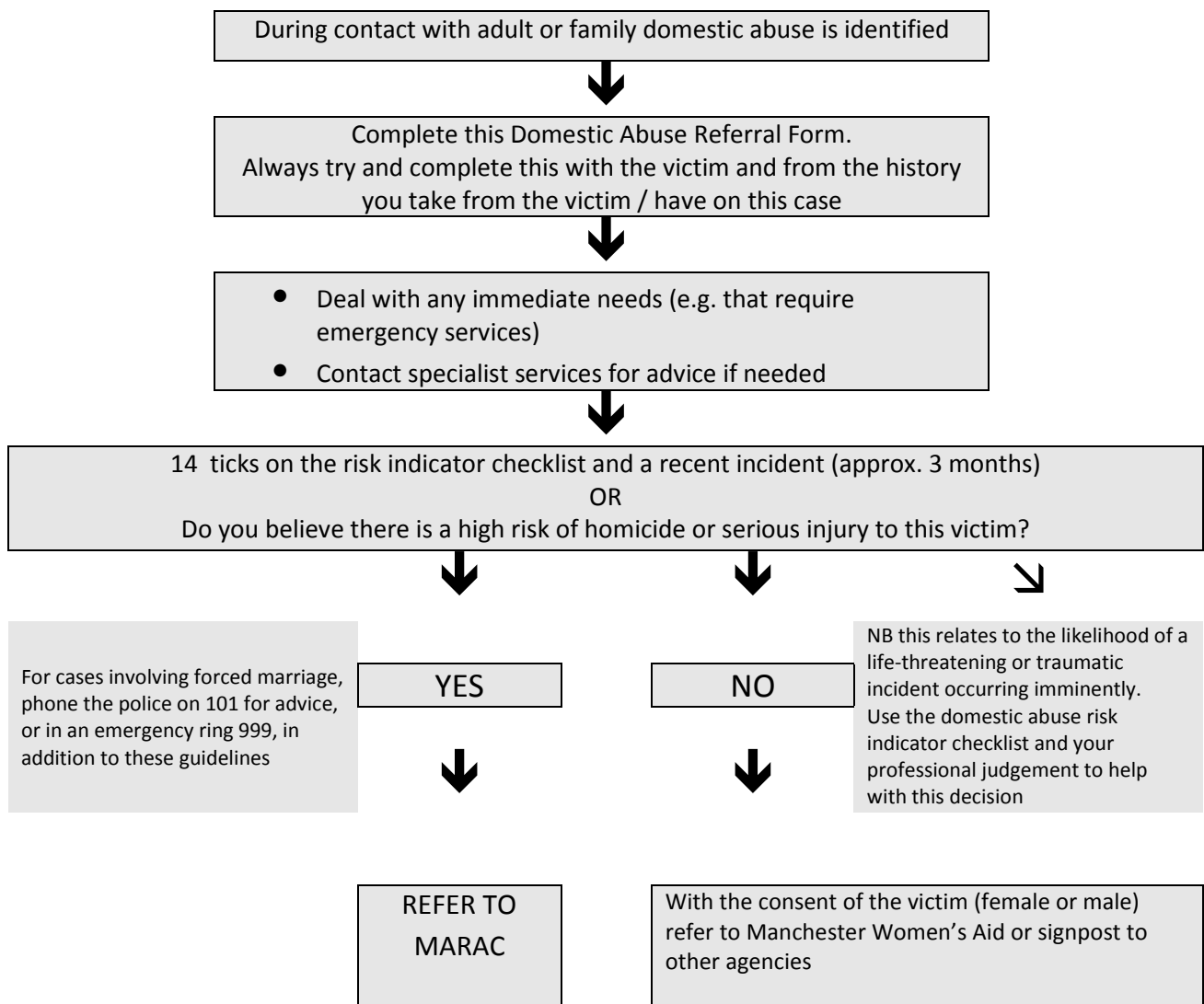


## Domestic Violence & Abuse Assessment & Referral Form

**This form should be used whenever domestic abuse is identified**

For further guidance about domestic abuse refer to the 'Working Together To Safeguard Children and Adults from Domestic Abuse' multi-agency procedures

