**This form should be completed with input from the client**

 **Please send completed MARAC application by e-mail:** idva.referrals@cambridgeshire.gov.uk

 **MARAC enquiries tel. 01480 847718**

**Current threshold for Cambs and Peterborough MARAC referrals: 17 or above on attached Safe Lives DASH risk assessment or on evidenced Professional judgement. Consent is preferable but not essential.**

**DASH forms scoring 14-16 can be sent to the IDVA Service with consent from the client.**

**Please tick box to confirm consent [ ]**

**Please ensure you use your professional judgement of risk to the client, not just rely on the score. If you wish to discuss a case before referring, please email** **idva.referrals@cambridgeshire.gov.uk**

**Please be aware that all professionals from external partner services will be expected to present their own case or provide a representative from their service. i.e. a manager who is fully familiar with the case and able to assist in creating actions on their service’s behalf in order to reduce risk to the victim. If you or your Manager is not able to present then your case may be deferred.**

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| **Victim name:** **DOB:** **Ethnicity:** **Address of Victim:** **Who owns the residential property (e.g. Victim/Suspect/Housing Association/Private Landlord/Privately Rented) – Full details of owner to be recorded including contact number.****Safe Contact Details:** **Occupation/Workplace (if relevant):****Perpetrator: Name and DOB:** **Address of Perpetrator:** **Ethnicity of Perpetrator:****Relationship of victim and perpetrator****Any Children living in the household:** **Name:       DOB:** **Ethnicity:****Name:       DOB:       Ethnicity:****Name:       DOB:       Ethnicity:*****Name:       DOB:       Ethnicity:******Name:       DOB:       Ethnicity:******Name:       DOB:       Ethnicity:*****Address(es) of Children who regularly have contact with victim or alleged perpetrator but don’t live in the same household:**  |
| **GP Details:****Reasons for Referral:** **Background and Risk Issues:** **Is the person referred aware of the MARAC referral? Yes** **[ ]  No** **[ ]** **If person is aware of MARAC referral and it is safe to contact them please consider the following questions;*** **Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)**

* **What do they think might happen if they report the abuse?**

* **Who does the victim believe it is safe to talk to?**

* **Who does the victim believe it is not safe to talk to?**

**(Attach risk assessment/ professional judgement).** |
| **Referring Practitioner and Agency:** **Contact details****Telephone:** **Mobile:** **Email:** **Address:** **Date completed:**If there are children in the household and MARAC Threshold met, or significant concern under Professional Judgement, then a referral to Children’s Social Care should be made. If relevant, please confirm this has been done **[ ]** **Please read attached Guidance (P.9) before completing this Marac referral** |

Date Completed:

|  |  |  |
| --- | --- | --- |
| **current situation**The context and detail of what is happening is very important. The questions highlighted in bold are high risk factors. Tick the relevant box and **add comment** where necessary to expand. | Yes**☑** | No**☑** |
| 1. Has the current incident resulted in injury or has there been injury in the past? (please state what and whether this is the first injury)

      |  [ ]  | [ ]  |
| **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)  Kill: Self [ ]  Children [ ]  Other (please specify) [ ]  Further injury and violence: Self [ ]  Children [ ]  Other (please specify) [ ] Other (please clarify): Self [ ]  Children [ ]  Other (please specify) [ ]  | [ ]  | [ ]  |
| **4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)…..) try to stop you from seeing or talking to friends/family/GP or others?** | **[ ]**  | **[ ]**  |
| 5. Are you feeling depressed or having suicidal thoughts?       | [ ]  | [ ]  |
| **6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?**  | **[ ]**  | **[ ]**  |
| **7. Do you have any health issues that make it hard for you to protect yourself?** (please state what)       | **[ ]**  | **[ ]**  |
| **8. Does (…..) display any of the behaviours below?** (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)**If answer is yes, ask the following questions. If No, continue to Q9**

