



# Preventing Abuse - Promoting Change

## REFERRAL FORM

Please return completed forms to:

G-map  
1 Roebuck Lane  
Sale  
Cheshire  
M33 7SY

Tel: 0161 976 4414

Email: [office@g-map.org](mailto:office@g-map.org)

**Do NOT return this form by email unless a secure mechanism is used.**

## Referral form Part A

***Do NOT return this form by email unless a secure mechanism is used.***

Please complete each part (Parts A, B and C) of the following referral pack as fully as possible and return to the address on the front page. Please attach any relevant victim statements or depositions together with any other appropriate reports (for example minutes of case conference or planning meeting, education reports, psychological/psychiatric reports, pre-sentence report or any previous assessment reports). ***Please note that G-map will assume that the content of any such reports/information may be referred to within G-map reports and shared with the child/young person referred and, where appropriate, members of their family, unless clear instruction to the contrary is given.***

The information provided in this referral pack is used to assist work with the child/young person referred. The information may also be included in G-map's continuing research into young people who sexually abuse. This research will not identify any individual and confidentiality in respect of those referred is very carefully maintained.

***If completing this form by hand, please use block capital lettering in black ink.***

**Service requested in respect of:**

Young person's name:

Date of birth:

Gender:

Type of service required: Consultation

Initial Assessment

Comprehensive Assessment

Therapeutic work

Other  (please specify)

**Service requested by:**

Name of referrer:

Job Title:

Email:

Funding for work approved by:

Job Title:

Address/email for invoicing:

Signature of referrer:

Date:

Referral form Part A

**DETAILS OF PROFESSIONAL INVOLVEMENT**

Referring agency:

Address:

Telephone No.

Other professionals currently involved

<b>Name</b>	<b>Agency</b>	<b>Role / focus of involvement</b>	<b>Tel No and email address</b>

Other professionals previously involved

<b>Name</b>	<b>Agency</b>	<b>Date/role/focus of involvement</b>	<b>Tel No</b>

Referral form Part A

**DETAILS OF CHILD/YOUNG PERSON BEING REFERRED**

1. Current address:

Tel No:

2. **Current Placement**

- Parent’s home                                      With relatives                                      Foster Care
- Independent living                                      Residential school                                      Children’s home
- Hostel                                      YOI                                      Secure unit
- Special unit                                      Hospital                                      Other

If other, please give detail:

If the child/young person is not living at home please complete the following:

Date current placement commenced:

Is this placement:

- Long term
- Short term
- Interim
- Emergency

Is there a date when this placement is expected to end?    Yes                                      No

If yes, please specify:

Please detail any previous placements away from home:

Date commenced	Date ended	Name of establishment	Type of establishment

## Referral form Part A

3. **Child/young person's Legal Status**

Please detail any legal orders or requirements pertaining to the child/young person or his/her immediate family that are currently in force.

Commencement Date	Expiry Date	Relevant details or requirements

Is the child/young person's legal status a direct result of his referred behaviour:

Yes      No

Details of any previous legal orders: *(include orders made under child care, criminal or mental health law)*

Date made	Date ended	Type of order	Reason for order

Please give the dates of any forthcoming court hearings, case conferences or other relevant significant events:

## 4. If the child/young person is awaiting an outcome in the criminal justice system please detail:

Has the child/young person been charged with an offence: Yes      No      Decision Pending

If 'Yes' please give details of charges:

Does the child/young person admit the offence(s)?      Yes      No      Partly

Is the child/young person to be given a Reprimand or a Final Warning?      Yes      No      Decision pending

Is the child/young person to be prosecuted?      Yes      No      Decision pending

If yes, has the young person made a plea?      Yes      No

**IF REPORTS HAVE BEEN PREPARED FOR THE COURT PLEASE ATTACH COPIES TOGETHER WITH RELEVANT DEPOSITIONS / VICTIM STATEMENTS**

## Referral form Part A

5. **If the child/young person has been dealt with by the criminal justice system for his referred behaviour, please detail:**

Was the child/young person charged?      Yes                      No

If 'No' please indicate why not (*e.g. insufficient evidence*):

If 'Yes' please specify charges:

And detail any charges that were dropped or changed (*e.g. as a result of plea bargaining*)

Did the child/young person admit charges:    Yes                      No                      Partly

Was the outcome:

NFA                      Reprimand                      Final warning                      Prosecution

Other (*please specify*)

**PLEASE ATTACH COPIES OF ANY REPORTS TOGETHER WITH RELEVANT DEPOSITIONS / VICTIMS STATEMENTS**

6. **Previous Offending** (sexual and non-sexual offences)

Date	Offence	System response

Comments on previous criminal behaviour (e.g. acted with others, use of violence, mediating factors, etc):

## Referral form Part A

**7. Education**

Does the child/young person attend full-time education: Yes No Part-time

If 'Yes' or 'Part-time' please give details of school/college:

Name:

Address:

Telephone:

Contact person:

Is/was the child/young person subject to an Education Statement or identified as having special learning needs: Yes No

If 'Yes' please give details:

Please detail any qualifications/educational achievements the child/young person has gained or hopes to gain:

Please comment on child/young person's current/previous attitude to education and outline his/her attendance record / ability / behaviour in school or college:

Has the child/young person ever been suspended or excluded from school or college? Yes No

If 'Yes' please give details:

