

Family Intervention Projects (FIPs) – Domestic abuse toolkit

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Client name:

Address:

Date of Birth:

This toolkit includes the practical tools referred to in the CAADA FIPs Domestic Abuse training. We hope that you can use it whenever you become aware of domestic abuse within a family. The toolkit contains tools to use with victims of domestic abuse to assist them in recognising the dynamics of power and control, some reminders around improving safety as you work with perpetrators, a Risk Identification Checklist to assist you in recognising high risk domestic abuse and tools to use as you work with clients who need to go through the MARAC process.

Domestic abuse may be one of several issues involved in complex cases. We suggest that you consider using the Risk Identification Checklist with every victim of domestic abuse you work with. However, as FIP key workers you will need to consider carefully which tools are relevant for your families and consider the victim's safety as and when you use them.

Please consider the following points as you use this toolkit:

1. **Child protection**

Always consider your child protection procedure as you work with domestic abuse.

2. **The safety of the victim of domestic abuse**

Always ask yourself if your planned course of action could put somebody at further risk.

3. **The safety of the professional**

Keep yourself safe and consider the risks posed to you as you work in homes where domestic abuse is ongoing.

4. **The risks of working with perpetrators**

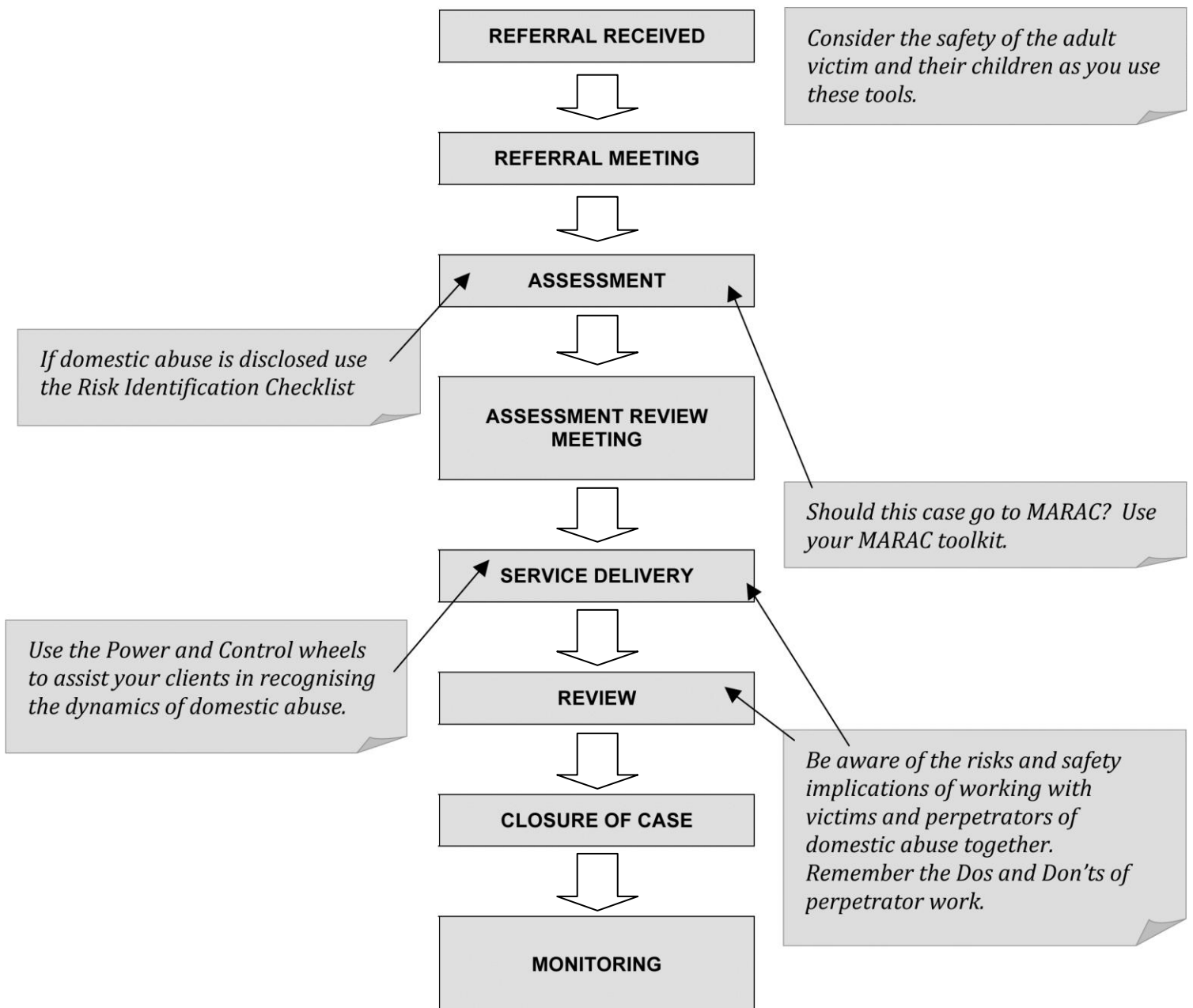
It is easy to be manipulated by perpetrators of abuse, be careful not to collude.

5. **Use of resources**

There will be experts in domestic abuse in your area. Locate them and work in partnership with them when you identify domestic abuse.