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| A.    Is there a previous domestic abuse and/or harassment history? |
| B.    Had the perpetrator vandalised or destroyed property? |
| C.    Does the perpetrator often turn up unannounced? |
| D.    Has the perpetrator threatened physical or sexual violence? |
| E.    Has the perpetrator been harassing any third party since the harassment began? |
| F.    Has the perpetrator acted violently towards anyone else? |
| G.   Has the perpetrator engaged others to help? (wittingly or unwittingly) |
| H.    Is/has the perpetrator abusing/been abusing alcohol/drugs? |
| I.      Has the perpetrator been violent in the past? (physical & psychological) |
| J.     Does the perpetrator insist on staying with you for medical appointments or other meetings? |

 | **[ ]** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | **[ ]** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Children/Dependents** (If no children/dependants, please go to the next section) | Yes | No |
| **9. Are there any children, (ie Grandchildren/Great grandchildren) in the household or who visit regularly?**  | [ ]  | [ ]  |
| **10. Has (…..) ever hurt the children or been abusive in front of them**  | **[ ]**  | **[ ]**  |
| **Domestic Violence History** | Yes | No |
| **11. Has the abuse been happening for a long time?** | **[ ]**  | **[ ]**  |
| **12. Is the abuse happening more often?**  | **[ ]**  | **[ ]**  |
| **13. Is the abuse getting worse?**  | **[ ]**  | **[ ]**  |
| **14. 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 stalking and specify the behaviour) | **[ ]**  | **[ ]**  |
| **15. Has (…..) ever used weapons or objects to hurt you?**  | **[ ]**  | **[ ]**  |
| **16. Has (…..) ever threatened to kill you or someone else and you believed them?**  | **[ ]**  | **[ ]**  |
| **17. Has (…..) ever attempted to strangle/choke/suffocate/drown you?**  | [ ]  | [ ]  |
| **18. Does (….) do or say things of a sexual nature that physically hurt you or that you don’t want?** (Please specify who and what) | **[ ]**  | **[ ]**  |
| **19. Is there any other person that has threatened you or that you are afraid of?** (If yes, consider extended family if honour based violence. Please specify who) | **[ ]**  | **[ ]**  |
| **20. Has (…..) ever mistreated an animal or the family pet?**  | [ ]  | [ ]  |
| **Abuser(s)** | Yes | No |
| **21. Is the person that is abusing you also providing care for you (formal or informal) or are you caring for them?** | **[ ]**  | **[ ]**  |
| **22. Is the person that is abusing you an immediate family member? (please indicate)** Partner (or ex)[ ]  Son[ ]  Daughter [ ]  Son-in-Law [ ]  Daughter-in-law [ ]  Grandchild [ ]  (please state if abuser under 18)  |  [ ]  | [ ]  |
| **23. Are there any financial issues? For example, are you dependent on (…..) for money or are they dependent on you for money?**  |  [ ]  | [ ]  |
| **24. Has (…..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?** (Including dementia related illness)  Drugs [ ]  Alcohol [ ]  Mental Health [ ]  | **[ ]**  | **[ ]**  |
| **25. Has (….) taken money from you without your consent, or pressured you into giving them money?** | **[ ]**  | **[ ]**  |
| **26. Has (…..) ever threatened or attempted suicide?**  | [ ]  | [ ]  |
| 27. 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 [ ]       | [ ]  | [ ]  |
| **Professional Judgement:*** **Other relevant information (from victim or professional) which may alter risk levels?**
* **Consider the victim’s situation in relation to disability or health issues, substance misuse, and mental health concerns?**
* **Consider if the victim is reliant on the abuser for care of any sort (including help with managing the household, collecting shopping or medication as well as personal care), consider the impact of losing this support on the victim**
* **Cultural/language barriers, ‘Honour based’ systems, geographic isolation and minimisation?**
* **Consider the abuser’s occupation/interests/ criminal associates/lifestyle habits, including access to firearms/weapons?**
* **What are the victim’s greatest priorities to addressing their safety?**

     **Please note that the current threshold for Cambs MARAC referrals: 17 or above on attached Safe Lives Dash risk assessment or on evidenced professional judgement which should be evidenced by your stating additional risk factors that are not asked about in this assessment form. Please refer to attached guidance notes on risk indicators to assist you in completing this form. If you need any further assistance please call the MARAC Co-ordinators or a Duty IDVA  on 01480 847718.** |  |  |
| **Any other relevant risk led information.** |  |  |
| **Are any other professionals or services involved with the victim? In some cases it may be appropriate to liaise with all services that are working closely with the victim to help with safety planning** |  |  |
| **Has a referral been made to the Adult Safeguarding MASH Team?** **Outcome of Adult Safeguarding Referral (if known)** | [ ]  | [ ]  |

**Older People’s Dash risk checklist**

These notes are to help you understand the significance of the questions on the checklist. This checklist can be used for domestic abuse in any context – intimate relationships, family violence and for situations of ‘honour’-based violence. Domestic abuse can include physical, emotional, mental, sexual or economic abuse as well as stalking and harassment. They might be experiencing one or all types of abuse; each situation is unique. It is the combination of behaviours that can be so intimidating. It can occur both during a relationship or after it has ended.

