- MARAC referrals need be uploaded to the relevant SharePoint site.
- Boxes marked with \* must be completed. If the requisite information is not given, the referral will be withdrawn and the referring agency requested to re-load a completed form.
- Referrals will only be accepted in Microsoft Word format.
- Referral documents must be named as the name of the victim and date of referral as shown below:
- SURNAME [surname in upper case] Forename [First letter upper case, remainder in lower case] Date of referral in a number format e.g. BISHOP Amanda 01022013
- If the question is not applicable or the victim is unable to respond, please indicate this on the form.

Date of referral*						
Referring agency*						
Contact name(s)*						
Telephone / Email*						
Date of most recent DV incident*						
THE VICTIM:						
Victim name*			Victim DOB*			
Other names						
Address*		Diversity Data (if known)		nown)		
			B&ME □ Disabled □			
		LGBT		T □ Gender M / F		
If the above address is						
temporary, please give details of the victim's las	.+					
permanent address	ol.					
Telephone number*			Is this number	Yes/No (delete as		
			safe to call?*	appropriate)		
Please insert any releval contact information e.g.	nt					
times to call						
GP Details (if known)						
The Perpetrator:						

Perpetrator(s) name*	Date of Birth*	
Perpetrator(s) address*	Relationship to victim*	

The Children:									
Children*	DOB*	Sex*	Relationship to victim*			School			

Was the child/ren at the premises when the incident occurred?*	Yes/No (delete as appropriate)	`	
Do you consider that there are grounds for referring the child/ren to safeguarding? *	Yes/No (delete as appropriate)	If so, have you made such a referral? *	Yes/No (delete as appropriate)

### Reason for Referral / Additional Information – This section must be completed in full\*

Visible high risk (14 ticks or more on CAADA - DASH RIC)	Yes/No (delete as appropriate) Comments:
MARAC repeat (further incident identified within twelve months from the date of the last referral).  If this is a repeat referral, please provide the date it was last at MARAC	Yes/No (delete as appropriate) Comments:

Potential escalation – please explain	Yes/No (de Comments		appropriate)	
Professional judgement  If the reason for the referral is Professional	Yes/No (de		appropriate)	
Judgement please explain fully why you feel the victim is at risk of murder or serious harm	Comments	<b>).</b>		
Is the victim aware of MARAC referral?	Yes/No (de appropriate		If no, why not?*	
Has consent to the MARAC referral been given?	Yes/No (de	elete as a	appropriate)	
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)				
Vulnerability of the victim e.g. physical or learning disability, old age, mental or significant mental illness.				
Have there been any threats of arson? If so, please give details.				
Is there any other relevant information from victim or professional that may increase risk levels?				
Has the victim been referred to any other MARAC previously?	Yes/No	If yes w when?	here /	

### **Definition of a 'Repeat' at MARAC**

CAADA defines a case at MARAC as one between the same victim and perpetrator(s), where the victim has been identified as meeting the MARAC threshold for that area.

A repeat MARAC case is one which has been previously referred to the same MARAC and at some point in the twelve months from the date of the last referral a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).

A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

Greater Manchester Police MARAC Coordinators Team 0161 856 3569 / MARAC@gmp.police.uk

- Violence or threats of violence to the victim (including threats against property), or
- A pattern of stalking or harassment, or
- Rape or sexual abuse

Where a repeat victim is identified by any MARAC agency, that agency should refer the case back to the MARAC, regardless of whether the behaviour experienced by the victim meets the local referral threshold of visible high risk, escalation or professional judgement.

To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to 'flag and tag' their files following the latest referral so that they are aware if a service user/client experiences a repeat incident.

The definition does not include cases which are being referred for a second time for any other reason than where there has been a repeat incident. There are specific instances where a second referral might be made but no repeat incident has occurred, such as, for example, where a perpetrator is about to be released from jail, where potential risks are identified but no specific threats have been made and the case is discussed in order to make sure that every agency is aware and able to put in place any appropriate safety measures.

Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident.