1. FIPs and domestic abuse: A care pathway

¹The FIP referral process



¹ To see the FIP Referral Process in more detail please refer to the FIP's Training Manual (page 6)

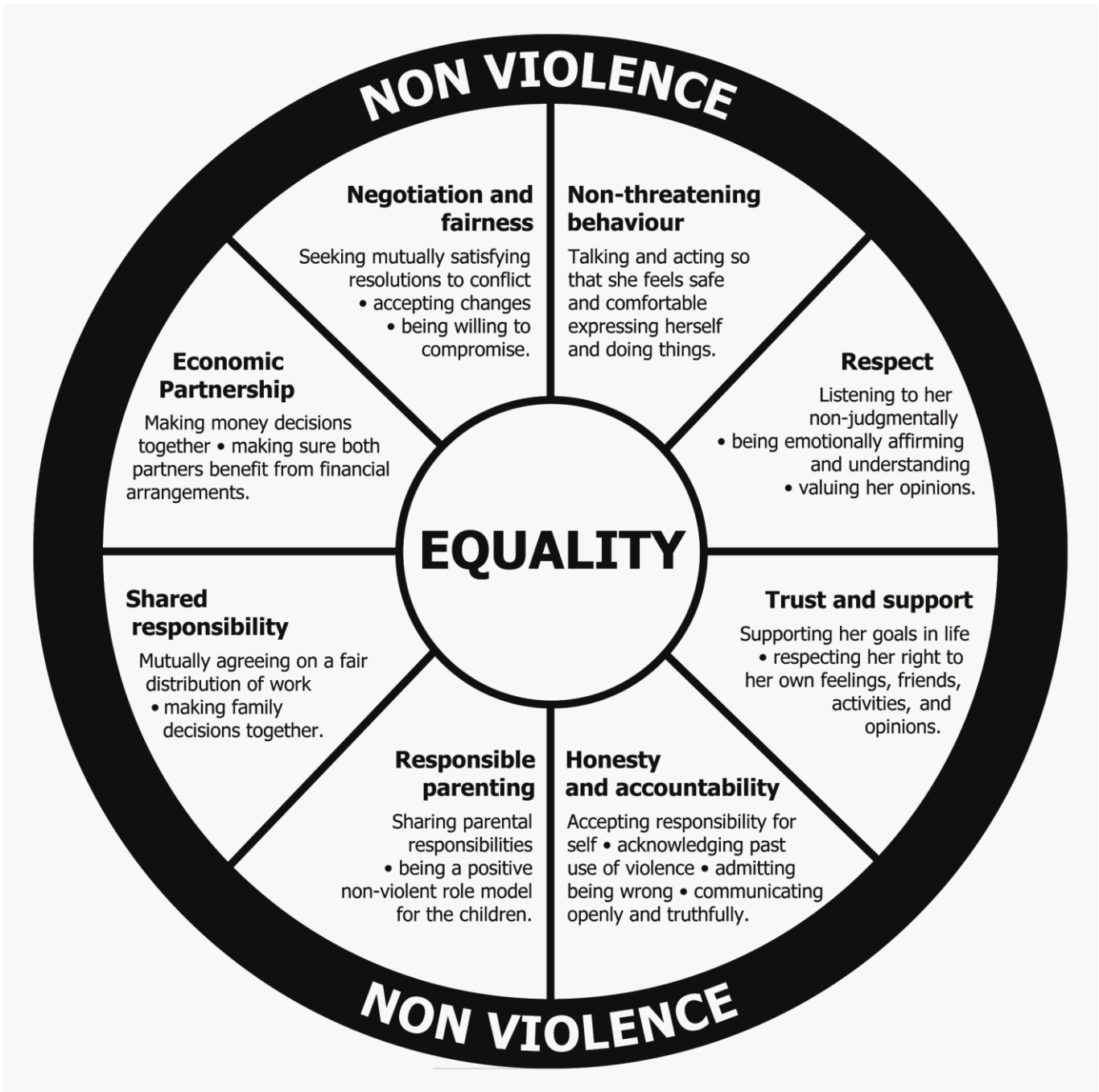
2. Power and Control wheels

Tactics of men who abuse their partners



² See www.duluth-model.org

The Equality wheel

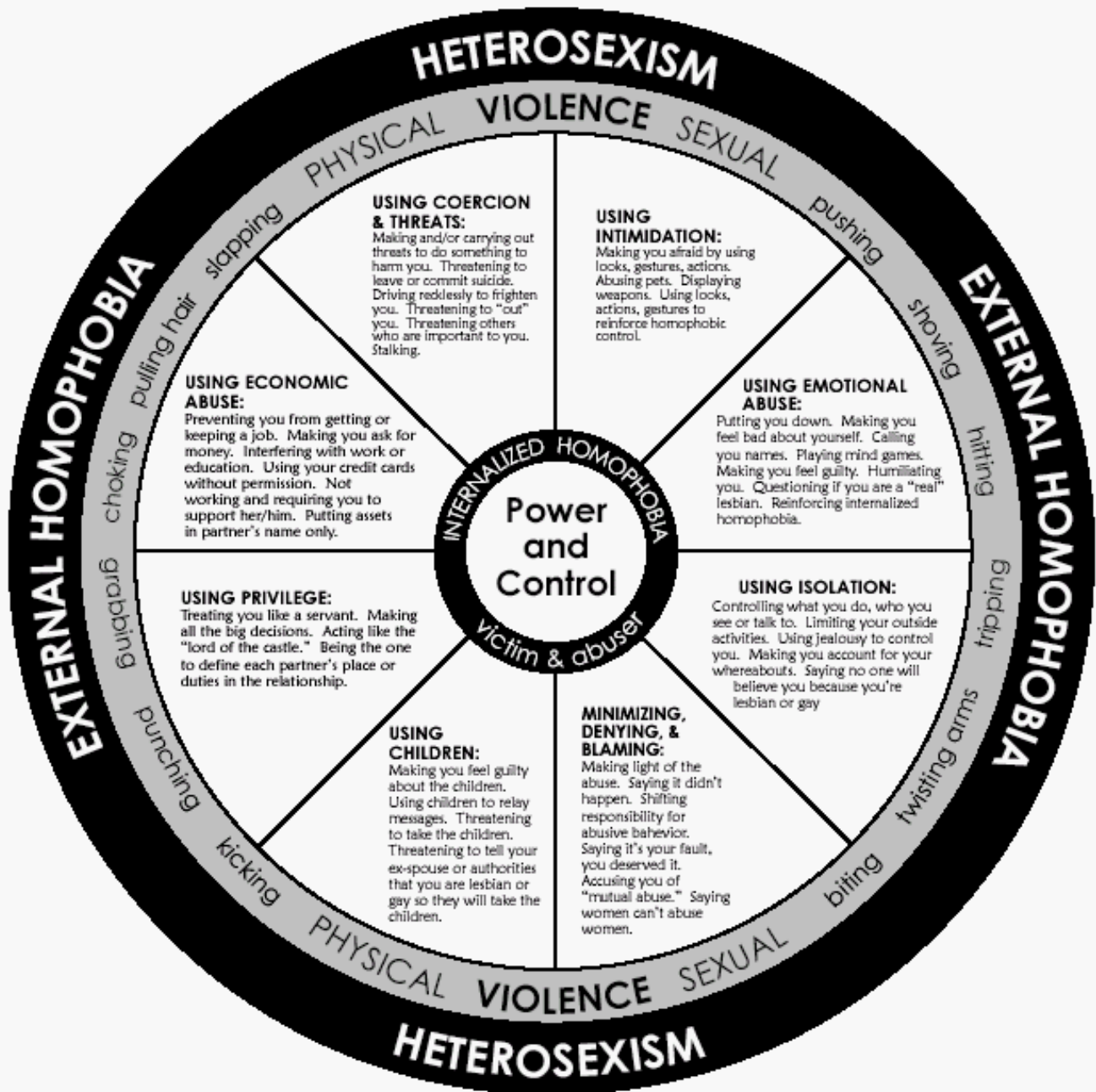


Power and Control wheel

The figure below was developed by Dr Sharifa Alkahteb at the Centre for Children and Families in the Justice System, London, Ontario and is designed for use with Muslim survivors of domestic abuse.



LESBIAN/GAY POWER AND CONTROL WHEEL



Developed by Roe & Jagodinsky
inspired and adapted from:
Domestic Abuse Intervention Project
202 East Superior Street
Duluth, MN 55802

Produced and distributed by:



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3. Working with perpetrators

As a FIP key worker there will be occasions where you will be working with perpetrators of abuse and their victims as you manage one family.

Although key to the work of the Family Intervention Project this practice can include additional risks, both to the victim of abuse and to the safety of the worker. You should be aware of these risks as you work with your families.

Consider the following points:³

- ✓ There is no culture that condones domestic abuse.

If an abuser discloses their behaviour:

DO

- ✓ Acknowledge that any form of domestic abuse is wrong and ensure that this message is clear and consistent. Remember that domestic abuse is a crime.
- ✓ Acknowledge that the disclosure is an important first step towards stopping their abusive behaviour.
- ✓ Affirm any accountability shown by them. Their behaviour is a choice and they can choose to stop.
- ✓ Be respectful and empathic but do not collude. Affirm that the use of violence is wrong.
- ✓ Offer assistance by way of the Respect phone line number (0845 122 8609)
- ✓ Identify the perpetrator programs running in your area and identify them as an option for the abuser. Where programmes aren't available consider using other services such as Relate or Respect.
- ✓ Consider seeking specialist advice from the Probation Service.
- ✓ Seek out specialist support for the victim of abuse if their partner is accessing a perpetrator programme.
- ✓ Be aware that perpetrators minimise, deny and blame.

DON'T