The purpose of the Dash risk checklist is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Marac meeting in order to manage their risk. If you are concerned about risk to a child or children, you should make a referral to ensure that a full assessment of their safety and welfare is made.

Practitioner guidance around working with older victims/survivors of domestic abuse is available at [Welcome to Cambridgeshire DASV Partnership (cambsdasv.org.uk)](https://www.cambsdasv.org.uk/website/older_people/567583)

**The Dash risk checklist should be introduced to the victim within the framework of your agency’s:**

* Confidentiality Policy
* Information Sharing Policy and Protocols
* Marac Referral Policies and Protocols

**Before you begin to ask the questions in the Dash risk checklist:**

Consider if the person has care and support needs and may meet the criteria for Adult at Risk under the Care Act (2014). If this is (or you suspect it to be) the case, please follow your agency Adult Safeguarding Procedures to make a referral to the Adult Safeguarding MASH Team.

* Establish how much time the victim has to talk to you: is it safe to talk now? What are safe contact details?
* Establish the whereabouts of the perpetrator and any children that may be in the household
* It is important to talk to the victim on their own – the perpetrator may try to insist that they need to stay in a carer capacity and the victim may feel coerced into denying any abuse if they know the perpetrator is close by. It is sometimes useful to link up with another agency to carry out the DASH (ie District Nurse who may ordinarily see the victim on their own)
* Explain why you are asking these questions and how it relates to the Marac

**While you are asking the questions in the Dash risk checklist:**

* Identify early on who the victim is frightened of – ex-partner/partner/family member
* Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment LGBT victims accessing the service will feel able to disclose both domestic abuse and their sexual orientation or gender identity.

**Asking about types of abuse and risk factors**

**Physical abuse**

* Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation. The first question asks about previous injury as well as current injury. This is because, with older people, they may have been experiencing abuse for a number of years that has been physical but the current incident may not have been physical if the health of the perpetrator has meant that physical abuse is now more difficult to inflict.
* You should try and establish if the abuse is getting worse, or happening more often, or the incidents themselves are more serious. If your client is not sure, ask them to document how many incidents there have been in the last year and what took place. They should also consider keeping a diary marking when physical and other incidents take place.
* Try and get a picture of the range of physical abuse that has taken place. The incident that is currently being disclosed may not be the worst thing to have happened.
* Consider injuries that initially appear to be inflicted accidentally in the context of ‘providing care’ such as bruises, also consider neglect of injuries or wounds (ie untreated pressure ulcers).
* Consider changes in behaviour of the perpetrator that could link to health issues ie dementia, change of medication, but remember these should not be attributed as causes of domestic abuse
* Sometimes violence will be used against a family pet.
* If an incident has just occurred the victim should call 999 for assistance from the police. If the victim has injuries they should try and get them seen and documented by a health professional such as a GP or A&E nurse.

**Sexual abuse**

* Sexual abuse can include the use of threats, force or intimidation to obtain sex, deliberately inflicting pain during sex, or combining sex and violence and using weapons.
* Do not assume that sexual abuse does not happen to older people. Equally, the victim may need reassurance that marriage does not mean an entitlement to sex. Remember that older victims may be very reluctant to discuss issues around sex, but questions need to be asked sensitively.
* If the victim has suffered sexual abuse you should encourage them to get medical attention and to report this to the police. See above for advice on finding a Sexual Assault Referral Centre which can assist with medical and legal investigations.