#### **CAADA-DASH Risk Identification Checklist (RIC)**

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

#### MPORTANT INFORMATION

#### 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 MARAC¹ 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 Answers<sup>2</sup>. These can be downloaded from www.caada.org.uk/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.
- '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 stepchildren 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.

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.

<sup>&</sup>lt;sup>1</sup> For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.

<sup>&</sup>lt;sup>2</sup> For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

Put a cross [x] in the box if the factor is present.

Please add comments where indicated. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please add this to your comment.

The boxes will expand as you type text into them.

There is space at the end of the form for additional information where appropriate.

		YES	No	REFUSED
CU	RRENT SITUATION			
1.	Has the current incident resulted in injury? (Please state what and whether this is the first injury) Comment:			
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 the abuser might do and to whom, including children).  KILL (specify self, children or other)  FURTHER INJURY AND VIOLENCE (specify self, children or other)  Comment:			
4.	Do you feel isolated from family/friends i.e. does the abuser try to stop you from seeing friends/family/doctor or others?  Comment:			
5.	Are you feeling depressed or having suicidal thoughts?  Comment:			
6.	Have you separated or tried to separate from the abuser within the past year?  Comment:			

		YES	No	REFUSED
7.	Is there conflict over child contact?			
	(Please state the nature of the conflict)			
	Comment:			
8.	Does the abuser 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. This question is relevant even if the parties are living together)  Comment:			
	Confinent.			
CH	ILDREN/DEPENDANTS			
9.	Are you pregnant or have you recently had a baby (within the last 18			
	months)?			
DO	MESTIC VIOLENCE HISTORY			
10.	Is the abuse happening more often?			
	Comment:			
11.	Is the abuse getting worse?			
	Comment:			
12.	Does the abuser try to control everything you do and/or is he/she			
	excessively jealous?			
	Comment:			
13.	Has the abuser ever used weapons or objects to hurt you?			
	Comment:			
14.	Has the abuser ever threatened to kill you or someone else and you believed them?			
	Comment:			
15.	Has the abuser ever attempted to strangle/choke/suffocate/drown you?			
	Comment:			

		YES	No	REFUSED
16.	Does the abuser do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?  (Please specify who and what)  Comment:			
17.	Is there any other person who has threatened you or of whom you are afraid?  (Consider extended family if honour based violence and please specify who)  Comment:			
18.	Do you know if the abuser has hurt anybody else?  (Children, siblings, elderly relative, stranger, other partners – consider honour based violence and please specify who)  Comment:			
19.	Has the abuser ever mistreated an animal or the family pet?  Comment:			
AB	USER			
20.	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?  (Please specify what)  Comment:			
21.	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?  Drugs Alcohol Mental Health			
	Comment:			
22.	Has the abuser ever threatened or attempted suicide?  Comment:			

		34		_
22		YES	No	REFUSED
23.	Has the abuser ever breached bail/an injunction and/or any agreement for when they can see you and/or the children?			
	(Please specify what)			
	Bail Conditions			
	Non molestation/civil order			
	Child contact arrangements			
	Forced Marriage Protection Order			
	Other			
	Comment:			
24.	Do you know if the abuser has ever been in trouble with the police or has a criminal history?			
	(If yes, please specify)			
	Comment:			
PI F	ASE CALCULATE THE NUMBER OF "YES" RESPONSES and enter in the			
	to the right			
For	consideration by professional:			
Is th	ere any other relevant information (from a victim or professional), which may inc	rease	risk lev	vels?
	sider victim's situation in relation to vulnerability, disability, substance misuse, me			-
servi	ıral/language barriers, 'honour'-based systems and minimisation. Are they willing	to eng	age w	ith your
	cribe:			
Cons	sider abuser's occupation/interests – could this give them unique access to weapo	ns? E.	g. ex-	military,
	re, pest control etc.			
Desc	cribe:			
	ere anything else you would like to add to this? E.g. if the victim has refused to a ment:	ınswer	any q	uestions.

Date:

Your name: