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**Bexley Domestic Abuse MARAC Referral Form**

Please note this form will be returned and the referral will not be processed unless completed in full and received with a completed DASH Risk Indicator Checklist

Send this form securely to: [marac@bexley.gov.uk](mailto:marac@bexley.gov.uk)

**IT IS YOUR RESPONSIBILITY TO ENSURE THAT ANY CHILD AND/OR ADULT SAFEGUARDING REFERRALS ARE COMPLETED AND INDICATED ON THIS FORM.**

|  |  |  |  |  |
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| **SECTION A – Referring agency** | | | | |
| **Referring practitioner name** |  | | **Referring agency** |  |
| **Telephone number** |  | | **Email address** |  |
| **Postal address** |  | | | |
| **Date of referral** | Click here to enter a date. | | **Crime report number (if known)** |  |
| **Repeat referral?** | Yes | No | **If yes, date of last MARAC** | Click here to enter a date. |
| **Has victim been referred to MARAC in another area** | Yes | No | **If yes, where and when?** |  |

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| **SECTION 2 - Victim** | | | | | |
| **Name** |  | | **Age** |  | |
| **Date of birth** |  | | **Gender** | Male | Female |
| **Address** |  | | **Telephone number** |  | |
| **Relevant contact information (eg times to call, is the number safe to call)** | | |  | | |
| **Homeowner details (eg Housing Association (specify if known), landlord, including contact details)** | | |  | | |
| **Victim’s first language, if not English** |  | | **Does the victim require an interpreter?** | Yes | No |
| **GP’s details** |  | | **Is the victim pregnant?** | Yes | No |
| **Occupation** (does LADO need to be considered?) |  | | **Place of work** |  | |
| **Is the victim aware of the MARAC referral** | Yes | No | **Has the victim consented to the MARAC referral? If no, Section 9 must be completed** | Yes | No |

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| **SECTION 3 - Diversity** | | | | |
| **Black and minority ethnic group** |  | | **Ethnicity** | Select |
| **Is a BME specialist required?** | Yes | No | **Disabled** |  |
| **Lesbian, gay, bisexual, transsexual** |  | | **Any other information** |  |

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| **SECTION 4 – Perpetrator(s)** | | | | |
| **Name** |  | | **Address** |  |
| **Date of birth** |  | | **Age** |  |
| **Gender** | Male | Female | **Ethnicity** | Select |
| **Relationship to victim** |  | | **Occupation** (does LADO need to be considered) |  |

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| **SECTION 5 – Dependents details** | | | | | | | |
| **Name** | **DoB** | **Age** | **Gender** | **Address** | **Relationship to victim** | **Relationship to perpetrator** | **Educational Setting**  ***(School / nursery etc.)*** |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |
|  |  |  | Select |  |  |  |  |

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| **SECTION 6 – Others in household** | | | | | | |
| **Name** | **DoB** | **Age** | **Gender** | **Address** | **Relationship to victim** | **Relationship to perpetrator** |
|  |  |  | Select |  |  |  |
|  |  |  | Select |  |  |  |
|  |  |  | Select |  |  |  |

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| **SECTION 7 – Additional Information** | | | | | | |  | |
| **Reason for referral** | Professional judgement |  | Escalation |  | Visible high risk (14 or more ticks on DASH) |  | Claire’s Law authorisation (police only) |  |
| **Number of ticks on DASH** |  | | **Please ensure completed DASH is included with this form** | | | | | |

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| **SECTION 8 – Reason for referral** | | | |
| **Current incident** | | Notes to include:   * Date of incident and briefly what happened * Why is this case high risk now? | |
|  | | | |
| **Background** | | Notes to include:   * How long together? * When separated? * Over what period of time has abuse occurred and brief summary of what has occurred. (You do not need to list every incident, use ‘first’, ‘last’, ‘worst’ incidents). | |
|  | | | |
| **Risks identified**  **(Please include if perpetrator has access to weapons, particularly firearms. Are they a firearms license holder?)** | Physical abuse  Substance misuse  Mental health  Animal cruelty  Strangulation  Pregnancy/New birth  Escalation  Threats to kill  Separation  Child contact  Children in household  Weapons  Firearms  Honour Based Violence  Minimising | | Breach of Orders  Threats to commit suicide  Intimidation  Isolation  Harassment  Coercive Control / Jealous Behaviour  Sexual abuse  Economic abuse  Cultural issues  Child protection  Stalking  Criminal history  Violent history  Disengagement from services |
| **Other (please specify)** | | | |
| **Action taken at time of referral** | SafeLives DASH Risk Assessment completed at point of disclosure **(mandatory)**  IDVA referral  Child protection referral **(mandatory if children are present in the household)**  Adult safeguarding referral *(if appropriate)*  Safety planning completed  Signposted to the [Bexley One Stop Shop](https://www.solacewomensaid.org/sites/default/files/bexley_one_stop_shop.pdf)  999/101Advice  Police notified  Police alarm or TecSOS app offered  Advice given around protective orders  Stalking DASH completed (if yes please attach) | | |
| **Other (please specify)** | | | |
| **Does the victim wish to report any offences disclosed in this referral to the police?** |  | | |
| **Anything else you wish to note?** |  | | |

