**Portsmouth IDVA Project (PIP)**

**Telephone** - 023 9268 8472 **Fax** - 023 9268 8513

[**Email (For secure email only)** - idva@portsmouthcc.gcsx.gov.uk](mailto:Email%20(For%20secure%20email%20only)%20-%20idva@portsmouthcc.gcsx.gov.uk)

**ALL AREAS of this form MUST be completed - THIS FORM IS 2 SIDED**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of referral** | |  | | **Name of Referrer & Agency** | | | |  | | | | | | |
| **Has client consented to referral?** | | Yes / No | | **Contact Phone No.** | | | |  | | | | | | |
| **Client's Details** | | | | | | | | | | | | | | |
| **First Name** |  | | | | **Surname** | | |  | | | | | | |
| **DOB** |  | | | | **Gender** | | |  | | | | | | |
| **Telephone number** |  | | | | **Is it safe to leave a message? (Y/N)** | | |  | | | | | | |
| **Address** |  | | | | | | | | | | | | | |
| **Postcode** | | **Is this address safe to attend or send correspondence to?** | | | |  | | | | | | | |
| **Ethnicity** |  | | **Sexuality** | | | |  | | **Disability/ Additional Needs** | | | | |  |
| **Mental Health Diagnosis?** |  | | **Substance Misuse?** | | | |  | | **Alcohol Misuse?** | | | | |  |
| **Name of GP and Surgery** | | | | | | |  | | | | | | | |
| **Other services engaging with** | (Please list) | | | | | | | | | | | | | |
| **Perpetrator's Details** | | | | | | | | | | | | | | |
| **First Name** |  | | | | **Surname** |  | | | | | | | | |
| **DOB** |  | | | | **Gender** |  | | | | **Relationship to Client** | | |  | |
| **Address** |  | | | | | | | | | | | | | |
|  | | | | | | | | | | **Postcode** |  | | |

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| **Children's Details** | | | | | | | | | | | | | | | | | | |
| **Does the client have children?** | | | | | **Yes / No** | **No. of Children** | |  | | **Is the client pregnant? If Yes EDD?** | | **Yes / No** | | | | **Do the children live with the client?** | | **Yes / No** |
| **Children's names** | | | | | | **DOB** | | **Does perpetrator have Parental Responsibility?** | | | | | **School/Nursery (if known)** | | | | | |
| **1** |  | | | | |  | |  | | | | |  | | | | | |
| **2** |  | | | | |  | |  | | | | |  | | | | | |
| **3** |  | | | | |  | |  | | | | |  | | | | | |
| **4** |  | | | | |  | |  | | | | |  | | | | | |
| **Risk Level (**please send completed DASH Risk assessment or evidence your professional judgement of the risk level) | | | | | | | | | | | | | | | | | | |
| **High Risk** | |  | | | | | **Medium Risk** | |  | | | | | **Standard Risk** | | |  | |
| DASH SCORE: **OR**  *(See attached form below)* | | | | | | | | | Has client been referred to MARAC? | | | | | | | | Y / N | |
| Evidence of your professional judgement of risk level: | | | | | | | | | | | | | | | | | | |
| **Reason For Referral** | | | | | | | | | | | | | | | | | | |
| **Type of abuse** | | | | **Physical Sexual Emotional** | | | | | | | **Other?** | | | |  | | | |
| **Frequency of abuse:** | | | Constant / Often / Occasional | | | | | | | | **History of Abuse:** | | | | Throughout relationship / Recent Only | | | |
| **Please provide details of your concerns for this person in relation to domestic abuse.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **What support needs have you and/or the client identified that can assist with that is not already in place?** | | | | | | | | | | | | | | | | | | | |
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**Domestic Abuse Stalking & Harassment (DASH) Risk Assessment**

Risk Indicator Checklist for use by professionals to assess risk when domestic abuse, ‘honour’ based violence and/or stalking are disclosed

