**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**

Up to 6 sessions face to face or over the phone. Providing 1-2-1 practical advice and emotional support for individuals experiencing domestic abuse. The DA Surgery is an appointment only service for medium to low-risk clients.

**Community Outreach**

Longer term 1-2-1 support for clients who have multiple and/or complex support needs. Provides information, advice and support to people experiencing domestic abuse through individual support and safety planning.

**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.

**Safer Ageing Domestic Abuse Advisor**

Specialist 1-2-1 practical and emotional support for clients aged 55+ experiencing domestic abuse

**IDVA Service**

Our specialist team of Independent Domestic Violence Advocates (IDVA’s) work with adults in the Trafford area aged 16 and over who are identified as being at high risk of harm from domestic abuse. **A** **DASH must be completed with the client and a referral made into MARAC if the client scores as high risk or is high risk on professional judgement**. Our IDVA service will then contact the client to offer support within 24 hrs following receipt of the referral.

**Group Programmes**

**True Colours**

An 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. Sessions are 2hrs a week for 6 weeks.

**Back to Me:**

A personal development course focusing on self-care and moving forward after experiencing domestic abuse. There are four different sessions, each 3 hrs long, covering communication skills, confidence building and assertiveness. Clients can choose to attend individual sessions or all

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

**Incomplete referrals will be returned**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referrer’s Contact Details** *(If self-referral please leave blank)* | | | | | | | | | |
| Referred by: **(full name, telephone number,** **email address)** | |  | | | | | | | |
| Date of Referral: | |  | | | | | | | |
| Client consented to referral? | | Y/N | | | | | | | |
| **Client’s Personal Contact Details** | | | | | | | | | |
| Client name: | |  | | | DOB: | | |  | |
| Contact number: | |  | | Email: | | |  | | |
| Current address:  (if temporary please add last permanent address) | |  | | | | | | | |
| Gender: | |  | Sexual Orientation: | |  | Ethnicity: | | |  |
|  | |  | | | Living with perpetrator? | | | Y / N | |
| Safe to call? | | | Y / N | |
| Safe to leave voicemail? | | | Y / N | |
| Safe to attend a 1-2-1 drop-in? | | | Y / N | |
|  | | | | | Safe to contact at their address? | | | Y / N | |
| Any communication/access to information needs? (*e.g. large print, braille, audio, interpreter required etc*)  Any accessibility requirements? *(e.g transport)* | | | | |  | | | | |
| Any disabilities? (e.g *Physical, hearing, vision, mental health,*) | | | | |  | | | | |
| **Please tick which service you are referring to:**  *(Please see overview of services above. You may refer to more than one service)* | | | | | | | | | |
| SADAA (Safer Ageing DA Advisor) o | Domestic Abuse Surgery / Community Outreach o | | Homelessness Service o | | True Colours/  Male True Colours o | | | | Back to Me o |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **= Perpetrator’s Details (If known)** | | | | | | | | |
| Name: |  | | DoB: | | |  | | |
| Address: |  | | | | | | | |
| Relationship to victim: (spouse, current partner, sibling, parent etc) |  | | | | | | | |
| **Children’s Details** | | | | | | | | |
| Name/names: |  | | | DOB: | | |  | |
| **Types of abuse experienced - Please give brief summary below** | | | | | | | | |
| Physical |  | | | | | | | |
| Psychological/ Emotional |  | | | | | | | |
| Financial |  | | | | | | | |
| Sexual |  | | | | | | | |
| **Safety issues - Please write X in the relevant boxes** | | | | | | | | |
| Housing / Resettlement needs |  | Child contact issues / Children’s Services involvement | |  | Learning disability | | |  |
| Substance misuse – alcohol / drugs |  | Gang involvement | |  | Physical ill-health | | |  |
| Risk from perpetrator / other people |  | History of violence / arson | |  | Mental health needs (e.g anxiety/depression, suicidal ideation/attempts/self harm) | | |  |
| Child offence / conviction |  | History of violence / arson | |  |  | | |  |
| If answered yes to above please give details. Include any other concerns |  | | | | | | | |
| **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. | | | | | | | | |
|  | | | | | | | | |

PLEASE COMPLETE THE DASH BELOW FOR ALL REFERRALS

**Please note: all clients assessed as high risk by the DASH must be referred to MARAC by uploading to SharePoint or, if your organisation does not have access, by emailing your completed referral to** [**trafford.publicprotection@gmp.police.uk**](mailto:trafford.publicprotection@gmp.police.uk)

**For criteria for MARAC referrals please see safe lives guidance: https://safelives.org.uk/node/1264**

**Please contact our office 0161 872 7368 for guidance or advice**

|  | | **Yes** | **No** | **Refused/**  **Don’t Know** |
| --- | --- | --- | --- | --- |
| **CURRENT SITUATION** | | | | |
| *1.* | **Has the current incident resulted in injury?**  (Please provide a summary of the incident, the injury sustained and whether this is the first injury. If no injury please describe most recent incident)  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 ð Alcohol ð Mental Health ð  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 **ð**  Non molestation/civil order ð  Child contact arrangements ð  Forced Marriage Protection Order ð  Other **ð**  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:** |