**Trafford Domestic Abuse Services Telephone: 0161 872 7368.   
Return completed form by email to admin@tdas.org.uk**



**Adult Services Referral Form**

**Community Services:**

Domestic Abuse Surgery

Offering 1-2-1 practical advice and emotional support around domestic abuse. The client can access up to 6 sessions with a DA advisor face to face or over the phone. The DA Surgery is an appointment only service for medium to low-risk clients.

Community outreach

Offering 1-2-1 longer term support to clients who have additional support and/or complex needs. Provides information, advice and support to people who have experienced or are experiencing domestic abuse on a longer-term basis, through individual support and safety planning.  
  
Male DA Advisor

Male clients can receive practical advice and emotional support around domestic abuse. The client can access up to 6 sessions face to face or over the phone.

**Group Programs:**

True Colours Program:

This is a 6-week information and support program built around the realities and effects of domestic abuse for victims to gain a deeper understanding of the dynamics of domestic abuse, to identify unhealthy relationships and to learn strategies to protect themselves in the future.

Back to me program:

This is a 3-hour personal development course focusing on how to take care of yourself and move forward after experiencing domestic abuse. This program focuses on communication skills, confidence building and assertiveness.

**Homelessness Service:**

Our homelessness Move On DA Adviser offers support to clients who are at risk of homelessness as a result of domestic abuse or those who are already homeless, living in temporary accommodation, B&B’s or similar because of experiencing domestic abuse.

**IDVA Support:**

Our specialist team of Independent Domestic Violence Advocates (IDVAs) work with adults in the Trafford area aged 16 and over, who are identified as being at high risk of domestic abuse. If you have any safeguarding concerns, a DASH must be completed with the client and a referral into MARAC if the client scores high risk or is high risk from professional judgement. The client will then receive immediate support from our IDVA service.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Contact Details** *(If self-referral please leave blank)* | | | | | | | | | | | | |
| Referred by:  **(Your full name, telephone number, email address)** | | |  | | | | | | | | | |
| **Client’s Personal Contact Details** | | | | | | | | | | | | |
| Date of Referral: | | |  | | | | | | | | | |
| Client name: | | |  | | | | DOB: | |  | | | |
| Gender: | | |  | | | | Ethnicity: | |  | | | |
| **Has the client consented to referral?** | | |  | | | | | | | | | |
| Current address:  Postcode: | | |  | | | | Contact number: | |  | | | |
| Safe to call and leave a voicemail? | |  | | | |
| Safe to attend a 1-2-1 drop-in? | |  | | | |
| Does client live with perpetrator? | | |  | | | | Does client have any children? If so, how many | |  | | | |
| Is it safe to contact client at their address? | | |  | | | | Is the client pregnant? | |  | | | |
| Any communication/access to information needs?(*e.g. learning difficulties, large print, braille, audio, interpreter required etc*) | | | | | | |  | | | | | |
| Any disabilities? (*Physical, hearing, vision, mental health*) | | | | | | |  | | | | | |
| **Please tick which service you are referring to:** *(You can refer to more than one service)* | | | | | | | | | | | | |
| Male Domestic Abuse Advisor 🞏 | Domestic Abuse Surgery / Community outreach 🞏 | | | | True Colours program 🞏 | | Back to me program 🞏 | | | | Homelessness Service 🞏 | |
| **= Perpetrator’s Details (If known)** | | | | | | | | | | | | |
| Name: | |  | | | | | Address: | |  | | | |
| Relationship to victim: (married, sibling, parent etc) | |  | | | | | Relationship status: | |  | | | |
| **Safety & Wellbeing** | | | | | | | | | | | | |
| **Types of abuse experienced:** | | **Please give brief summary:** | | | | | | | | | | |
| Physical | |  | | | | | | | | | | |
| Emotional | |  | | | | | | | | | | |
| Psychological | |  | | | | | | | | | | |
| Financial | |  | | | | | | | | | | |
| Sexual | |  | | | | | | | | | | |
| **Safety issues: Please write X in the relevant boxes** | | | | | | | | | | | | |
| Issues regarding homelessness | |  | | BAME needs e.g. language/ dishonour based abuse/FGM | |  | Learning disability |  | | Substance misuse - alcohol | |  | |
| Living with the perpetrator | |  | | Children: contact /CSS involvement | |  | Physical ill-health |  | | Substance misuse - drugs | |  | |
| Risk from perpetrator/ other people | |  | | Pregnant | |  | Mental health needs |  | | Self-harm / attempted suicide | |  | |
| LGBT needs | |  | | Child offence/ conviction | |  | History of violence / arson |  | | Gang involvement | |  | |
| Housing/ Resettlement needs? | |  | | | | | | | | | | |
| Anything else? | |  | | | | | | | | | | |
| **Reason for Referral**  Relevant and up to date information about current support needs. Last incident/how long domestic abuse has been going on/police involvement and any outcomes/legal issues. Also include details if recorded yes to the above safety issues e.g. a physical disability that requires wheelchair use, mental health needs that are supported by CMHT etc | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Please note the form below must be completed in full for the referral to be accepted.**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Potential escalation – please explain | Yes/No (*delete as appropriate*)  Comments: | | |
| Professional judgement  If the reason for the referral is Professional Judgement please explain fully why you feel the victim is at risk of murder or serious harm | Yes/No (*delete as appropriate*)  Comments: | | |
| 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 where / when? |  |

|  | | **Yes** | **No** | **Refused** |
| --- | --- | --- | --- | --- |
| **CURRENT 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: |  |  |  |
| *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: |  |  |  |
| CHILDREN/DEPENDANTS | | | | |
| *9.* | **Are you pregnant or have you recently had a baby (within the last 18 months)?** |  |  |  |
| DOMESTIC 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: |  |  |  |
| *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: |  |  |  |
| ABUSER | | | | |
| *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: |  |  |  |
| *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: |  |  |  |
| PLEASE CALCULATE THE NUMBER OF “YES” RESPONSES and enter in the box to the right | |  | | |

|  |  |
| --- | --- |
| **For consideration by professional**: | |
| Is there any other relevant information (from a victim or professional), which may increase risk levels? Consider victim’s situation in relation to vulnerability, disability, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems and minimisation. Are they willing to engage with your service?  Describe:  Consider abuser’s occupation/interests – could this give them unique access to weapons? E.g. ex-military, police, pest control etc.  Describe: | |
| Is there anything else you would like to add to this? E.g. if the victim has refused to answer any questions.  Comment: | |
| **Your name:** | **Date:** |