**LBTH DOMESTIC VIOLENCE REFERRAL FORM**

This form is only to be completed with the victim’s consent.

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| The DV1 is for use with residents of Tower Hamlets (unless referring from A&E).  Please ensure you complete the form in full as it provides essential information to  assist agencies to supportthe client, and reduces the need to repeat information to different staff. Please see guidance notes for further information.   |  | | --- | | **It is your responsibility as the originating referrer to send this form to the appropriate support service.** |   **Please click on link below for access to the Domestic Violence Directory for frontline service details:**  <http://towernet/document_library/community_safety_emergencies/community_safety/Service_Directory_Updated_Feb_2018.pdf>  **Please email the referral to Victim Support Tower Hamlets (VSTH) Independent Domestic Violence Advocate (IDVA):**  **Email:** [**vs.towerhamlets@victimsupport.cjsm.net**](mailto:vs.towerhamlets@victimsupport.cjsm.net) **or contact 020 7364 2448**   |  | | --- | |  | | In order for us to be able to support and signpost you, we will need to take down some personal information and complete a DV reporting form. Data protection requirements state we need to seek permission first before doing this and to also then be able to share your personal information to other agencies. Please note that should we be made aware of any information that highlights that yours or others safety and/or life is at risk, this information will be processed without consent. Please refer to the Privacy Notice on the Council’s website [www.towerhamlets.gov.uk/content\_pages/legal\_notices/legal\_notices.aspx](http://www.towerhamlets.gov.uk/content_pages/legal_notices/legal_notices.aspx) (also attached if face to face)  Do you understand that by engaging with this service, your data will be shared with internal, external and third party organisations where required?  **CLIENT ENGAGEMENT** | | If the client cannot sign the form in person to confirm this, you may sign on their behalf. Signing the form on behalf of the client confirms that their permission has been given.  I……………………………………………………………………………….……. (print client’s name) have checked the information on this form and agree that it is accurate. I agree to my details being passed to the agencies stated above, and that the agencies identified on this form may share information pertaining to my case for the purpose of providing me with services and protection. I give permission to this information being recorded in a confidential database located within the LBTH Domestic Violence Team. | | Client Signature…………………………………………………………… Date: ……………………………………………….  OR tick here if client permission given verbally and you are signing on the client’s behalf  Referrer Signature: …………….……..…………………………………. Date: ……………………………………………….. | |