### Manchester Domestic Abuse Referral Pathway Flowchart



**ALWAYS FOLLOW RELEVANT SAFEGUARDING CHILDREN AND ADULT AT RISK POLICY GUIDELINES**

Referrals for adults or children can be made to Contact Manchester  
Tele: 0161 234 5001 or email: [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk)

## Domestic Violence & Abuse Assessment & Referral Form

**Only complete the fields below (page 2-4) if you are making a referral to:  
Manchester Women's Aid, SAHELI, SARC , Victim Support or MARAC  
Use the Risk Indicator checklist beginning on page 5 to guide your decision  
ALL THE INFORMATION ON THIS FORM SHOULD BE COMPLETED AS FULLY AS POSSIBLE**

Case Number (office use only)				
Date of Referral				
Name of Person Referring				
Agency Referring Name Address Telephone				
Referring to: *you may wish to complete this question AFTER you have undertaken the Risk Assessment checklist on pages 6-9	MWA <input type="checkbox"/>	Saheli <input type="checkbox"/>	Victim Support <input type="checkbox"/>	MARAC <input type="checkbox"/>
IF this is a <b>MARAC</b> referral please indicate the reason	14 ticks on RIC <input type="checkbox"/>	Escalation <input type="checkbox"/>	Repeat Victimization <input type="checkbox"/>	Professional Judgement <input type="checkbox"/> Please detail:
If this is a <b>MARAC</b> referral – is this a repeat referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, date when last at MARAC?	
<b>Victim Details</b>				
Name:				
Alias:				
Date of Birth:		Gender:		
Ethnicity:		Religion:		
Sexual orientation:		Occupation:		
GP details:				
Relationships:				
Is the victim currently employed? (If yes, provide details)				
Address:				
Contact number:				
Safe time to call:				
Additional risk factors				

## Domestic Violence & Abuse Assessment & Referral Form

(e.g. victim has additional needs as a result of disability or cognitive impairment)			
<b>Do you feel that this victim is at high risk of experiencing further domestic abuse?</b>			
<b>What are the victim's greatest priorities to address their safety?</b>			
<b>Consent</b>			
<b>If this is a MARAC Referral – has the victim's consent been obtained?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If 'no', are there grounds to share information without consent?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Immigration Status</b>			
<b>Is victim holder of a British passport?</b>			
<b>Nationality</b>			
<b>Immigration status:</b> (e.g. asylum seeker, refugee, spousal visa with NRPF, ILR)			
<b>Alleged Perpetrator</b>			
<b>Name:</b>			
<b>Date of Birth:</b>			
<b>Ethnicity:</b>			
<b>Address:</b>			
<b>Relationships:</b>			
<b>Alcohol or drugs involved?</b>	Alcohol <input type="checkbox"/>	Drugs <input type="checkbox"/>	Details:
<b>Any additional health or care needs?</b> E.g. dementia, learning disability or mental health problems			
<b>Is the perpetrator currently employed?</b> (If yes, provide details)			
<b>Child</b>			
<b>Name:</b>			
<b>Date of Birth:</b>			

## Domestic Violence & Abuse Assessment & Referral Form

<b>Ethnicity:</b>	
<b>Address:</b>	
<b>Relationships:</b>	
<b>School details:</b>	
<b>GP details:</b>	
<b>Does the child ordinarily reside at the address?</b>	
<b>Was the child present at the incident?</b>	
<b>Did the child witness the incident?</b>	
<b>Injuries sustained? Give details</b>	
<b>Child's first language:</b>	
<b>Disabilities:</b>	
<b>Disability details:</b>	
<b>Early Help Assessment started:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state reason:
<b>Additional information:</b>	
<b>Court orders relating to children:</b>	
<b>Action proposed/taken? (e.g. safeguarding referral)</b>	
* If there is more than one child in the household please complete this information for each child	
<b>Other associated adults with care and support needs</b>	
(People who may be in need of specialist support by reason of mental or other disability, age or illness)	
<b>Name:</b>	
<b>DOB:</b>	
<b>Is this adult also living at the same address?</b> If not, are they being affected by the abuse? Give details	
<b>Did the adult witness the incident?</b>	
<b>Injuries sustained? Give details</b>	
<b>Action proposed / taken? (e.g. safeguarding referral)</b>	

## Domestic Violence & Abuse Assessment & Referral Form

### Domestic violence and abuse risk indicator checklist

The risk information gathered from the following checklist will help you and the person form a clearer idea about the risks posed from the domestic abuse that they have, or are currently experiencing.

Use this information to help you and the person decide if a referral to a specialist service is appropriate or necessary.

**Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Always be sure that the victim can talk safely and always ensure that any interview that takes place is in the absence of the alleged perpetrator. Never use children or family members as interpreters. Familiarise yourself with the questions before you ask them; it is good practice to answer the questions from a general discussion with the victim, rather than just formally asking the questions from numbers 1 – 24.**

**Please add comments where indicated. It is assumed that your main source of information is the victim. If this is not the case please provide details in the column on the far right-hand side.**

**The boxes will expand as you type text into them and there is space at the end of the form for additional information, where appropriate.**

1. **Visible High Risk:** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes, and there has been a recent incident (within approximately the last 3 months) the case would normally meet the MARAC referral criteria – refer to the domestic abuse flowchart on the front of this document.

2. **Professional judgement:** if a professional believes that a victim or their family is at significant risk of harm, then they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. **This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet the criteria in point 1 above. Professional judgement could also include cases where there hasn't been a recent incident, for example because the perpetrator has been in prison or out of the country, but where there is a serious threat to the victim.

This form is not a full risk assessment for either children or vulnerable adults although it will provide valuable information about the risks that both of these groups are living with.

The presence of children or vulnerable adults increases the wider risks of domestic violence and stepchildren are particularly at risk.

## Domestic Violence & Abuse Assessment & Referral Form

The Early Help Assessment (EHA) process for children who are being exposed to domestic violence and abuse has been developed by child and adult safeguarding services in Manchester and is referred to throughout these procedures; for more information visit:

- Early Help Practitioner zone at [manchester.fsd.org.uk](http://manchester.fsd.org.uk);
- GM procedures at [greatermanchesterscb.proceduresonline.com](http://greatermanchesterscb.proceduresonline.com)
- MSB website [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

Where there are serious concerns relating to either a child or an adult with care and support needs to you should make a referral to MCC Contact Manchester on **0161 234 5001** or email [mcsreply@manchester.gov.uk](mailto:mcsreply@manchester.gov.uk)

RISK INDICATOR CHECKLIST					
		YES	NO	DON'T KNOW	SOURCE OF INFORMATION IF NOT VICTIM
<b>CURRENT SITUATION</b>					
1.	<b>Has the current incident resulted in injury?</b> (Please state what and whether this is the first injury)				
	Comment:				
2.	<b>Are you very frightened?</b>				
	Comment:				
3.	<b>What are you afraid of? Is it further injury or violence?</b> (Please give an indication of what you think the abuser might do and to whom, including children). <ul style="list-style-type: none"> <li>• KILL (specify self, children or other)</li> <li>• FURTHER INJURY AND VIOLENCE (specify self, children or other)</li> </ul>				
	Comment:				
4.	<b>Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others?</b>				
	Comment:				
5.	<b>Are you feeling depressed or having suicidal thoughts?</b>				
	Comment:				
6.	<b>Have you separated or tried to separate from the abuser within the past year?</b>				
	Comment:				
7.	<b>Is there conflict over child contact?</b> (Please state the nature of the conflict)				

## Domestic Violence & Abuse Assessment & Referral Form

RISK INDICATOR CHECKLIST					
		YES	NO	DON'T KNOW	SOURCE OF INFORMATION IF NOT VICTIM
	Comment:				
8.	<b>Does the abuser constantly text, call, contact, follow, stalk or harass you?</b>  (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. This question is relevant even if the parties are living together)				
	Comment:				
<b>CHILDREN/DEPENDANTS</b>					
9.	<b>Are you pregnant or have you recently had a baby (within the last 18 months)?</b>				
	Comment:				
<b>DOMESTIC VIOLENCE HISTORY</b>					
10.	<b>Is the abuse happening more often?</b>				
	Comment:				
11.	<b>Is the abuse getting worse?</b>				
	Comment:				
12.	<b>Does the abuser try to control everything you do and/or is he/she excessively jealous?</b>				
	Comment:				
13.	<b>Has the abuser ever used weapons or objects to hurt you?</b>				
	Comment:				
14.	<b>Has the abuser ever threatened to kill you or someone else and you believed them?</b>				
	Comment:				
15.	<b>Has the abuser ever attempted to strangle/ choke/ suffocate/ drown you?</b>				

