

MDB 18042016	V12 Referral Form
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MARAC REFERRAL FORM

MARAC referrals should be sent by secure email or other secure method to:

centpublicprotection@nthwales.pnn.police.uk

N.B. Health Staff refer via the Live fear free helpline: call 0808 80 10 800

Referring agency			
Contact name(s)			
Telephone / Email			
Date			
Victim name		Victim DOB	
Address			
What is the status of the tenancy?	Private owned <input type="checkbox"/>	Private rented <input type="checkbox"/>	Shared tenancy <input type="checkbox"/>
Telephone number		Is this number safe to call?	Y / N
Please insert any relevant contact information, eg times to call			
Diversity data (if known)	B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> Literacy or Numeracy Difficulties <input type="checkbox"/> LGBT <input type="checkbox"/> Gender M / F		
Perpetrator(s) name		Perpetrator(s) DOB	
Perpetrator(s) address		Relationship to victim	
		Is the perpetrator the victim's carer?	

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 Safe Lives - DASH RIC) Consider Victim Thought Map & PSNLI overview of risk	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?	
Has consent been given?	Y / N		
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?	Y / N	If yes where / when?	
Has the victim Thought Map been completed and attached? <i>Not applicable for health staff on initial assessment</i>	Y/N		
What are the key points from the victim Thought Map? <i>Not applicable for health staff on initial assessment</i>			

List sources of information used including any risk assessment tools	
What is your role/involvement with the individual	
Please indicate the duration of your contact with the individual	

The purpose of the below overview is to use all existing and accessible sources of risk information to inform both risk level and risk management planning.

NB – it is acknowledged that not all agencies will be able to provide all this information.

Please provide any information *that you know*.

PATTERN - Consider pattern of domestic abuse perpetration, including types of abuse, victim targeting, escalation and number of A&E hospital or GP treatment. Include patterns of targeting of previous victims. Responses to previous intervention plans if known e.g. victim's previous response to safety plans and any known protective factors that have worked to reduce risk are helpful.

SERIOUSNESS - Consider the most serious behaviours or offences that have occurred, and whether such behaviours or offences are escalating. For example, the use of weapons and the full range of harmful behaviours including controlling behaviours and psychological harms. If you can, identify what the victim fears will happen next if intervention does not take place.

NATURE- consider the nature of the domestic abuse, present and in the future, and provide as much detail as possible on the range of physical harms, sexual harms, controlling behaviours, emotional abuse, serial grooming and victimisation.

LIKELIHOOD- How often domestic abuse has occurred? Is there any evidence of escalation- increasing severity of injuries or use of a weapon? Any known compliance of perpetrator with previous or current interventions? The effectiveness of previous or current safety plans for victims (failing plans are likely to increase the likelihood of future abuse).

IMPACT- consider the scale/ harm of the abuse and potential harm of future abuse

IMMINENCE- Consider what is known, including any protective factors to reduce risk, any change in risky behaviours including overall level of compliance and motivation to change? Are there ongoing disputes about property, new relationships, and access to or custody of children?

Victim's who are fearful for their safety and for that of their children are often good 'predictors' of imminence.

If this is a repeat incident (*ie further incident identified within twelve months from the first date of the last referral*) then please identify:

The reasons for the repeat incident- for example specific issues, trigger factors, risk factors (e.g. child access and custody dispute property/possessions disputes/interfamilial disputes)

The risk factors which are still present in this case.

What worked last time in mitigating/reducing the risk?

The previous level of compliance and engagement from the perpetrator, and the potential level of compliance and engagement from the perpetrator.

Any different intervention or risk reduction plan that might increase the safety of the victim(s).