- ◇ Make assumptions. Anyone can be a victim of domestic abuse and anyone can be a perpetrator. Be careful not to stereotype. Domestic abuse occurs across all areas of society, regardless of culture, religion or class.
- ◇ Meet the abuser alone. Do make use of any specialist perpetrator services in your area and risk assess before attending an address.
- ◇ Discuss the abuse with the couple, try to speak with each party alone.
- ◇ Assume that perpetrator programmes will "fix" things. They cannot work in all cases.
- ◇ Assume that alcohol and drugs are the cause of domestic abuse, they may escalate situations but will not be the underlying cause.
- ◇ Assume that accessing help for alcohol or drug difficulties will stop someone's violence or abuse. They may need to get help for their substance misuse alongside help for their abusive behaviour.
- ◇ Automatically refer to anger management. Remember domestic abuse is not about any loss of control or anger issues.
- ◇ Automatically refer to mediation or couples counselling. These can be dangerous. They may not be appropriate if there is inequality in the balance of power between a couple.

³ www.respect.uk.net/data/files/dv_guide_for_healthcare_professionals.pdf

4. What is a Multi-Agency Risk Assessment Conference (MARAC)?

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

MARACs and FIPs

The MARAC will help you ensure that domestic abuse victims in families that you support are better protected from further abuse by a coordinated effort from all agencies and organisations. The FIP representative's role at MARAC is to represent the views of your family members at the meeting, to share information relating to the safety of family members and to liaise with partner agencies to ensure that the right services coordinate a response to a family. The MARAC helps high risk victims access more resources locally and helps you build relationships with local agencies.

Frequently Asked Questions

Why does a representative from my agency attend?

The MARAC will aid you in achieving a joined-up and structured approach to addressing the safety needs of victims of high risk domestic abuse using your service. The kind of partnership working and efficient and effective information sharing that is facilitated by the MARAC process would not be achievable if it were not for the meeting. It is therefore important that you attend to provide a realistic overview to action planning and assist the MARAC by taking actions to improve the safety of the victim of domestic abuse.

What cases are discussed?