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| **SECTION 9 – Information sharing without consent** | | |
| * Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, Sch. 29) * To protect vital interests of the data subject; serious harm or matter of life or death (DPS, Sch. 2 & 3) * For the administration of justice - u*sually bringing perpetrators to justice* (DPA, Sch. 2 & 3) * For the exercise of functions conferred on any person by or under any enactment - *Police/Social Services* (DPA, Sch. 2 & 3) | | |
| **If no consent, on what legal basis is this referral being made?** | In accordance with a court order?  Local Authority Enquiry under Care Act 2014  Prevention of abuse and neglect (The Care Act 2014)  Overriding public interest - *Common law*  Child protection - *Disclosure to Social Services or Police for the exercise of functions under the Children Act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential* (DPA, Sch. 2 & 3)  Right to life (Human Rights Act, Art. 2 & 3)  Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, Art. 2 & 3) | |
| **Balancing considerations** | Pressing need  Respective risk to those affected  Public interest of disclosure  Duty of confidentiality | Risk of not disclosing  Interest of another agency receiving information  Human Rights  Other |

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| **Comments** |
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| **Line managers details:**  *(All referrals should be reviewed, and quality assured by your senior/line manager prior to submission to MARAC)* |
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*This document contains restricted information. It is circulated in accordance with Section 115 Crime & Disorder Act 1998 and MARAC Information Sharing Protocols. No action should be taken in relation to this information without referring to the originator who may hold additional information. No part of the following material should be further disseminated or disclosed without prior consultation with the originator*

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**DASH Risk Identification Checklist**

For use by IDVAs and other non-police agencies for identification of risks when domestic abuse, ‘honour’ based violence and / or stalking are disclosed. Agencies can complete this form or submit their own completed version.

* Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.
* Check 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

**Name of Victim:**

**Date completed:** Click here to enter a date.

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| **Question** | **Yes** | **No** | **Don’t know** | **State source of information if not the victim,**  **e.g. police officer** | **Comments** |
| Has the current incident resulted in injury?  (Please state what and whether this is the first injury). |  |  |  |  |  |
| Are you very frightened? |  |  |  |  |  |
| 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) |  |  |  |  |  |
| Do you feel isolated from family/friends, ie does (name of abuser(s) ) try to stop you from seeing friends/family/doctor or others? |  |  |  |  |  |
| Are you depressed or having suicidal thoughts? |  |  |  |  |  |
| Have you separated or tried to separate from (name of abuser(s) within the past year? |  |  |  |  |  |
| Is there conflict over child contact? |  |  |  |  |  |
| 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.) |  |  |  |  |  |
| Are you pregnant or recently had a baby (within the last 18 months)? |  |  |  |  |  |
| Is the abuse happening more often? |  |  |  |  |  |
| Is the abuse getting worse? |  |  |  |  |  |
| 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). |  |  |  |  |  |
| Has ( ) ever used weapons or objects to hurt you? |  |  |  |  |  |
| Has ( ) ever threatened to kill you or someone else and you believed them? (If yes, check who.)  You  Children  Other (please specify) |  |  |  |  |  |
| Has ( ) ever attempted to strangle/choke/suffocate/drown you? |  |  |  |  |  |
| 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.) |  |  |  |  |  |
| 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.) |  |  |  |  |  |
| 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) |  |  |  |  |  |
| Has ( ) ever mistreated an animal or the family pet? |  |  |  |  |  |
| Are there any financial issues? For example, are you dependent on ( ) for money/have they recently lost their job/other financial issues? |  |  |  |  |  |
| 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 |  |  |  |  |  |
| Has ( ) ever threatened or attempted suicide? |  |  |  |  |  |
| 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 |  |  |  |  |  |
| 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 (please specify) |  |  |  |  |  |
| Total number of yes responses = Click here to enter text. | | | | | |

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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, geographic isolation and minimization. Are they willing to engage with your service? Describe below. | |
|  | |
| **Consider abuser’s occupation/interests - could this give them unique access to weapons? Describe below.** | |
|  | |
| **What are the victim’s greatest priorities to address their safety?** | |
|  | |
| **Do you believe that there are risks facing the children in the family? Comment below.** | |
|  | |
| **If yes, please confirm if you have made a referral to safeguard the children.** | |
| **Date of referral** | Click here to enter a date. |

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| Date referral made | Click here to enter a date. |
| Signed (electronic signature if possible) |  |
| Name |  |
| Date | Click here to enter a date. |

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| Practitioner’s Notes |
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