## Domestic Violence & Abuse Assessment & Referral Form

RISK INDICATOR CHECKLIST				
	YES	NO	DON'T KNOW	SOURCE OF INFORMATION IF NOT VICTIM
Comment:				
16. <b>Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</b> (Please specify who and what)				
Comment:				
17. <b>Is there any other person who has threatened you or of whom you are afraid?</b> (Consider extended family if honour based violence and please specify who)				
Comment:				
18. <b>Do you know if the abuser has hurt anybody else?</b> (Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who)				
Comment:				
19. <b>Has the abuser ever mistreated an animal or the family pet?</b>				
Comment:				
ABUSER				
20. <b>Are there any financial issues? For example, are you dependent on the abuser for money? Has the abuser recently lost his/her job? Are there any other financial issues?</b> (Please specify what)				
Comment:				
21. <b>Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health issues that has created problems in leading a normal life?</b> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>				
Comment:				
22. <b>Has the abuser ever threatened or attempted suicide?</b>				



## Domestic Violence & Abuse Assessment & Referral Form

RISK INDICATOR CHECKLIST				
	YES	NO	DON'T KNOW	SOURCE OF INFORMATION IF NOT VICTIM
<b>Comment:</b>				
23. <b>Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?</b> Please specify which: Bail Conditions <input type="checkbox"/> Non molestation/civil order <input type="checkbox"/> Child contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Domestic Violence Protection Order <input type="checkbox"/> Other <input type="checkbox"/>				
<b>Comment:</b>				
24. <b>Do you know if the abuser has ever been in trouble with the police or has a criminal history?</b> (If yes, please specify)				
<b>Comment:</b>				
<b>PLEASE CALCULATE THE NUMBER OF 'YES' RESPONSES and enter in the box to the right</b>				

## Domestic Violence & Abuse Assessment & Referral Form

**For consideration by professional:**

Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider the victim's situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/ language barriers, 'honour'-based systems and minimisation.

Are they willing to engage with your service?

Describe:

Consider abuser's occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc.

Describe:

Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions

Comment:

Your name:

Date:

**Alongside the person wherever possible, make a decision whether  
to refer to a specialist service or to MARAC**

**Further support:**

For areas covered within each police division visit their website [www.gmp.police.uk](http://www.gmp.police.uk)

For further support and advice visit the Manchester City Council website  
<http://www.manchester.gov.uk/domesticabuse>

For more information about Early Help visit the Early Help Practitioner zone at  
[manchester.fsd.org.uk](http://manchester.fsd.org.uk)

For wider information visit the MSB website at [www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

## Domestic Violence & Abuse Assessment & Referral Form

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### Glossary and acronyms

**Adult with care and support needs** (formerly “vulnerable adult”) refers to people over 18 who are, or may be in need of community care services by reason of mental health, age or illness, and who are – or may be – unable to take care of themselves, or protect themselves against significant harm or exploitation.

**IDVA** are Independent Domestic Violence Advisors. They are trained specialists who provide holistic support to the most at risk adults and families.

**MARAC** is a Multi-Agency Risk Assessment Conference – the purpose of which is to share information about the adults and families most at risk of homicide or serious harm due to domestic abuse, and work to minimise any risks posed.

**MSAB** is the **Manchester Safeguarding Adults Board** – a multi-agency partnership created to ensure that all organisations providing or commissioning services for adults in Manchester work in a coordinated way that promotes health and wellbeing, safeguarding and the protection of adults from abuse in Manchester.

**MSCB** is the **Manchester Safeguarding Children Board**. It is a statutory organisation whose main objective is to co-ordinate and ensures the effectiveness of work that is done in safeguarding and promoting the welfare of children and young people under the age of 18 in Manchester.

**MSB** - Together the MSAB and MSCB make up the Manchester Safeguarding Boards.

**MWA** is Manchester Women’s Aid. They provide refuge accommodation and outreach support to victims of domestic abuse.

**SAHELI** gives Asian women a chance to get away from violent domestic situations by providing an environment which is safe, culturally familiar and which helps them come to a decision of their own. They can offer refuge accommodate, support, advice and counselling.

**SARC** is the Sexual Assault Referral Centre based at St. Mary’s Hospital. It provides a counseling and aftercare service to victims of rape or sexual assault, current or historic.