The highest risk cases of domestic abuse are discussed in your MARAC. These will have been identified by a practitioner from any agency using an evaluated risk assessment tool (see attached for CAADA recommended risk indicator checklist). It is recommended that the MARAC should initially see the top 10% of cases in your area in terms of risk profile. This may include cases of extended family violence including so-called 'honour' based violence.

What information should my agency bring?

All information shared at the MARAC should be relevant and proportionate to the risks faced by the victim of domestic abuse. FIPs will be able to provide information as to the position of the victim and offer advice as to the risks posed to other family members. It may be that the FIP representative will be able to provide safe contact and visit times to partner agencies to improve the safety of intervention with clients.

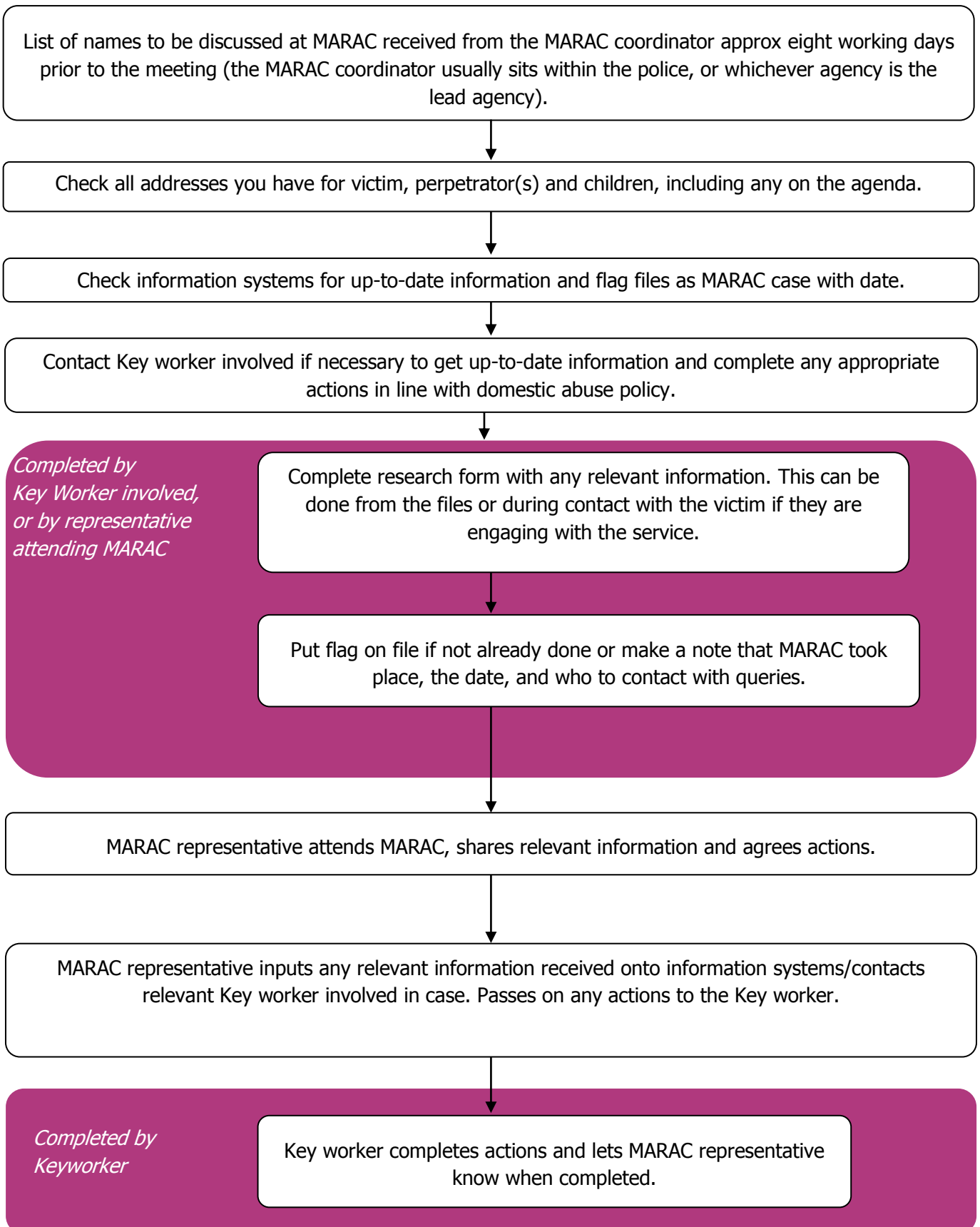
What actions can we offer?

The actions offered by the FIP representative will usually reflect the work the FIP is already doing with a family. This might involve discussing options, assisting with housing options, risk assessing and signposting on to other services.

