# Referrer:

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone** |  |
| **Email** |  |
| **Agency** |  |
| **Police Crime Reference** |  |

# Abused Person – Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Address** |  |
| **Postcode** |  | **Date of Birth** |  |
| **Telephone**  |  | **Safe to Call Landline** | Choose an item. |
| **Mobile**  |  | **Safe to Call Mobile** | Choose an item. |
| **Safe Time to Call** | **AM/PM** |  |
| **Relationship to Abuser** | Choose an item. | **Living with** | Choose an item. |
| **Number of Children Living with Abused Person**  | Choose an item. |
| **GP Surgery** |  |
| **Gender Assigned at Birth** | Choose an item. | **Gender Identity** | Choose an item. |
| **Country of Birth** |  | **Interpreter needed** | Choose an item. |
| **Does the person have the right to remain in the UK** | Choose an item. | **Immigration Status** | Choose an item. |
| **Ethnicity** |  | **Gypsy or Traveler** | Choose an item. |
| **Sexuality** |  |
| **Communication Difficulty** | Choose an item. | **Learning Disability** | Choose an item. |
| **Physical Disability** | Choose an item. | **Suffering with poor mental health** | Choose an item. |
| **Further Disability or Mental Health Information:** |
|  |
| **Is the person being referred pregnant?** | Choose an item. | **Due Date** |  |

# Reason For Referral:

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Judgement**  | Choose an item. | **Risk Level** | Choose an item. |
| **Potential Escalation in Frequency and/or Severity of Abuse** | Choose an item. |
| **Brief Explanation of Referral Being Made Below:**  |
|  |
| **Type of Abuse Experienced by Abused Person (Tick all that apply):**[ ] **Abduction** [ ] **ABH** [ ] **Arson** [ ] **Assault** [ ] **Battery** [ ] **Blackmail** [ ] **Breach of Bail** [ ] **Breach of Court Order** [ ] **Coercive Control** [ ] **Criminal Damage**[ ] **Emotional Abuse** [ ] **False Imprisonment** [ ] **Financial Abuse** [ ] **Forced Marriage** [ ] **Forced to Flee** [ ] **GBH** [ ] **Harassment** [ ] **Hate Crime**[ ] **Inflicting Injury with a Weapon** [ ] **Intimidation** [ ] **Isolation from Friends and/or Family** [ ] **Malicious Communication** [ ] **Psychological Harm**[ ] **Rape** [ ] **Sexual Assault** [ ] **Sexual Exploitation** [ ] **Sharing Intimate Images** [ ] **Stalking** [ ] **Strangulation** [ ] **Threats of Violence**[ ] **Threats Sharing Intimate Images** [ ] **Threats to Kill** [ ] **Trafficking for Exploitation**  |
| **DVDs Right to Ask**  | Choose an item. | **DVDs Right to Know**  | Choose an item. | **DVDs Third Party**  | Choose an item. |
| **Please detail any special data sharing details below:** |
|  |

# Desired Outcomes:

|  |
| --- |
| **Views / Perceptions / Desired Outcomes and Concerns of the Person Experiencing Abuse:** |
|  |
| **Priority Needs (Tick all that apply):** [ ] **Accommodation** [ ] **Adult Safeguarding** [ ] **Agency Awareness** [ ] **Behaviour Changing Programme** [ ] **Child Safeguarding**[ ] **Create Opportunities for Engagement** [ ] **Criminal Justice Outcome** [ ] **Mental Health** [ ] **Parenting Support** [ ] **Physical Health** [ ] **Priority Needs**[ ] **Replacement Phone** [ ] **Support to Flee** [ ] **Support to Identify Abuse** [ ] **Support to Remain in Relationship Safely** |

# Risk Details:

|  |
| --- |
| **Please provide details of the abusive relationship below: (Include recent and relevant historical incidents of abuse):** |
|  |
| **Professional Judgement in relation to Risk (Please include specific concerns around pattern of abuse and risk of escalation and all additional vulnerabilities):** |
|  |
| **DASH Completed** | Choose an item. | **DASH Score** |  |

|  |
| --- |
| **Protective Factors (Tick all that apply):**[ ] **DVPN/O** [ ] **Restraining Order** [ ] **Non-Molestation Order** [ ] **CCTV** [ ] **Cocoon** [ ] **Custodial Sentence** [ ] **Home Office Alarm** [ ] **Panic Room** [ ] **Protective Family and/or Friends** [ ] **Remand** [ ] **Sanctuary** [ ] **Security Lighting** [ ] **SIG Warning** [ ] **TecSOS**  |
| **Other Protective Factors:**  |
|  |

# Main Individual Engaging in Abusive Behaviour – Details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** |  | **Surname** |  | **Alias** |  |
| **Last Known Address** |  |
| **Postcode** |  | **Date of Birth** |  |
| **Telephone**  |  | **Safe to Call Landline** | Choose an item. |
| **Mobile**  |  | **Safe to Call Mobile** | Choose an item. |
| **GP Surgery** |  |
| **Gender Assigned at Birth** | Choose an item. | **Gender Identity** | Choose an item. |
| **Country of Birth** |  | **Interpreter needed** | Choose an item. |
| **Does the person have the right to remain in the UK** | Choose an item. | **Immigration Status** | Choose an item. |
| **Ethnicity** |  | **Gypsy or Traveler** | Choose an item. |
| **Sexuality** |  |
| **Communication Difficulty** | Choose an item. | **Learning Disability** | Choose an item. |
| **Physical Disability** | Choose an item. | **Suffering with poor mental health** | Choose an item. |
| **Further Disability or Mental Health Information:** |
|  |

# Children (If Applicable)– Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **School/Nursey Name** |  | **Date of Birth** |  |

# Children (If Applicable)– Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **School/Nursey Name** |  | **Date of Birth** |  |

# Children (If Applicable)– Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **School/Nursey Name** |  | **Date of Birth** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **School/Nursey Name** |  | **Date of Birth** |  |

# Children (If Applicable)– Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **School/Nursey Name** |  | **Date of Birth** |  |

# Children (If Applicable)– Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **School/Nursey Name** |  | **Date of Birth** |  |

# Additional Information:

|  |
| --- |
| **Any Other Relevant Information:** |
|  |
| **Case Summary:** |
|  |