



## Nottinghamshire Stalking Advocacy Service referral form

The remit of this service is to provide support for victims identified at risk from NON DOMESTIC VIOLENCE incidents of stalking, including workers own professional judgement.

The UK government's definition of domestic violence is:

'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional.'

If you believe the experience you are referring in for fits in with the above please contact commissioned domestic abuse services. If not please continue with this referral form.

Stalking behaviour is often defined as:

- Fixated
- Obsessive
- Unwanted
- Repeated

This referral form is used to refer cases to the Nottinghamshire Stalking Advocacy service.

The victim must consent to this referral and information sharing with commissioned partners Nottinghamshire Women's Aid, Juno Women's Aid Services, and Equation in accordance with GDPR procedures and guidelines.

This service is

- Free
- Voluntary
- Specialist
- Delivers support to people living in Nottingham and Nottinghamshire
- The victim must be 16 plus years old to be eligible to receive the support

We do accept referrals of people who are younger than 16 years old but only through children's social care routes.

If you want to speak to a professional before putting a referral in please contact the services listed at the end of the form.

**If you are concerned you will be harmed or the person you are referring is to be harmed imminently please contact the police on 999 or 101 for non-emergencies. Do not wait to take action if needed.**

Registered Charity Numbers: Nottinghamshire Women's aid 513843, Juno Women's Aid 1094012, Equation 1140240

### **Guidance Notes**

Please give as much information as possible when completing the referral form as it enables the Nottinghamshire Stalking Advocacy Service to make informed decisions regarding any referrals made to the service. The remit of this service is to provide support for victims identified at risk from **NON DOMESTIC VIOLENCE** incidents of Stalking, including workers own professional judgement. This referral form is to be used to refer cases to the Nottinghamshire Stalking Advocacy Service. The victim must consent to this referral and information sharing with Nottinghamshire Women's Aid, Juno Women's Aid Services, and Equation in accordance with GDPR procedures and guidelines.

Please see separate referral pathways for Domestic related support, advice and guidance.

#### **Details of referrer**

Wherever possible please involve your victim in completing this referral form to ensure that areas are covered as fully as possible. If a victim has not been involved in the completion of the referral form, can you please indicate this, noting any reason for this

#### **Details of victim requiring support**

Please pay particular attention to contact details for the victim in order to help minimise risks to their safety. There may be particular days or times that it is unsafe to call them. Please indicate this on a form.

The Victim must be 16 years old plus to be eligible to receive the support, for teens, please follow alternative referral pathways, found on the relevant service websites.

If it is unsafe to correspond at their home address, please indicate if correspondence may be sent via your agency or to an alternative address.

#### **Children's details**

Please indicate if children are subject to a Child Protection Plan or are defined as "in Need" and their social worker's details if known. Please give any additional information regarding children on the "Further Information" section of the form.

#### **Summary of background and risk issues**

This section should provide an overview of the background, risk and details of any recent High risk incidents. This is the starting point for Stalking Advocacy contact and will give the worker an idea of what the victim's current situation is and the safety measures that may be required. The Independent Stalking Advocate will clarify the background and risk issues with the victim once contact is made.

#### **Perpetrator (STALKER) details**

Please give as much information as possible as this section will help to inform our lone working risk assessment and how we contact victims.

#### **Issues which may impact on the Stalking and additional info sections**

Please use these sections to highlight key issues relating to the victim's individual experience of stalking and harassment.

Details of Referrer			
Name		Position	
Agency/Self-Referral (delete where applicable) Address		Contact number	
Date of referral:			
Has the victim/do you consent to this referral and information sharing with Nottingham City and Nottinghamshire Stalking Advisory Service?  The service does not accept referrals without consent			DATE:
Has the victim/you been involved in completing this referral form? Yes /No please add notes			DATE:
Details of victim requiring support			
Name		Current Address:	
D.O.B.		Postcode:	
Borough of support	Mansfield <input type="checkbox"/> Bassetlaw <input type="checkbox"/> Newark and Sherwood <input type="checkbox"/> Ashfield <input type="checkbox"/> Gedling <input type="checkbox"/> Broxtowe <input type="checkbox"/> Nottingham city <input type="checkbox"/> Rushcliffe <input type="checkbox"/>	Employment details if known: Job title:  Employment Address:	
Safe contact number		Safe to correspond? Preferred method of contact Email: Text/call: Post:	
Any unsafe times to call?		If "NO" Please give a safe correspondence address ( <i>This could be an agency address – Please be aware that the stalker may have access to the victim's email address, work address</i> )	
Safe to leave an answer message?			