6. Flowcharts

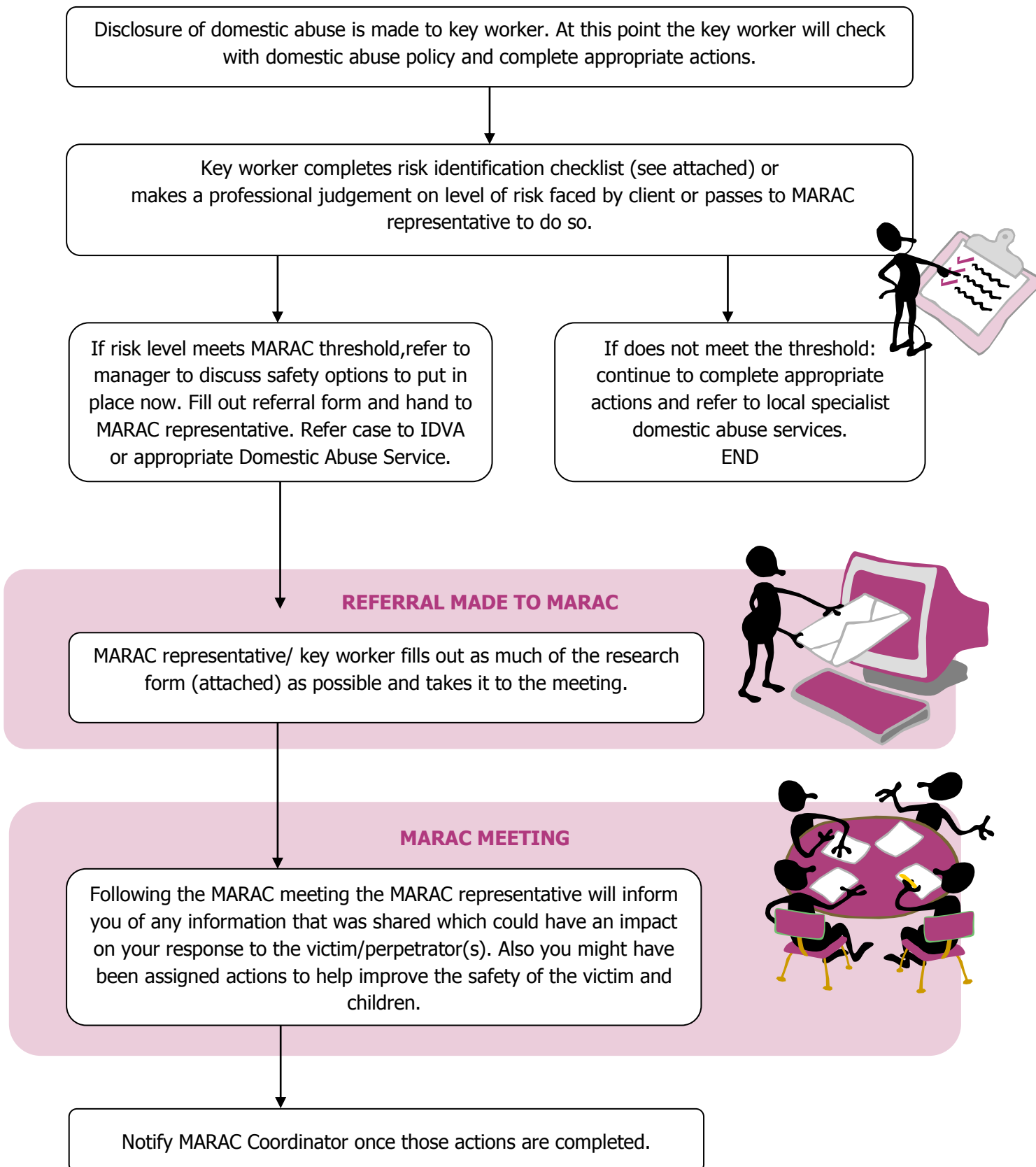
Researching for the MARAC

Practice in your agency will differ according to local policy and organisational structure, but below is an outline of the research process for MARAC. All the cells in white should be completed by your MARAC representative.

