# 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** | |  | |

# 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** | |  | |

# Additional Information:

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