<p>Equalities Monitoring Please tick When you tick other please add information.</p> <p>If you state yes please add more detail</p>	<p><b>Ethnicity</b></p> <p><b>A. White</b> British Irish Gypsy or Irish traveller Roma Other</p> <p><b>B. Mixed / Multiple ethnic Background</b> White and black Caribbean White/Black African White and Asian Other</p> <p><b>C. Asian or Asian British</b> Indian Pakistani Bangladeshi Chinese Other</p> <p><b>D. Black / African / Caribbean Black British</b>  African Caribbean Other</p> <p><b>E. other ethnic group</b> Arab Other  Prefer not to say</p> <p><b>Disability</b> YES / NO Physical Learning Hearing Vision Mental health Long term condition Speech impairment</p>	<p><b>Gender</b> Male Female Intersex Gender queer Non binary Other Prefer not to say</p> <p><b>Transgender</b> Yes No Prefer not to say</p> <p><b>Sexual orientation</b> Heterosexual Gay Lesbian Queer Asexual Bisexual Asexual Pansexual Other Prefer not to say</p> <p>Primary language (please state) Is an interpreter required? (Y/N) Please provide more detail: if needed Has specific requirements re hearing loop etc</p> <p><b>Religion</b> Bahai Buddhist Christian Hindu Jain Muslim Shinto Sikh Zoroastrian No religion Other Prefer not to say</p>
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**Children's Details**

Child's Name (include adult children)	Gender	DOB	Ethnic Origin	Address if different to their parent	Comments

Please provide details of any other agency providing support to the family		
Agency	Contact details (if known)	Brief details of support offered

**Reason for referral to Service**

**Summary of reason for referral, background and risk issues (please continue on separate sheet if necessary):**  
**Please include victim wishes, i.e. what they want from the service and what they feel they need.**

Other relevant information. Levels of fear, details of threats and violence, duration of harassment. Victim's beliefs concerning stalkers motives, weapons owned by stalker, nature of unwanted gifts left for victim, attitudes of stalker including mental health issues and whether the victim has responded in any way to the stalker:

**Any other issues which may impact on the stalking risk? (If yes please give details)**

ISSUE	Victim – please write in detail		Perpetrator – please write in detail	
	Yes	No	Yes	No
Mental Health Issues				
Alcohol Issues				
Substance misuse issues				
Pregnancy				
New birth				
Isolation				
Sexual abuse				
Escalating violence				
Recent incident				
Self-Harm/Suicide				
Other (please specify) e.g. disability, learning disability, cultural, language, gender, sexuality, religion etc.				

What is the victim's perception of their risk? If unable to gain victim's perception – please include your professional opinion of the risk:

**Secondary Victims/3<sup>rd</sup> parties of Stalking.**

Please use this section to indicate if there are any known secondary victims/3<sup>rd</sup> parties of the stalking, this could include family members, friends, work colleagues who are being targeted by the stalker.

General information is sufficient, however if naming/providing specific information/details, please obtain their consent to share the information.

**Perpetrator (STALKERS) details if known**

(Please fill in as much detail as you can. We are aware that the Stalker may not be known to the victim or your service)

Name (include alias)		D.O.B.	
Current Address			

<p>Does perpetrator currently have any bail/licence conditions? Subject to MAPPA (multi-Agency Public Protection Arrangement)? <i>(If "yes" give details)</i></p>	<p>Are you aware of any current restrictions/boundaries that have been put in place re disciplinary/blocking/barring etc? Any concerns? (if applicable)</p>
<p>Perpetrator information:</p>	<p>Physical appearance: Vehicle details: Phone Numbers: Known email address: Known social media profiles: Employment details: Access to weapons: Beliefs (cultural/religious): Any other information:</p>

**Signatures and Consent**

Signature of worker completing this referral: *(Can be typed)*  
Date:

Signature of victim  
**(I hereby give consent for my details and information regarding my case to be shared with agencies to assist them to support me and my family):** *(Can be typed)*  
Date:

If the referrer is not able to gain victim signature but has been given verbal consent to make this referral and share information, please sign below:  
Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that without a victim signature or a referrer signature confirming consent this referral cannot be accepted.**

**UPON COMPLETION PLEASE EMAIL YOUR REFERRALS TO THE FOLLOWING SERVICE:**

[nottinghamshrestalking@nottswa.org](mailto:nottinghamshrestalking@nottswa.org) (non-secure) please password protect and send the password in a separate email to this account.  
[nottinghamshrestalkingadvocacy@nottswa.cjism.net](mailto:nottinghamshrestalkingadvocacy@nottswa.cjism.net) (secure) for people who have access to secure email address.

Registered Charity Numbers: Nottinghamshire Women's aid 513843, Juno Women's Aid 1094012, Equation 1140240

Please note you cannot email a secure email address from a non-secure email address.

Please password protect your document if sending from an email address that is not secure.

What will happen next?

A stalking advocate will contact either the:

Referrer, if more information is needed or contact the victim usually within 3 working days to offer support.

*(i.e. not including bank holidays or weekend)*

**Contact Information:**

Nottinghamshire Women's Aid, The Farr Centre, 01909491330  
Covering North Nottinghamshire.

Juno Women's Aid, 0115 9476490  
Covering Nottingham City/South Nottinghamshire.

Equation (male service) Helpline 08009956999  
Covering Nottinghamshire North/South County and City.

Registered Charity Numbers:  
513843 Nottinghamshire Women's Aid  
1094012 Juno Women's Aid  
1140240 Equation