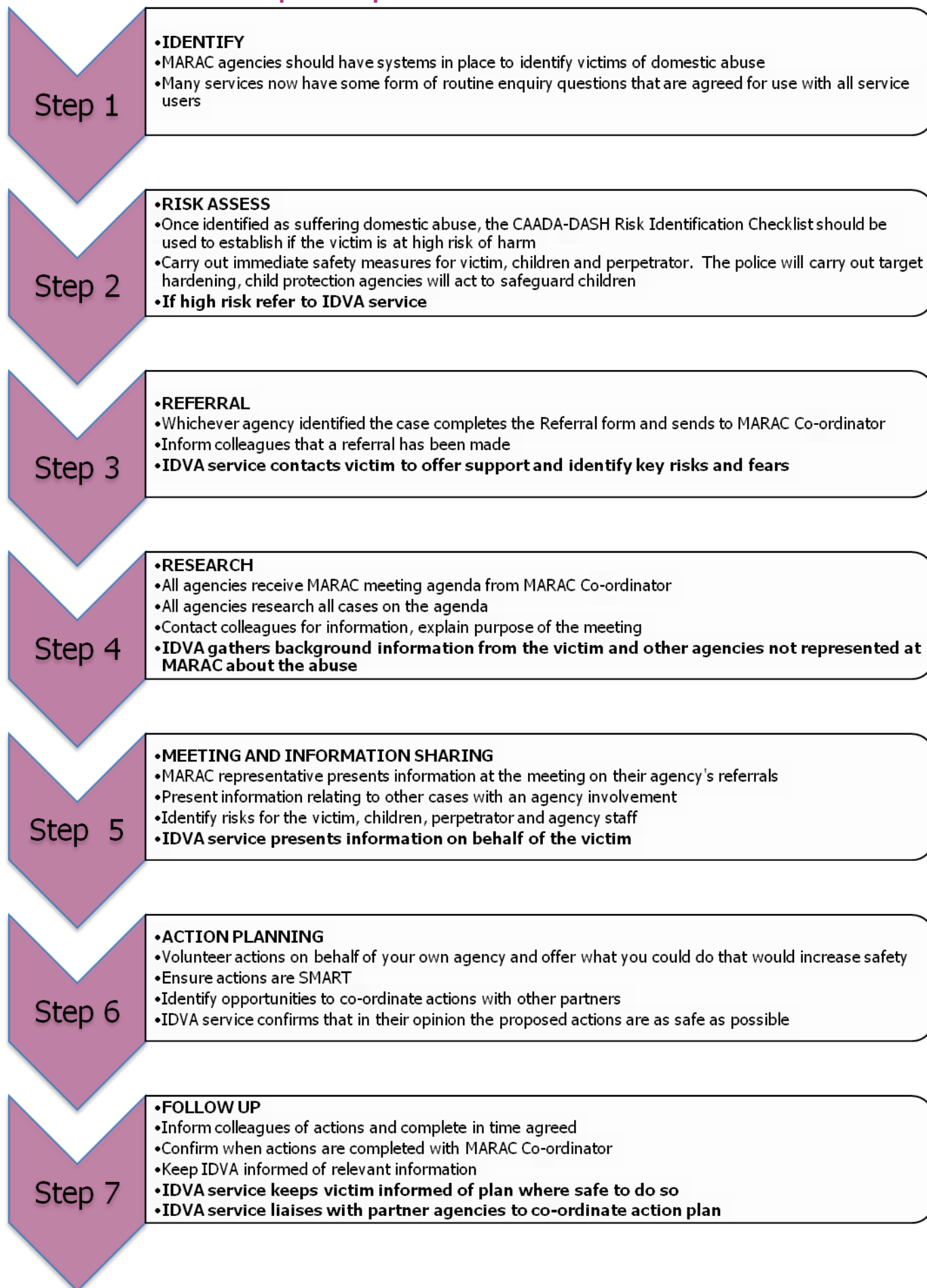


Referring a case to the MARAC

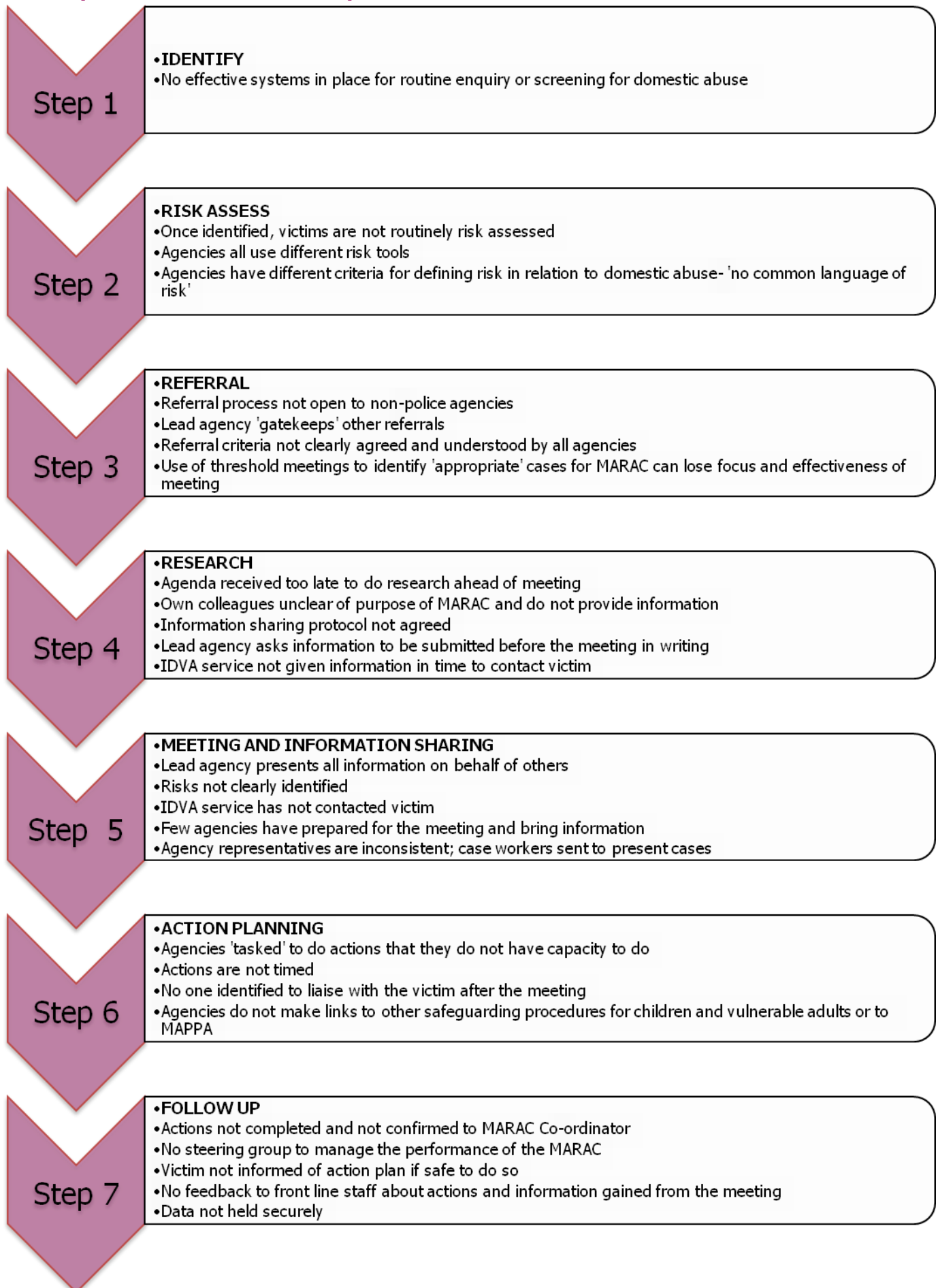
Policies on referring to your particular MARAC will be available locally but here is an outline of the process.



