Complete checklist and then share with Agencies as directed on flow chart

This form MUST be completed electronically and emailed as a Word Doc.

Handwritten/Scanned Forms will be rejected.

Please ensure you complete the form thoroughly.

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| --- | --- | --- | --- | --- |
| Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.**Mark the ‘yes’ box if the factor is present.** (Historical information to be included within practitioners notes) **Please use the comment box underneath the questions to expand on any answers.**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’tKnow | State source of info ifnot the victim e.g.police officer |
| **1.** Has the current incident resulted in injury? (Please state what and whether this is the first injury, date(s)) **Comment:** |  |  |  |  |
| **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, vulnerable adults) **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?**Comment:**  |  |  |  |  |
| **6.** Have you separated or tried to separate from (name of abuser(s)...) within the past year? (Please give date(s))**Comment:**  |  |  |  |  |
| **7.** Is there conflict over child contact? **Comment:**  |  |  |  |  |
| **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.) **Comment:**  |  |  |  |  |
| **9**. Are you pregnant, recently had a baby or is your partner pregnant, recently had a baby (within the last 18 months)? **Comment:**  |  |  |  |  |
| Information purposes only, answers do not form part of the overall score | Are there any children, step-children that aren’t (…..) in the household? Or are there other dependants in the household (i.e. older relative)? **Comment:**  |  |
| Has (…..) ever hurt the children/dependants? **Comment:**  |  |
| Has (…..) ever threatened to hurt or kill the children/dependants? **Comment:**  |  |
| **10.** Is the abuse happening more often?**Comment:**  |  |  |  |  |
| **11.** Is the abuse getting worse?**Comment:**  |  |  |  |  |
| **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.) **Comment:**  |  |  |  |  |
| Mark the box if factor is present. Please use the comment box at the end of the form to expand on any answer. | Yes | No | Don’tKnow | State source of info ifnot the victim e.g.police officer |
| **13.** Has (……) ever used weapons or objects to hurt you? **Comment:**  |  |  |  |  |
| **14.** Has (……) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) **Comment:**  You Children Other *(please specify by underlining, circling or making bold those applicable)* |  |  |  |  |
| **15.** Has (……) ever attempted to strangle/choke/suffocate/drown you?**Comment:**  |  |  |  |  |
| **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.) **Comment:**  |  |  |  |  |
| **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.) **Comment:**  |  |  |  |  |
| **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 **Comment:** *(please specify by underlining, circling or making bold those applicable)* |  |  |  |  |
| **19.** Has (……) ever mistreated an animal or the family pet?**Comment:**  |  |  |  |  |
| **20.** Are there any financial issues? For example, are you dependent on (……) for money/have they recently lost their job/other financial issues?**Comment:**  |  |  |  |  |
| **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 **Comment:** *(please specify by underlining, circling or making bold those applicable)* |  |  |  |  |
| **22.** Has (……) ever threatened or attempted suicide?**Comment:**  |  |  |  |  |
| **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 **Comment:** *(please specify by underlining, circling or making bold those applicable)* |  |  |  |  |
| **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 **Comment:** *(please specify by underlining, circling or making bold those applicable)* |  |  |  |  |
| (MARAC Referral Criteria is **14** ‘yes’ responses) Total ‘yes’ responses | **/24** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client/Victim name** |  | **Client/Victim DOB** |  |
| **Previous Alias Name(s) dob(s)** |  | **Ethnicity**  |  |
| **Language/ Communication Needs** |  |
| **Address**(Including post code) |  |  **Gender** | **LGBT** | **Disabled** |
| *M / F* | *Y / N* | *Y / N* |
| **Time at address** | Years  | Months  | **Profession** |  |
| **Telephone number** |  | Is this number safe to call?Is this number safe to text? | *Y / N**Y / N* |
| Please insert any relevant contact information e.g. times to call/text |  |
| **Does the victim have access to Public Funds** | *Y/N*  |
| **GP Details** |  |
| **Any of the following used / suspected** | **Drugs** | *Y/N* | **Alcohol** | *Y/N* | **Mental Health** | *Y/N* |
| **Perpetrator(s) name** |  | **Perpetrator(s) DOB** |  |
| **Previous / Alias Name(s) dob(s)** |  |  **Gender** | **LGBT** | **Disabled** |
| *M / F* | *Y / N* | *Y / N* |
| **Profession** |  |
| **Perpetrator(s) address** |  | **Relationship to victim** |  |
| **Any of the following used / suspected** | **Drugs** | *Y/N* | **Alcohol** | *Y/N* | **Mental Health** | *Y/N* |
| **Children** Name *(please add extra rows if necessary)* | **DOB** | **Relationship** | **Address** if different to victim | **School / GP / Health Visitor / Nursery** |
| **to****victim** | **to perpetrator** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **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?** |
|  |

**Reason for Referral / Additional Information**

|  |  |
| --- | --- |
| Has the behaviour of the perpetrator had a negative affect the victim’s neighbours or other members of the community? If yes, please explain how.  | *Y / N* |
| Professional judgement (evidence of high risk abuse) | *Y / N* | Visible high risk (***14*** *ticks or more on CAADA - DASH RIC*)  | *Y / N* |
| MARAC repeat *(further incident identified within twelve months from the date of the last referral)* |  |
| If *Yes*, please provide the date listed  |  |
| **Reasons for Referral / incident details**  |  |
| Incident reported | *Y / N* | Bail conditions  | *Y / N* |
| Court dates |  |
| **Child concerns: Referral to Social Care made & Date referral made** | *Y / N Date*  |
| **Vulnerable Adult concerns: Referral to Adult Care made & Date referral made** | *Y / N Date* |
| **Is the victim aware of MARAC referral/ Domestic Abuse Support referral?**  | *Y / N* | **If no, why not?** |  |
| **Has consent been given?** | *Y / N* |
| **Referring agency** |  |
| **Unique Agency Identifier (EG NHS number)**  |  |
| **What is your involvement with the victim/family** |  |

|  |  |
| --- | --- |
| **Name/Role of staff member completing** |  |
| **Ward/Department** |  |
| **Telephone** |  |
| **Organisation Safeguarding Team phone/Email (Optional)** |  |
| **Referral Date** |  |

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| --- |
| **For receiving agency only** |
| **Referral taken** | *Y / N* |
| **Practitioners****notes** | *(e.g. referral to other services & dates made)* |

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| MUST BE COMPLETED IF SCORE BELOW 14 and Referring to MARACConsideration 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? Describe it below: |