**Coercion, threats and intimidation**

* It is important to understand and establish: the fears of the victim/victims in relation to what the perpetrator/s may do; who they are frightened of and who they are frightened for. Victims usually know the abuser’s behaviour better than anyone else which is why this question is significant.
* If the abuser is also providing any type of care and support for the victim, the victim will likely be very fearful of what will happen if they report the abuse. They may be concerned that they will need to leave their home or that they will need to have carers from outside the family.
* In cases of ‘honour’ based violence there may be more than one abuser living in the home or belonging to the wider family and community. This could also include female relatives.
* Stalking and harassment becomes more significant when the abuser is also making threats to harm themselves, the victim or others. They might use phrases such as “If I can’t have you no one else can…”
* Other examples of behaviour that can indicate future harm include obsessive phone calls, texts or emails, uninvited visits to the victim’s home or workplace, loitering and destroying/vandalising property.
* Advise the victim to keep a diary of these threats, when and where they happen, if anyone else was with them and if the threats made them feel frightened.
* Separation is a dangerous time: establish if the victim has tried to separate from the abuser or has been threatened about the consequences of leaving. Being pursued after separation can be particularly dangerous.
* Victims of domestic abuse sometimes tell us that the perpetrators harm pets, damage furniture and this alone makes them frightened without the perpetrator needing to physically hurt them. This kind of intimidation is common and often used as a way to control and frighten.
* Some perpetrators of domestic abuse do not follow court orders or contact arrangements with children. Previous violations may be associated with an increase in risk of future violence.
* Some victims feel frightened and intimidated by the criminal history of their partner/ex-partner. It is important to remember that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members, except for ‘honour’-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

**Emotional abuse and isolation**

This can be experienced at the same time as the other types of abuse. It may be present on its own or it may have started long before any physical violence began. The result of this abuse is that victims can blame themselves and, in order to live with what is happening, minimise and deny how serious it is. As a professional you can assist the victim in beginning to consider the risks the victim and any children may be facing.

* The victim may be being prevented from seeing family or friends, from creating any support networks or prevented from having access to any money.
* Where the abuser is providing care or support to the victim, they may be making the victim feel that they are a ‘burden’ and that they cause the abuse. Caring responsibilities cover support with finances and household management as well as providing personal care. Consider if a carer assessment has been done and always think about disguised compliance. It may also be the case that the victim is providing care to the abuser.
* Victims of ‘honour’ based violence talk about extreme levels of isolation and being ‘policed’ in the home. This is a significant indicator of future harm and should be taken seriously.
* Due to the abuse and isolation being suffered victims feel like they have no choice but to continue living with the abuser and fear what may happen if they try and leave or make the abuser leave. This can often have an impact on the victim’s mental health and they might feel depressed or even suicidal.
* Equally the risk to the victim is greater if their abuser has mental health problems such as depression and if they abuse drugs or alcohol. This can increase the level of isolation as victims can feel like agencies won’t understand and will judge them. They may feel frightened that revealing this information will get them and their abuser into trouble.
* Where the abuser is a family member (ie adult child or in-law) they may be pressurising the victim for money to support drug or alcohol dependency. Consider that the victim may be very unwilling to get their own child into trouble by reporting the abuse to the police.

**Children**

* The presence of children including grandchildren can increase the risk of domestic abuse. They too can get caught up in the violence and suffer directly by witnessing the abuse.
* Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children’s Services.

**Economic abuse**

* Victims of domestic abuse often tell us that they are financially controlled by their partners/ex-partners. Consider how the financial control impacts on the safety options available to them. For example, they may rely on their partner/ex-partner for an income or do not have access to benefits in their own right. For many older people it is traditional for the male partner to control the finances and a female victim may not have any resources in her own name, not even a bank account.
* Consider if the victim’s benefits are being misused by the abuser – ie do they have access to their pension or are they claiming other benefits in the victim’s name?
* If the victim owns their property, the abuser may have made them sign it over to them. The abuser could also be living in a property where they should not be living (ie moved in to parents rented property) but consider that the victim is unlikely to want to make a family member homeless.
* The Department for Work and Pensions have safeguarding leads that can assist with individual cases around safeguarding

**Revealing the results of the Dash risk checklist to the victim**

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave to you and your professional judgement. It is then important that you follow your area’s protocols when referring to Marac and Children’s Services. Equally, identifying that someone is not currently high risk needs to be managed carefully to ensure that the person doesn’t feel that their situation is being minimised and that they don’t feel embarrassed about asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management.

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