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You First

Dorset

Phone: 0800 032 5204

Email: [youfirst@theyoutrust.org.uk](mailto:youfirst@theyoutrust.org.uk)

Referring Agency:-

Name of Referrer:-

Telephone Number:-

Email address:-

Self-referral - how did you hear about the service?

**You First Service Required:**

**REFUGE  OUTREACH  GROUP WORK**

**ISVA (INDEPENDENT SEXUAL VIOLENCE ADVOCATE)  CHILDRENS SUPPORT **

**IDVA (INDEPENDENT DOMESTIC VIOLENCE ADVOCATE)  TARGET HARDENING **

**ISAC (INDEPENDENT STALKING ADVOCACY CASEWORKER)  UP2U **

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Name:  (if child please complete the rest of the form with the parent/carer details) | | | | |
| I give consent for my details to be forwarded to You First:  Signature Verbal consent given Yes No | | | | |
| Address:  Post Code:  **May we send letters to this address?**  Phone:  Home : Mobile:  **Are all phones safe to call? Yes/No**  **Will anyone else answer? Yes/No**  **May we leave a text message? Yes/No**  **Is it safe to email? Yes/No**  Email: | | | | |
| DOB | Age | | Gender | |
| Ethnic Origin | | | | |
| Child 1 Name  Age  Gender  Living with Client Yes/No | | Child 2 Name  Age  Gender  Living with Client Yes/No | | Child 3 Name  Age  Gender  Living with Client Yes/No |
| Child 4 Name  Age  Gender  Living with Client Yes/No | | Child 5 Name  Age  Gender  Living with Client Yes/No | | Child 6 Name  Age  Gender  Living with Client Yes/No |

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| --- |
| **REFERRAL INFORMATION (must be completed for all referrals)**  Brief Description of client’s current situation, type of abuse, assault, historical or recent  **Have any incidents been reported to the police? Incident Number / Name of Officer** |
| Relationship to person causing harm:  Stranger Partner Ex-partner Son Daughter Family Member (please state relationship) |

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| --- |
| Additional vulnerabilities and/or risk factors for person referred: |
| Other agencies involved: |

|  |
| --- |
| **Referrer:**  Signature  Date |

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| **Data Protection Statement (please read to the client)**  By submitting this referral form to You First, you agree to our processing your personal information in order to assess your housing needs and manage and develop any services we provide for you or negotiate on your behalf.  If you are offered a place at one of our refuges or safe houses we may need to pass your information to the landlord – Southern Housing Group, although we only do this on the understanding they keep the information confidential.  We may also disclose your information if we have a duty to do so, or if the law allows us to.  As data controller, we will not keep your information longer than necessary and will strive to keep it up to date. You have the right, under the Data Protection Act 1998, to see and if necessary, correct personal data we hold about you. |

Whilst You First would prefer to receive a completed risk assessment, as this supports the person you are referring and enables us to make sure we offer the right service, we understand that this is not always possible. If you are able please complete the below risk assessment.

Dash risk checklist for use by IDVA's and other non-police agencies for identification of risks when domestic abuse, ‘honour’- based violence and/or stalking are disclosed

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | **NO** | **DON’T KNOW** | **State source of info if not the victim**  (eg 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?**   Ie, 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 [name of abuser(s)] 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. |  |  |  |  | |
| 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 [name of abuser(s)] try to control everything you do and/or are they excessively jealous?**   For example: in terms of relationships; who you see; being ‘policed’ at home; telling you what to wear. Consider ‘honour’-based violence (HBV) and specify behaviour. |  |  |  |  | |
| 1. **Has [name of abuser(s)] ever used weapons or objects to hurt you?** |  |  |  |  |
| 1. **Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?**   If yes, tick who:  You ☐  Children ☐  Other (please specify) ☐ |  |  |  |  |
| **Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?** |  |  |  |  |
| 1. **Does [name of abuser(s)] 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 [name of abuser(s)] has hurt anyone else?**   Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  Children☐  Another family member ☐  Someone from a previous relationship ☐  Other (please specify) ☐ |  |  |  |  |
| 1. **Has [name of abuser(s)] ever mistreated an animal or the family pet?** |  |  |  |  |
| 1. **Are there any financial issues?**   For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues? |  |  |  |  |
| 1. **Has [name of abuser(s)] 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 [name of abuser(s)] ever threatened or attempted suicide?** |  |  |  |  |
| 1. **Has [name of abuser(s)] 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 [name of abuser(s)] has ever been in trouble with the police or has a criminal history?**   If yes, please specify:  Domestic abuse ☐  Sexual violence ☐  Other violence ☐  Other ☐ |  |  |  |  |
| **Total ‘yes’ responses** |  | | | |