#footnote-1) 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://www.safelives.org.uk/marac/RIC\_for\_Marac.html](http://www.caada.org.uk/marac/RIC_for_MARAC.html). 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 and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but **this will need to be reviewed** depending on your local volume and your level of police reporting.

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

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 agencies[[2]](#footnote-2) for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**(eg police officer) |
| 1. **Has the current incident resulted in injury?**

Please state what and whether this is the first injury. | ☐ | ☐ | ☐ |  |
| 1. **Are you very frightened?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **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: | ☐ | ☐ | ☐ |  |
| 1. **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: | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling depressed or having suicidal thoughts?**
 | ☐ | ☐ | ☐ |  |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?**
 | ☐ | ☐ | ☐ |  |
| 1. **Is there conflict over child contact?**
 | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?**
 | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?**
 | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse getting worse?**
 | ☐ | ☐ | ☐ |  |
| 1. **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. |  |  |  |  |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**

If yes, tick who:You ☐Children ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?**
 | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **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. | ☐ | ☐ | ☐ |  |
| 1. **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 ☐ Another family member ☐Someone from a previous relationship ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?**
 | ☐ | ☐ | ☐ |  |
| 1. **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? | ☐ | ☐ | ☐ |  |
| 1. **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 ☐Alcohol ☐Mental health ☐ |  |  |  |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?**
 |  |  |  |  |
| 1. **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 ☐Non Molestation/Occupation Order ☐Child contact arrangements ☐Forced Marriage Protection Order ☐ Other ☐ |  |  |  |  |
| 1. **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 ☐Sexual violence ☐Other violence ☐Other ☐ | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  |

**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, geographic isolation and minimisation.** **Are they willing to engage with your service? Describe.** |  |
| **Consider abuser’s occupation / interests. Could this give them unique access to weapons? Describe.** |  |
| **What are the victim’s greatest priorities to address their safety?** |  |
| **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** |  |
| **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** |  |
| **Signed** |  | **Date** |  |
| **Name** |  |

|  |
| --- |
| **Practitioner’s notes** |
|  |

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.

MARAC Referral Form

**Complete this form with as much information as possible and forward to your agencies MARAC SPOC with the completed risk assessment form (SafeLives DASH risk checklist)**

**\*\* Do not forward directly to the relevant MASH \*\***

If you do not know who your MARAC point of contact is, please contact Northumberland MASH on

01670 536485

Your agency SPOC will then email it to: northumberland.mash@northumbria.pnn.police.uk

|  |  |
| --- | --- |
| **Date of referral:**  | **Agency:**  |
| Name of referring practitioner:Contact details:Your shift pattern/availability for contact from Police/agencies:Telephone: Mobile:Email:  | Address:  |
| **VICTIM** | **PERPETRATOR** |
| Forename(s): Surname: Alias:DOB: Address:  | Forename(s): Surname: Alias:DOB: Address:  |
| Ethnic Origin:  | Ethnic Origin:  |
| Religion:  | Religion:  |
| Disability:  | Disability:  |
| Gender:  | Gender:  |
| Sexual Orientation:  | Sexual Orientation:  |
| Language:  | Language:  |
| **Safe Contact number (please state if there is not one)** |  |
| Relationship between victim and offender: |  |
| If Refugee / Asylum seeker **(victim only)** |
| Nationality: | Status |
| GP details if known **(victim only)** |
| **CONSENT:** |  |
| 1. **Is the victim aware the MARAC referral has** **been submitted? (if ‘No’ you MUST answer question 3)**

 **YES / NO** | 1. **Please document your rationale for sharing information without consent?**
 |
| 1. **Has the victim consented to MARAC? (if ‘No’ you MUST answer question 3)**

 **YES / NO**  |
| **LIST ANY CHILDREN OR OTHER VULNERABLE PEOPLE IN THE HOUSEHOLD OR LINKED TO EITHER PARTY:** |
| NameDOB:Address:School: | NameDOB:Address:School: |
| NameDOB:Address:School: | NameDOB:Address:School: |
| NameDOB:Address:School: | NameDOB:Address:School: |

|  |
| --- |
| **INCIDENT REPORTED:** |
| (Information for referrer only) Victims will often disclose abuse that amounts to criminal offences, eg: physical/sexual assaults/coercive control. Please explain to the victim that Police have a duty to record such offences. Police may wish to investigate these crimes, taking into account the victims wishes.The following information is vital to assist the Police in the recording of crimes, as per national guidelines dictate. The below information will assist in decision making whilst remaining victim focussed.**Please include the following details:** |
| Has the victim already reported the incident to the Police and what was the outcome? Does the victim have any log/crimes numbers if already reported? |  |
| If not already reported to the police would the victim like the police to investigate this information and if not why not?  |  |
| Date/s incident/s occurred? |  |
| Location/s incident/s occurred? |  |
| Injuries the victim sustained? |  |
| (Information for referrer only) **In liaison with the referrer the Police have to decide whether an investigation should be commenced and whether the offender should be spoken to. The Victims wishes are paramount to the decision making process - please document the victims wishes below – including any perceived risks to the victim/children/family that may be caused by Police commencing any investigations:** |
| If the person is aware of the 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?
 |  |

|  |
| --- |
| **BACKGROUND INFORMATION:** |
| Please provide **FULL** details of the circumstances/concerns that lead you to believe the victim meets the high risk threshold – **High risk means the victim is at imminent risk of serious harm or homicide.****NOTE:** If there are less than 14 ticks on the risk assessment please include rationale as to why you believe the victim is high risk. |

1. For further information about MARAC please refer to the 10 Principles of an Effective MARAC: <http://www.safelives.org.uk/marac/10_Principles_Oct_2011_full.doc> [↑](#footnote-ref-1)
2. Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-2)