MARAC flowchart 1- the steps to the process



MARAC process 2 - some common pitfalls



7. Risk Identification Checklist

CAADA Quick Start Guidance for the Domestic Abuse, Stalking and 'Honour'-Based Violence Risk Identification Checklist (RIC)

You may be looking at this checklist because you are working in a professional capacity with a victim of domestic abuse. These notes are to help you understand the significance of the questions on the checklist. Domestic abuse can take many forms but it is usually perpetrated by men towards women in an intimate relationship such as boyfriend/girlfriend, husband/wife. This checklist can also be used for lesbian, gay, bisexual relationships and for situations of 'honour'-based violence or family violence. Domestic abuse can include physical, emotional, mental, sexual or financial 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 RIC 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.
- ✓ The RIC 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 RIC:
 - 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 children;
 - Explain why you are asking these questions and how it relates to the MARAC
- ✓ Whilst you are asking the questions in the RIC:
 - 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.
- ✓ Revealing the results of the RIC 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 whether via a MARAC or in another way.

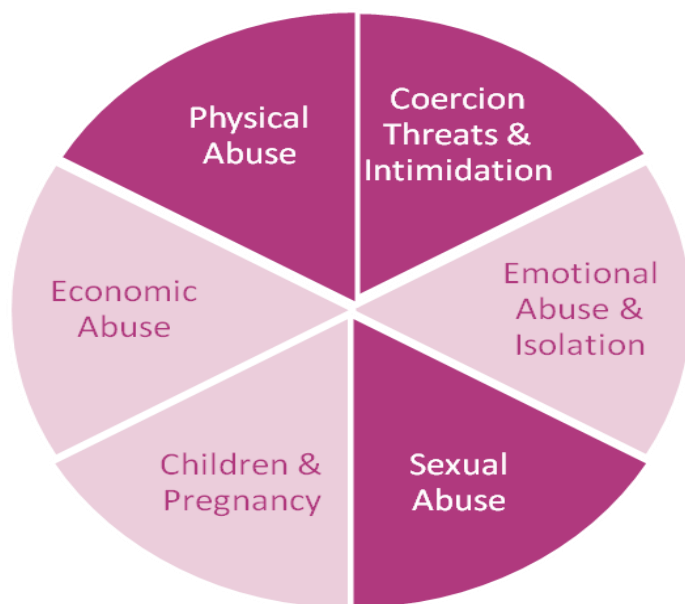
The responsibility for identifying your local referral threshold rests with your local MARAC.

We ask about **PHYSICAL ABUSE** in questions 1, 10, 11, 13, 15, 18, 19 & 23

- ✓ Physical abuse can take many forms from a push or shove to a punch, use of weapons, choking or strangulation.
- ✓ 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.
- ✓ The abuse might also be happening to other people in their household, such as their children or siblings or elderly relatives.
- ✓ 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

We ask about whether the victim is experiencing any form of **SEXUAL ABUSE** in question 16

- ✓ 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.
- ✓ 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.



Resources: Be sure that you have an awareness of the safety planning measures you can offer, both within your own agency and other agencies. Be familiar with local and national resources to refer the victim to, including specialist services. The following websites and contact details may be useful to you:

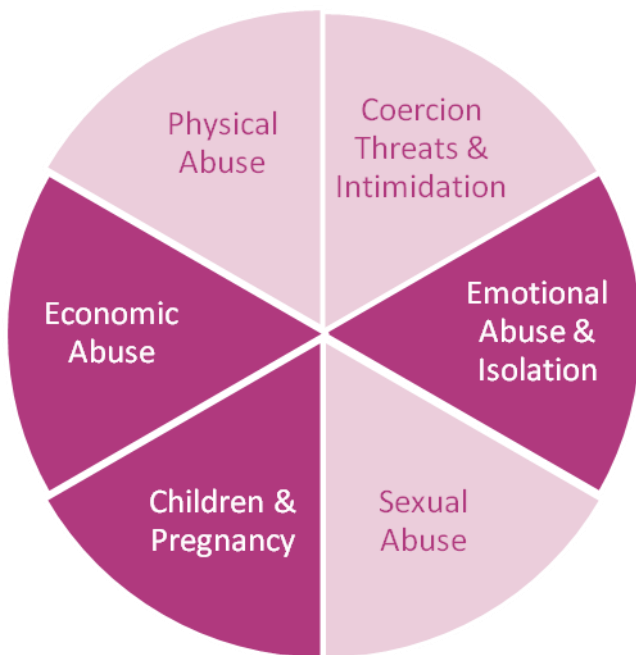
- ✓ National Domestic Violence Helpline - 0808 2000 247 - For assistance with refuge accommodation and advice
- ✓ 'Honour' Helpline - 0800 5999247 - For advice on forced marriage and 'honour' based violence
- ✓ Sexual Assault Referral Centres- <http://www.rapecrisis.org.uk/Referralcentres2.php>
- ✓ Broken Rainbow - 08452 604460 – www.broken-rainbow.org.uk for advice for LGBT victims

COERCION, THREATS AND INTIMIDATION is covered in questions 2, 3, 6, 8, 14, 17, 18, 19, 23 & 24.

- ✓ 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 (i.e. children/siblings). Victims usually know the abusers behaviour better than anyone else which is why this question is significant.
- ✓ 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, workplace etc, loitering and destroyed or vandalised 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.

ECONOMIC ABUSE – Question 20

- ✓ 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. The victim might feel like the situation has become worse since their partner/ex-partner lost their job.
- ✓ The Citizens Advice Bureau or the local specialist domestic abuse support service will be able to outline to the victim the options relating to their current financial situation and how they might be able to access funds in their own right.



CHILDREN & PREGNANCY – Questions 7, 9 & 18 refer to being pregnant and children and whether there is conflict over child contact.

- ✓ The presence of children including step children can increase the risk of domestic abuse for the mother. They too can get caught up in the violence and suffer directly.
- ✓ Physical violence can occur for the first time or get worse during pregnancy or for the first few years of the child's life. There are usually lots of professionals involved during this time, such as health visitors or midwives, who need to be aware of the risks to the victim and children, including an unborn child.
- ✓ The perpetrator may use the children to have access to the victim, abusive incidents may occur during child contact visits or there may be a lot of fear and anxiety that the children may be harmed.
- ✓ Please follow your local Child Protection Procedures and Guidelines for identifying and making referrals to Children's Services.

