**Portsmouth IDVA Project (PIP)**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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?** |
|  |

**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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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?** |  |

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