**Cleveland MARAC referral form including DASH RIC**

*MARAC referrals should be sent by* ***secure email or other secure method*** *to:* **marac@cleveland.pnn.police.uk**

|  |  |
| --- | --- |
| Referring agency |  |
| Contact name(s) |  |
| Telephone / Email |  |
| Date |  |
| Victim name |  | Victim DOB |  |
| Address |  | Diversity Data (if known)B&ME  Disabled  LGBT  Gender FEMALE |
| Telephone number |  | Is this number safe to call? | yes |
| Please insert any relevant contact information e.g. times to call |  |
| Perpetrator(s) name |  | Perpetrator(s) DOB |  |
| Perpetrator(s) address |  | Relationship to victim |  |
| Children(please add extra rows if necessary) | DOB | Relationship to victim | Relationship to perpetrator | Address  | School(If known) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Reason for Referral / Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Professional judgement | ***Y***  */ N* | Visible high risk (*14 ticks or more on CAADA - DASH RIC*)  | *Y / N* |
| Potential escalation (*3 or more incidents reported to the Police in the past 12 months*) | *Y / N* | MARAC repeat (further incident identified within twelve months from the date of the last referral) | *Y / N* |
| If *Yes*, please provide the date listed / case number (if known) |  |
| Is the victim aware of MARAC referral?  |  *Y/N* | If no, why not? | *no*  |
| Has consent been given? |  |
| Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator) |  |
| Who does the victim believe it safe to talk to? |  |
| Who does the victim believe it not safe to talk to? |  |
| Has the victim been referred to any other MARAC previously?  | *?* | If yes where / when? |  |
|  |

**CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[[1]](#footnote-1) for MARAC case identification when domestic abuse, ‘honour’- based violence and/or stalking are disclosed**

**PLEASE SEE RIC COMPLETED BY POLICE ON PPN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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(tick) | No | Don’tKnow | State source of info if not the victim e.g. police officer and brief details |
| 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 might do and to whom, including children).

 Comment:  | [ ]  | [ ]  | [ ]  |  |
| 1. 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:  | [ ]  | [ ]  | [ ]  |  |
| 1. Are you feeling depressed or having suicidal thoughts?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Have you separated or tried to separate within the past year?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is there conflict over child contact?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are you pregnant or have you recently had a baby (within the last 18 months)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are there any children, step-children that aren’t the suspects in the household? Or are there other dependents in the household (i.e. older relatives)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Have they ever hurt the children/ dependents?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Have they ever threatened to hurt or kill the children/dependents?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is the abuse happening more often?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Is the abuse getting worse?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever used weapons or objects to hurt you?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)

 You 🞎 Children 🞎 Other (please specify) 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?)ever attempted to strangle/choke/suffocate/drown you?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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.)
 | [ ]  | [ ]  | [ ]  |  |
| 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 (?) 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) 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever mistreated an animal or the family pet?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are there any financial issues? For example, are you dependent on for money/have they recently lost their job/other financial issues?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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 🞎Daw | [ ]  | [ ]  | [ ]  |  |
| 1. Has (?) ever threatened or attempted suicide?
 | [ ]  | [ ]  | [ ]  |  |
| 1. 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 🞎 | [ ]  | [ ]  | [ ]  |  |
| 1. 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  |  |  |
| **FURTHER INFORMATION** |
| 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?  |
| **Aggravating factors**Is there any other relevant information (from victim or professional) which may increase risk levels?  |
| **Mitigating factors**  |
| **Why does the case need to go to MARAC**?* What additional help do you anticipate will be offered by this case being heard at MARAC?
 |
| **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  |
| **Signed:****Name:** | **Date:**  |

**MARAC Administrator Use Only**

|  |  |
| --- | --- |
| **Action** | **Completed** |
|  MOI |  |
| Notify Flag (victim) |  |
| Special Situation Marker |  |
| Case study |  |
| Agenda |  |
| Police Report |  |
| Intelligence |  |
| Spreadsheet |  |

1. Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service. [↑](#footnote-ref-1)