We ask about **EMOTIONAL ABUSE** and **ISOLATION** in questions 4, 5 & 12. 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.
- ✓ 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. 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 partner/ex-partner 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 partner into trouble and, if they have children, they may worry that they will be removed. These risks are addressed in questions 21 & 22.

If you are a professional working with domestic abuse and would like to know more about the Risk Identification Checklist you can find the following publications on our website:

- ✓ **CAADA-DASH MARAC Risk Identification Checklist (RIC) 2009 for the identification of high risk cases of domestic abuse, stalking and honour based violence**

http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.pdf

This is a helpful guide for IDVAs or practitioners new to the RIC and who want to become more familiar and confident in managing the process. It takes you through the process of completing the RIC with your client and provides detail on why and how to ask each question. This guide also provides supplementary questions to gather additional detail about each risk factor and provides general safety planning advice.

It includes the Severity of Abuse Grid (SAG). The SAG gives practitioners the chance to profile the domestic abuse in more detail and identify significant concerns which may be relevant to include in a safety plan or share at a MARAC.

- ✓ **CAADA-DASH Risk Identification Checklist – without guidance**

http://www.caada.org.uk/marac/RIC_without_guidance.doc

This is a basic version of the RIC to download and use in everyday practice.

- ✓ **CAADA-DASH Risk Identification Checklist – Frequently Asked Questions**

http://www.caada.org.uk/marac/RIC_FAQs.pdf

This addresses a number of practical questions relating to the use of the checklist.

- ✓ **We also have a library of resources and information about training for frontline practitioners at**

http://www.caada.org.uk/marac/Information_about_MARACs.html

Other **frontline Practitioner Toolkits** are also available from

http://www.caada.org.uk/marac/Resources_for_people_who_refer_to_MARAC.html. These offer a practical introduction to MARAC within the context of a professional role. Please feel free to signpost colleagues and other agency staff to these toolkits where relevant:

A&E	LGBT Services
Ambulance Service	MARAC Chair
BAMER Services	MARAC Coordinator
Children and Young People's Services	Mental Health Services for Adults
Drug and Alcohol	Police Officer
Education	Probation
Fire and Rescue Services	Social Care Services for Adults
Family Intervention Projects	Sexual Violence Services
Health Visitors, School Nurses & Community Midwives	Specialist Domestic Violence Services
Housing	Victim Support
Independent Domestic Violence Advisors	Women's Safety Officer

For more guidance on the MARAC process see the 10 Principles of an effective MARAC:

http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc. This forms the basis of the MARAC Quality Assurance process and national standards for MARAC.

We also have a library of resources and information about your nearest IDVA training course, Continuing Professional Development for IDVAs and how to develop IDVA Services through our Leading Lights programme at

www.caada.org.uk

CAADA-DASH Risk Identification Checklist (RIC)

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC⁴ process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers⁵. These can be downloaded from

http://www.caada.org.uk/marac/RIC_for_MARAC.html. Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, 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 criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

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 whether via a MARAC or in another way. **The responsibility for identifying your local referral threshold rests with your local MARAC.**

What this form is not: This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

⁴ For further information about MARAC please refer to the 10 Principles of an Effective MARAC:

http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc

⁵ For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

Name of victim:

Date:

Restricted when complete

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies⁶ for identification of risks when domestic abuse, 'honour'-based violence and/or stalking are disclosed

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 <input checked="" type="checkbox"/> . 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 <u>not the case</u> please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁶ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Name of victim:

Date:

Restricted when complete

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. 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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. 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 <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <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				

Name of victim:

Date:

Restricted when complete

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe:

Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:

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

Date referral made

Signed:

Date:

Name:

Practitioner's Notes

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8. MARAC forms: MARAC referral form

RESTRICTED WHEN COMPLETE

MARAC referrals should be sent by **secure email or other secure method** to [insert contact details for MARAC]

Referring agency					
Contact name(s)					
Telephone / Email					
Date					
Victim name			Victim DOB		
Address			Diversity Data (if known) B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Gender M / F		
Telephone number			Is this number safe to call?		Y / N
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 (<i>14 ticks or more on CAADA - DASH RIC</i>)	Y / N
Potential escalation (<i>3 or more incidents reported to the Police in the past 12 months</i>)	Y / N	MARAC repeat (further incident identified within twelve months from the date of the last referral)	Y / N
If <i>Yes</i> , 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?	

MARAC research form

RESTRICTED WHEN COMPLETE

Name & Agency	
Telephone / Email	
Date	

Victim name		Victim DOB	
Victim name and DOB			
Victim address			
MARAC case number (from agenda)			

Please insert any changes / errors / other information (e.g. aliases or nicknames) below

Are the victim details on the MARAC list accurate?	Y / N	
Are the children(s) details on the MARAC list accurate?	Y / N	
Are the perpetrator details on the MARAC list accurate?	Y / N	

Note records of last sightings, meetings or phone calls.	
Note recent attitude, behaviour and demeanour, including changes.	
Highlight any relevant information that relates to any of the risk indicators on the checklist (<i>e.g. the pattern of abuse, isolation, escalation, victim's greatest fear etc.</i>).	
Other information (<i>e.g. actions already taken by agency to address victim's safety</i>).	
What are the victim's greatest priorities to address their safety?	
Who is the victim afraid of? <i>To include all potential threats, and not just primary perpetrator.</i>	
Who does the victim believe it safe to talk to?	
Who does the victim believe it not safe to talk to?	