



Please Email completed form to:

sarah@MK-ACT.org

01908 295739/40

This form is to be completed by the referring agency. By emailing this form to us, you have confirmed you have consent to share information with Fresh Start.

Name of Referrer		Date:	
Agency			
Address			
Telephone Numbers			
Email Address			

Client Name	
Date of Birth	
Address	
Telephone Numbers	
Email Address	
Employment Status	
Ethnicity	

Name of partner/ex-partner. Please provide contact details for the partner or ex-partner (or both partner and ex partner if known)

Name	
Date of Birth	
Address	
Telephone Numbers	
Email Address	
Employment Status	
Ethnicity	

1. Has the client consented to the referral? Yes No

2. Does the client or partner have any additional requirements? E.g. interpreter, wheelchair access (please specify)

3. Current family details:

Status of relationship with partner: *(Please delete until only appropriate answer remains)*

Married Cohabiting Divorced Separated Other *(if other please specify)*

4. Please give details of children, biological, step or otherwise?

Name of Child	Gender	Date of Birth/Age	Relationship to client

Where are the children living? *(Please delete until only appropriate answer remains)*

With both of them With mother Fostered With other family In care

Other *(if other please specify)*

5. Are there any orders prohibiting the client having contact with his partner or children? *(If yes please provide details)*

6. Is the child/children of the current family subject to safeguarding measures (such as a Child Protection Plan, Child In Need, CAF or TAC)?

Yes No

If yes please give details

7. Is there any involvement with the family by other agencies? *(If yes please provide any contact details available)*

Yes No

8. Are there any outstanding or ongoing court proceedings, public or private? i.e. criminal, child contact etc

Yes No

9. Is the client or partner currently engaging with, or been referred for, any other counselling? (Please give details)

Yes No

10. Date and details of the most recent incident with partner/ex partner?

11. What has prompted this referral?

12. Has the victim ever been to Marac (Multi Agency Risk Assessment Conference)?
(If yes, please provide date if known)

13. Has the client previously been referred to or completed any other Domestic Violence Perpetrator Programme?

14. Please complete the attached risk assessment with the potential client, or the partner/ex partner, or based on information you already know, stating source of info i.e. victim, Social Care report etc

Please include any other concerns you think we made need to know.
(Please state reason if unable to do so)

Name of Victim:

Date Completed:

Risk Identification Checklist for use when domestic abuse, ‘honor’- based violence and/or stalking are disclosed

The purpose of asking these questions is for the safety and protection of the partner/ex partner concerned.

Tick the box if the factor is present. Please feel free to comment to expand on any answer.

Please indicate the source of information in the right hand column, particularly if it is not the victim.

	Yes	No	Don't Know	Source of Info
1. Did the most recent incident result in injury? (Please state what and whether this is the first injury.) <i>Comment:</i>				
2. Is/was the partner/ex partner very frightened of the client? <i>Comment:</i>				
3. Is the partner/ex partner afraid of further injury or violence? (Please give an indication of what you think the client may do and to whom, including children) <i>Comment:</i>				
4. Does/has the partner/ex partner feel/felt isolated from family/friends i.e. does client try to stop them from seeing friends/family/doctor or others? <i>Comment:</i>				
5. Is the partner/ex partner feeling depressed or having suicidal thoughts? <i>Comment:</i>				
6. Has the partner/ex partner separated or tried to separate from the client within the past year? <i>Comment:</i>				
7. Is there conflict over child contact? <i>Comment:</i>				
8. Does the client constantly text, call, contact, follow, stalk or harass the partner/ex partner? (Please expand to identify what and whether you believe that this is done deliberately to intimidate? Consider the context and				

behavior of what is being done.) <i>Comment:</i>				
9. Is the partner/ex partner pregnant or recently had a baby (within the last 18 months)? <i>Comment:</i>				
10. Is the abuse happening more often? <i>Comment:</i>				
11. Is the abuse getting worse? <i>Comment:</i>				
12. Does the client try to control everything the partner/ex partner does, or are they excessively jealous? (E.g. In terms of relationships, being policed at home, being told what to wear and who to see. Consider 'honor' based violence and specify behavior.) <i>Comment:</i>				
13. Has the client ever used weapons or objects to hurt the partner/ex partner? <i>Comment:</i>				
14. Has the client ever threatened to kill the partner/ex partner or someone else in ways which they believed them? Please specify i.e. Partner/ex partner, children, other family member etc. <i>Comment:</i>				
15. Has the client ever attempted to strangle/choke /suffocate/drown the partner/ex partner? <i>Comment:</i>				
16. Does the client do or say things of a sexual nature that make the partner/ex partner feel bad or that physically hurt them or someone else? (If someone else, specify who.) <i>Comment:</i>				
17. Is there any other person who has threatened the partner/ex partner or who they are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.) <i>Comment:</i>				

18. Do you know if client has hurt anyone else (please specify whom e.g. previous partner, children, family member etc) <i>Comment:</i>				
19. Has client ever mistreated the family pet or other animal? <i>Comment:</i>				
20. Are there any financial issues? For example, is the partner/ex partner dependent on client for money/has the client recently lost their job/other financial issues? <i>Comment:</i>				
21. Has the client had problems in the past year with any of the below leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.): Drugs (prescription or other)? <i>Comment:</i>				
Alcohol? <i>Comment:</i>				
Mental Health? <i>Comment:</i>				
22. Has the client ever threatened or attempted suicide? <i>Comment:</i>				
23. Has the client ever broken bail/an injunction and/or formal agreement for when they can see the partner/ex partner and/or the children? E.g. bail conditions, non-molestation orders, occupation order, child contact arrangements etc <i>Comment:</i>				
24. Has the client ever been in trouble with the police or has a criminal history? E.g. Domestic violence, sexual violence, other violence etc <i>Comment:</i>				
25. Is there any other relevant information that may increase risk levels? E.g. Disability Language barriers				

Willingness to engage with services Occupation/interests that may give access to weapons <i>Please comment:</i>				
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