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| **REFERRER’S DETAILS** | | | | | | | | | | | | | | | | | |
| **Date** | | | **Referral Agency** | | | | | | | | **Referrer Name** | | | | | | |
| **Phone number (in full)** | | | | | | | **Email** | | | | | | | | | | |
| **CLIENT’S DETAILS** | | | | | | | | | | | | | | | | | |
| **First Name** | | | | **Middle Name** | | | | | **Surname** | | | | | | | | **Date of Birth** |
| **Current Address**  **Postcode**  **Living with the perpetrator?** Yes No | | | | | | | | | **Safe contact number** | | | | | | | | |
| **Additional safe contact no.** | | | | | | | | |
| **Safe time(s) to contact** | | | | | | | **Ok to leave message?**  Yes No | |
| **Email address**  **Is it safe to write to the client? Address:** Yes No **Email:** Yes No | | | | | | | | | | | | | | | | | |
| **How does the client define/describe their:** | **Gender**  Female Male Trans  Intersex Prefer not to say | | | | | **Sexual orientation**  Bisexual(an attraction to both men and women) Gay man  Gay woman/lesbian Heterosexual/straight  Prefer not to say  Other (please specify) | | | | | | | | | | | |
| **Ethnicity** *E.g. Asian, Black, White, Mixed – please don’t use codes* | | | | | | **Sub-Ethnicity** *E.g. Bangladeshi, African, British, Polish, Other* | | | | | | | | | **Faith** | | |
| **Does the client consider themselves to have a disability** Yes No (If yes, please specify access needs) | | | | | | **Language support needed** Yes No  If yes, please specify language preference: | | | | | | | | | **Does client have recourse to public funds?** Yes No | | |
| **Housing tenure:** | | Sole tenant | | Joint tenant | | | | Partner is sole tenant | | | | | Owner Occupier | | | | |
| Other (please state) | | | | | | | | | Landlord: | | | | | | |
| **CHILDREN** | | | | | | | | | | | | | | | | | |
| **Children Living in the Home?**  Yes No | **How many children (aged 17 or under) live with the client?** | | | | **Currently pregnant?**  Yes No  *If yes, expected due date:* | | | | | **Children’s Social Care informed?** *If yes, please ensure MASH inter-agency form completed*  Yes No | | | | **Merlin Created**? *(Police use only)*  Yes No  *If yes state number:* | | | |
| **Name(s) of any children:** |  | | | | | | | | | | | **Dates of birth** | |  | | | |
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| **PERPETRATOR** | | | | | | | | | | | | | | | |
| **Perpetrator’s Name**  First:  Surname: | | | | **Perpetrator’s Address** | | | | | | | | | **Perpetrator’s Date of Birth** | | |
| **Relationship with perpetrator:** | Husband/Wife/Civil Partnership  Ex-husband/wife/Civil Partnership  Partner  Ex-Partner | | | | | Parent/Step Parent/Guardian  Son/daughter  Brother/sister | | | | Acquaintance  Friend  Other *Please specify:* | | | **Perpetrator’s Gender**  Female Male  Trans Intersex  Prefer not to say | | |
| **REFERRAL DETAILS** | | | | | | | | | | | | | | | |
| **Which VAWG Strand does this referral relate to?**  *Please tick all that apply* | | Domestic violence  Sexual Violence  Sexual Exploitation  Stalking & harassment | | | | | Female Genital Mutilation  So-called ‘Honour’ based violence  Forced Marriage  Dowry Abuse | | | | | | | Trafficking *- if yes, please make referral through National Referral Mechanism(NRM) or seek guidance to do so* | |
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| **MOST RECENT INCIDENT DETAILS** | | | | | | | | | | | | | | | | |
| **Incident Date** | | | **Where did it happen?**  Client’s home  Perpetrator’s home  Other (please specify) | | | | | | | | | | | | | |
| **Incident Details:** *Please* ***briefly*** *describe the* ***most recent incident*** | | | | | | | | | | | | | | | | |
| **Medical Attention Needed?**  Hospital GP Dentist Other (please specify | | | | | | | | | **Reported to the Police?** Yes No  **Crime Reference Number:** | | | | | | | |
| **RISK FACTORS** | | | | | | | | | | | | | | | | |
| **Please tick all risk factors that apply – Where there are 6 or more ticks, please complete a DASH Risk Assessment with the Victim** | | | | | | | | | | | | | | | | |
| Separation  Client is very frightened  Assaults have become more dangerous  Frequency of incidents has increased  Isolation  Sexual violence  ☐ Client is misusing drugs and/or alcohol | | | | | Controlling behavior  Threats to kill client or others  Child contact/residency proceedings  Pregnancy/birth in the last 12 months  Risk of harm to children  Attempts to choke or suffocate | | | | | | Perpetrator is misusing drugs or alcohol  Perpetrator has breached court orders  ‘Cultural’ issues (language, ‘honour’ etc.)  Emotional Abuse  Stalking  Harassment | | | | | |
| **HELP SOUGHT BY CLIENT** | | | | | | | | | | | | | | | | |
| **Please indicate what help the client is seeking at this point – please tick all that apply** | | | | | | | | | | | | | | | | |
| General advice, information and support  Police action  Health treatment/advice  Counselling  Financial/benefits  Sexual violence  Help for perpetrator | | | | | Housing transfer/move  Housing advice and information  Housing emergency housing/refuge  Housing repairs/security  Children – support/counselling  Children – child protection  Help for drugs/alcohol misuse | | | | | | Legal – divorce/separation  Legal – family (child arrangement orders)  Legal – injunction  Legal – immigration/asylum  Support via National Referral Mechanism  Other (please specify) | | | | | |
| **LEGAL PROTECTION CURRENTLY IN PLACE** | | | | | | | | | | | | | | | | |
| **Are there any court orders currently in place?** Yes No  If Yes, please give details: | | | | | | | | **Date Issued** | | | | **Date expires** | | | **Power of arrest attached?**  Yes No | |

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| **ADVICE GIVEN & ACTION TAKEN** |
| **Please briefly describe what advice and/or action you have given/taken in relation to this case:** |
| **Have you closed the case?** Yes No |
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| **REFERRALS TO OTHER AGENCIES** |
| **REMINDER: It is your responsibility as the originating referrer to send this form to the appropriate support service.**  **Which agencies are you referring the client on to? Please also list dates referred.**  ***(IDVA service – Victim Support Tower Hamlets (VSTH) –*** [***vs.towerhamlets@victimsupport.cjsm.net***](mailto:vs.towerhamlets@victimsupport.cjsm.net)***)*** |

**PLEASE SEND THIS FORM TO THE AGENCIES THE CLIENT WISHES TO BE REFERRED TO FOR SUPPORT** (e.g. Victim Support, TH Community Intervention Service, Faith Regen Foundation etc.)

**IDVA Service - Victim Support Tower Hamlets (VSTH):**

**Email:** [**vs.towerhamlets@victimsupport.cjsm.net**](mailto:vs.towerhamlets@victimsupport.cjsm.net) **or contact 020 7364 2448**

Please click on the link below for access to the Domestic Violence Service Directory:

<http://towernet/document_library/community_safety_emergencies/community_safety/Service_Directory_Updated_Feb_2018.pdf>

  [](http://bit.ly/websitevs)