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| --- | --- | --- | --- | --- | --- |
| **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. 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 not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **For YES answers please give details and 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.   * *When did the incident occur?* * *What injuries have been sustained?* * *How does this compare to previous injuries?* * *Do they need medical attention?* * *Has the incident been reported to the police?* | ☐ | ☐ | ☐ |  | |
| 1. **Are you very frightened?**   Comment:   * *What/Who are you frightened of?* * *Who are you fearful for?* * *What do you thing the perp might do?* | ☐ | ☐ | ☐ |  | |
| 1. **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: | ☐ | ☐ | ☐ |  | |
| 1. **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:   * *Dependence on perp through lack of financial resources;*   *social or geographical separation from friends*   * *No support networks* * *Kept away from support networks* * *Concerned about upholding family honour?* | ☐ | ☐ | ☐ |  | |
| 1. **Are you feeling depressed or having suicidal thoughts?**  * *Has there been a previous suicide attempt?* * *Is there sleep disruption?* * *How definite are your plans?* * *Have you spoken to your GP about it?* * *Is there a history of drug or alcohol abuse?* * *Is there a history of previous psychiatric treatment?* | ☐ | ☐ | ☐ |  | |
| **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. 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 not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (e.g. police officer) | |
| 1. **Have you separated or tried to separate from [name of abuser(s)] within the past year?**  * *When did you separate?* * *Are you currently leaving or planning on leaving?* * *Does the perp threaten what they may do if you leave?* * *Are you prevented from leaving due to threats?* * *Does your dependence on perp for physical care prevent you from leaving?* | ☐ | ☐ | ☐ |  | |
| 1. **Is there conflict over child contact?**  * *How many children do you have? DOB, names* * *Is the perp biological father to all of your children?* * *Does the perp have parental responsibility?* * *Does the perp know where the children go to school?* * *Has the perp threatened to kidnap them/go to Social Care or Courts and claim that you are a bad parent?* * *Are there any threats of children being sent overseas?* | ☐ | ☐ | ☐ |  | |
| 1. **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.*   * *Does the perp vandalise/destroy your property?* * *… turn up unannounced/follow you?* * *… text/email/call continuously?* * *…threaten suicide/homicide/sexual violence?* * *…send letters/notes/gifts?* * *…making contact around anniversaries?* | ☐ | ☐ | ☐ |  | |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?**  * *What is the EDD?* * *Does the perp know about the pregnancy? Is the baby their child?* * *Does the perp target any attacks or abuse towards your stomach?* | ☐ | ☐ | ☐ |  | |
| 1. **Is the abuse happening more often?**  * *Was this the most severe incident?* * *How many have there been in the last 12 months?* * *Are they increasing?* | ☐ | ☐ | ☐ |  | |
| 1. **Is the abuse getting worse?**  * *Was this the most severe?* * *Are the incidents getting worse?* | ☐ | ☐ | ☐ |  | |
| **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. 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 not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (e.g. police officer) | |
| 1. **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.*   * *Are you made to account for your time and whereabouts?* * *Are you isolated from friends/family?* * *Does the perp accuse you from infidelity?* * *Are you prevented from taking medication?* * *Are there threats that the children will be taken away if you*   *report this?*   * *Is there extreme jealousy?* * *Does the perp use your religion/sexual orientation as a way*   *of control?* |  |  |  |  | |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?**  * *Consider ashtrays, children’s toys, phones, remote control, glass, plate, lighter, etc* | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**   If yes, tick who:  You ☐  Children ☐  Other (please specify) ☐   * *What threats does the perp make?* * *Who else have the perp told about their plans to kill you/other?* | ☐ | ☐ | ☐ |  |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?**  * *What led to being strangled/choked/suffocated/drowned?* * *How did this happen? Was anything used to assist, e.g. shoe laces?* * *How often does the perp do this?* * *Did you lose consciousness/stop breathing?* | ☐ | ☐ | ☐ |  |
| **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. 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 not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (e.g. police officer) |
| 1. **Does [name of abuser(s)] 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.   * *Intimidation/pressure to have sex including using weapons* * *Use of sexual insults* * *Unwanted sexual touching, including the use of objects* * *Inflicting pain during sex* * *Exposing children or you to pornographic material* * *Exploiting you through us of pictures/videos taken* * *Forcing you to have sex with other people* | ☐ | ☐ | ☐ |  |
| 1. **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.   * *Consider known associates* * *Family-Honour Based Violence* * *Gang members* | ☐ | ☐ | ☐ |  |
| 1. **Do you know if [name of abuser(s)] has hurt anyone else?**   Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  Children ☐  Another family member ☐  Someone from a previous relationship ☐  Other (please specify) ☐   * *Are the victims children? Their details needed* * *How and when were they harmed?* * *Current whereabouts of the other victims?* | ☐ | ☐ | ☐ |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** | ☐ | ☐ | ☐ |  |
| 1. **Are there any financial issues?**   *For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?*   * *Can you claim benefits? Do you jointly claim benefits?* * *Do you jointly claim benefits?* * *Does the perp restrict/withhold or deny money?* * *Forced to take out any loans that you are now responsible for?* | ☐ | ☐ | ☐ |  |
| **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. 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 not the case, please indicate in the right hand column** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (e.g. police officer) |
| 1. **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.  Drugs ☐  Alcohol ☐  Mental health ☐   * *How often does the perp use alcohol/drugs?* * *Do they have an addiction?* * *Are the drugs illegal or on prescription?* * *Are there any diagnosed mental health concerns?* * *Are they receiving support?* * *Is this a trigger in the change of behaviour* |  |  |  |  |
| 1. **Has [name of abuser(s)] ever threatened or attempted suicide?**  * *When was this?* * *Was it at point of separation/threats of leaving?* * *Was it a threat or attempt?* |  |  |  |  |
| 1. **Has [name of abuser(s)] 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 ☐  Non Molestation/Occupation Order ☐  Child contact arrangements ☐  Forced Marriage Protection Order ☐  Other ☐   * *How many times have they broken a condition?* * *Have there been reported?*   *Was it in relation to the survivor?* |  |  |  |  |
| 1. **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:  Domestic abuse ☐  Sexual violence ☐  Other violence ☐  Other ☐   * *When was this?* * *Was there a custodial sentence?* * *How many convictions have there been?* | ☐ | ☐ | ☐ |  |
| **Total ‘yes’ responses** |  | | | |

**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?** |  |

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| --- | --- | --- | --- | --- |
| **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** |  | | | |

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| **Practitioner’s notes** |
|  |