

THIS IS A SUPPORTING TOOL ONLY. REFERRALS MUST BE MADE VIA THE HAVERING MARAC ONLINE PLATFORM: <https://www.havering.gov.uk/community-1/domestic-violence>

Practitioner's reminders:

Statutory agency are duty bound to 3rd party police report crimes unknown to police if disclosed during the assessment. This report should be made via 999 if there is immediate risk of harm, 101 for non-emergency or by presenting in a police station. Online reporting causes delay and is not the recommended method or reporting for high risk victims.

Ensure when reporting you are explicit in how to support risk management. For example: state that you would prefer the police contact you as the referrer in order to support risk management. Ultimately the police will make the final decision on how to respond, but without guidance they will attend the address without considering this.

Referring Agency			
Referrers Name		Type	Choose an item.
Job Title/Role		Date	
Telephone	Landline	Mobile	
	Email		

Victim Details										
Name										
Date of Birth	DD/MM/YY									
Age of victim										
Address Street										
Post Code										
Ethnicity										
Disabled	Choose an item.	LGBT	Choose an item.	Sex	Choose an item.	Victim 16-17	Choose an item.	Victim over 65	Choose an item.	
homeless	Choose an item.	No recourse to public funds	Choose an item.							
Victim Telephone		Landline					Mobile			

THIS IS A SUPPORTING TOOL ONLY. REFERRALS MUST BE MADE VIA THE HAVERING MARAC ONLINE PLATFORM: <https://www.havering.gov.uk/community-1/domestic-violence>

Brief overview of case – highlight main concerns for the victim, the risk posed to the victim and any relevant information that indicates the current risks.

Desired outcome from MARAC

Housing move in borough – if required please evidence risk associated with an in-borough move	Choose an item.
Housing move out of borough	Choose an item.
Child contact exchange arrangements	Choose an item.
Clare’s Law / DVDS	Choose an item.
Counselling	Choose an item.
Perpetrator behaviour change services	Choose an item.
Drug and Alcohol services	Choose an item.
Information sharing	Choose an item.
Move from Early Help to Social Services	Choose an item.

THIS IS A SUPPORTING TOOL ONLY. REFERRALS MUST BE MADE VIA THE HAVERING MARAC ONLINE PLATFORM: <https://www.havering.gov.uk/community-1/domestic-violence>

Non-molestation order	Choose an item.
Stalking Protection Order	Choose an item.
Police TACAU – Treat All Calls As Urgent	Choose an item.
Referral to IDVA	Choose an item.
Referral to Mental Health Services	Choose an item.
Referral to Havering Women’s Aid	Choose an item.
Referral to MENDAS (Male victims service)	Choose an item.
Refuge	Choose an item.
Restraining order if found guilty at court	Choose an item.
Holliguard app	Choose an item.
Target hardening	Choose an item.
TecSOS app	Choose an item.
Alarm	Choose an item.
Other (please state)	

Reason for referral

Reason for referral	
Referral Threshold	Choose an item.
Has a DASH RIC assessment been completed?	Choose an item.
If not completed, why?	
Score on RIC?	Choose an item.

Is the victim aware of the MARAC referral?	Choose an item.
If not why not?	
Has consent been given?	Choose an item.
If not why not?	
Provide details of the supervisor of safeguarding lead you have discussed the case with supporting a referral without victim consent. This includes Name and contact details.	

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present and is a <u>current risk</u> within the last 12 months. Please use the comment box at the end of the form to expand on any answer. If the risk is historic, still capture the information as this creates a full picture of the victim's experience.</p> <p>Please note that if you mark yes and the incident occurred over 12 months ago, depending on the incident itself, this may not meet the Havering MARAC threshold.</p> <p>This risk assessment should be the victim's perception of their risk. Any other professional concern can be noted further down</p>	Yes	No	Do not Know	Notes:
<p>1. Has the most recent incident resulted in injury? Please state when the injury occurred, what the injury was and whether medical attention was sought. Was this reported to the police?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you currently very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. What are you currently 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:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Do you currently feel isolated from family/friends? Currently, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you currently feeling depressed or having suicidal thoughts? Is the victim seeking support for their mental health, if so what agency, what support is offered and are they medicated? Is there a formal diagnosis?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from [name of abuser(s)] within the past year? When did this separation occur? Consider if this is the first or one of multiple separations that have occurred.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THIS IS A SUPPORTING TOOL ONLY. REFERRALS MUST BE MADE VIA THE HAVERING MARAC ONLINE PLATFORM: <https://www.havering.gov.uk/community-1/domestic-violence>

<p>7. Is there recent conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Currently, 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)? This question includes any miscarriages or terminations that may have occurred.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Recently, has the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Currently, 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.</p>				
<p>13. Has [name of abuser(s)] ever used weapons or objects to hurt you? Please state when this occurred, what the weapon/object was, whether this resulted in injury.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? Capture, when the threat was made, what the threat was, who the threat was made too, is this an arson risk? Does to victim believe this is a genuine threat to kill? You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you? Please indicate what happened and when the incident occurred. If there are multiple incidents, when did the last incident occur? Was the victims breathing affected? Were there any injuries or an impact on the body that may not have been visible?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THIS IS A SUPPORTING TOOL ONLY. REFERRALS MUST BE MADE VIA THE HAVERING MARAC ONLINE PLATFORM: <https://www.havering.gov.uk/community-1/domestic-violence>

<p>16. Has [name of abuser(s)] ever subjected you to any form of sexual abuse? This may include rape, coercion to have sex, sexual assault, revenge porn and derogatory language etc. Please ensure you capture what form of sexual abuse occurred and when this occurred. Was this reported to police.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including the children, siblings or elderly relatives:</p> <p>Children <input type="checkbox"/></p> <p>Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>20. Are there any financial issues, including concerns of economic abuse? For example, are you dependent on [name of abuser(s)] or is the abuser dependant on you for money/have they recently lost their job/financial control/access to funds via benefits and maintenance?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>21. 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.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide? What happened during the incident, when did the incident occur?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children and when did this occur? You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

THIS IS A SUPPORTING TOOL ONLY. REFERRALS MUST BE MADE VIA THE HAVERING MARAC ONLINE PLATFORM: <https://www.havering.gov.uk/community-1/domestic-violence>

Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> DVPN/O <input type="checkbox"/> Stalking Protection order <input type="checkbox"/> Restraining order <input type="checkbox"/> Undertaking <input type="checkbox"/> Other <input type="checkbox"/>				
24. 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: <ul style="list-style-type: none"> Domestic abuse <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				