**The Oasis Centre**

**Pontypridd**

Tel: 01443 494190

Secure Email: [PontypriddSafetyUnit@rctcbc.gov.uk](mailto:pontypriddsafetyunit@rctcbc.gov.uk).cjsm.net



**The Teulu Multi Agency Centre**

**Merthyr Tydfil**

Tel: 01685 388444

Secure Email: [Teulu.mac@smt.cjsm.net](mailto:Teulu.mac@smt.cjsm.net)

**For referrals from Health, please can you email to:** [CTHBmashreferrals@wales.nhs.uk](mailto:CTHBmashreferrals@wales.nhs.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Self Defined Ethnicity |  | Disability |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Telephone Number |  | Safe to call Yes/No |  |
| Email address |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referred By |  | | Referee  Contact No |  |
| **Agency** or  **Relationship** to victim | |  | | |
| Email address | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Referral |  | Date of Incident |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assailant Name |  | Date of Birth |  |
| Address |  | | |
| Relationship to Victim |  | Male/Female |  |
| Any known risk to professionals |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children | | | | |
| Name |  | Date of Birth |  | Male/Female |
| Name |  | Date of Birth |  | Male/Female |
| Name |  | Date of Birth |  | Male/Female |
| Name |  | Date of Birth |  | Male/Female |

|  |  |
| --- | --- |
| Agreed to referral |  |

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| --- |
| Summary of referral |
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| --- | --- | --- | --- | --- |
| Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.  Tick the box if the factor is present **☑**.Please use the comment box at the end of the form to expand on any answer.  It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column | Yes (tick) | No | Don’t Know | State source of info if not the victim e.g. police officer |
| 1. Has the current incident resulted in injury?  (Please state what and whether this is the first injury.) |  |  |  |  |
| 1. **Are you very frightened?**   Comment: |  |  |  |  |
| 1. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children.)   Comment: |  |  |  |  |
| 1. **Do you feel isolated from family/friends i.e. does (name of abuser(s) ………..) try to stop you from seeing friends/family/doctor or others?**   Comment: |  |  |  |  |
| 1. Are you feeling depressed or having suicidal thoughts? |  |  |  |  |
| 1. **Have you separated or tried to separate from (name of abuser(s)….) within the past year?** |  |  |  |  |
| 1. **Is there conflict over child contact?** |  |  |  |  |
| 1. **Does (……) constantly text, call, contact, follow, stalk or harass you? Greg calls to the house ad hoc. (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.)** |  |  |  |  |
| 1. **Are you pregnant or have you recently had a baby (within the last 18 months)?** |  |  |  |  |
| 1. **Is the abuse happening more often?** |  |  |  |  |
| 1. **Is the abuse getting worse?** |  |  |  |  |
| 1. **Does (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider ‘honour’-based violence and specify behaviour.)** |  |  |  |  |
| 1. **Has (……..) ever used weapons or objects to hurt you?** |  |  |  |  |
| 1. **Has (……..) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)**   **You 🞎 Children 🞎 Other (please specify)** |  |  |  |  |
| 1. **Has (………) ever attempted to strangle/choke/suffocate/drown you?** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer. | Yes (tick) | No | Don’t Know | State source  of info if not the victim |
| 1. **Does (……..) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)** |  |  |  |  |
| 1. **Is there any other person who has threatened you or who you are  afraid of? (If yes, please specify whom and why. Consider extended  family if HBV.)** |  |  |  |  |
| 1. Do you know if (………..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)   Children 🞎 Another family member 🞎  Someone from a previous relationship 🞎 Other (please specify) 🞎 |  |  |  |  |
| 1. **Has (……….) ever mistreated an animal or the family pet?** |  |  |  |  |
| 1. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues? |  |  |  |  |
| 1. **Has (……..) had problems in the past year with drugs  (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)**   **Drugs Alcohol Mental Health** |  |  |  |  |
| 1. **Has (……) ever threatened or attempted suicide?** |  |  |  |  |
| 1. Has (………) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)   Bail conditions 🞎 Non Molestation/Occupation Order 🞎  Child Contact arrangements 🞎  Forced Marriage Protection Order 🞎 Other 🞎 |  |  |  |  |
| 1. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)   DV 🞎 Sexual violence 🞎 Other violence 🞎 Other 🞎 |  |  |  |  |
| Total ‘yes’ responses |  | | |  |

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| --- | --- |
| **For consideration by professional:** Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim’s situation in relation to 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? Describe: | |
| What are the victim’s greatest priorities to address their safety? Yes/No | |
| **Do you believe that there are reasonable grounds for referring this case to MARAC?**  If yes, have you made a referral?  **Signed:**  **Date:** | |
| **Do you believe that there are risks facing the children in the family?**  If yes, please confirm if you have made a referral to safeguard the children: Yes/No  Date referral made ……………………………………………. | |
| **Signed:**  **Name:** | **Date:** |

Practitioner’s Notes

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