**PLEASE ATTACH ANY RELEVANT EDUCATION REPORTS**

**8. Employment (including voluntary work)**

Is the child/young person currently working at all: Yes No

If 'Yes' is this: Full-time Part-time Occasional Hours worked:

Nature of employment:

**9. Leisure Pursuits and Interests**

Please give details of any current leisure activities or interests that the child/young person has:

**10. Disability/ Medical Issues**

Does the child/young person have a disability, communication problem or any form of medical issue that may affect his attendance or functioning on the programme? Yes No

If yes, please give details:

Referral form Part A

11. **Substance Misuse**

Does the child/young person have a history of substance misuse? Yes No

If yes, please give details of history/ any current or previous treatment:

12. **Behavioural Issues**

Does the child/young person have a history of any significant pattern of non-sexual behavioural problems (other than any already detailed above)?

Has the child/young person any particular skills or abilities (including academic, sporting, hobbies, social skills, etc)?

13. **Psycho-Sexual Development**

Identify any significant aspects of the child/young person’s psycho-sexual development (e.g. previous concerns regarding sexual behaviour, experiences of sexual abuse, issues related to sexual identity).

14. **Child/young person’s racial and cultural background**

Please describe the ethnic origin of the referred child/young person's biological parents.	<b>Mother</b>	<b>Father</b>
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What is the Child's Nationality? British Other If other, please specify

What is the predominant language spoken at home?

English Bengali Urdu Punjabi Gujarati  
Other If other, please specify

Child's Religion – Please indicate

None Rastafarian Christian Seventh Day Adventist  
Muslim Hindu Sikh Jehovah’s Witness  
Jewish Not known Other please specify



Referral form Part B  
**DETAILS OF CHILD/YOUNG PERSON'S FAMILY**

**1. Child/young person's mother/ adoptive mother**

Mother's Name:

DOB:

Is mother: alive                                  deceased                                  whereabouts unknown

If mother is deceased, please give date and cause of death and proceed to next section (2):

Mother's current Address:

Tel. No:

Is the child/young person currently living with mother?                                  Yes                                  No

Are mother and child/young person's birth father:

currently Married                                  In long-term relationship                                  Separated

Divorced                                  Never in relationship                                  Spouse deceased

Other (please detail)

If mother is currently in a relationship with someone other than child/young person's father please give name of current partner:

Name of partner	Length of relationship	Comments on relationship

Please comment on any significant issues in the child/young person's relationship with his/her mother (e.g. nature of attachment, support, closeness, difficulties, etc) and any relevant wishes or comments expressed by mother (e.g. for child/young person to live with her, to be involved in future plans, arrangements for contact, etc)

## Referral form Part B

**2. Child/young person's birth/adoptive father**

Father's Name:

DOB:

Is father: alive                      deceased                      whereabouts unknown

If father is deceased, please give date and cause of death and proceed to next section (3):

Father's current address (if not with mother)

Tel No:

Is the child/young person currently living with father?    Yes                      No

If father has a relationship with someone other than child/young person's mother, please give name of current partner:

Name of partner	Length of relationship	Comments on relationship

Please comment on any significant issues in the child/young person's relationship with his/her father (e.g. nature of attachment, support, closeness, difficulties, etc) and any relevant wishes or comments expressed by father (e.g. for child/young person to live with him, to be involved in future plans, arrangements for contact, etc)

## Referral form Part B

3. **Child/young person's siblings**

Please list siblings below and indicate whether they are natural, step or adoptive.

Name	Gender	DOB/age	Relationship	Living with

Please comment on any significant issues in the child/young person's relationship with any siblings:

4. **Current living situation**

If child/young person is not currently living at parental home, please give details of current carers or if child/young person is in a residential establishment please identify any key-workers, age range and gender of other residents)

Nature of home, e.g. foster care, extended family, etc	Names	Others living in same home.		
		Relationship	M/F	Age in years
Name of Residential Home	Keyworker	Gender of other residents	Age range	
			- yrs	

## Referral form Part B

**5 Other significant adults in child/young person's life**

Please identify others who have had a significant role in the child/young person's life e.g. others who have lived in household with child/young person, previous foster carers, close relatives, etc.

Name	Relationship	Comments

**6. Family history of involvement with professional agencies**

Was the child/young person's harmful sexual behaviour the first contact with Children's Services?

Yes                  No

If no, was there previous concerns about:

Harmful sexual behaviour:      to the child/young person                  to other family member

Physical abuse concern:          to the child/young person                  to other family member

Neglect concern:                  of the child/young person                  of other family member

Behavioural problems:            by the child/young person                  by other family member

Mental health problems:        for the child/young person                  for other family member

Other (*please specify*)

**7. Family's attitude towards child/young person and his behaviour**

Do the child/young person's parents believe that he/she has a problem with their sexual behaviour?

Yes      No                  Not sure

Other comments about family:

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## REFERRAL FORM: PART C

## DETAILS OF CHILD/YOUNG PERSON'S HARMFUL SEXUAL BEHAVIOURS

1. **Details of Child/young person's victim** (*Please complete one Part C for each known victim*).

Name of victim:

Gender:                      Current age:        years

Victim's age at time of assault/onset of abuse:    years. How long did it continue:

Relationship to referred child/young person:

Does the victim still have contact with the referred child/young person?    Yes                      No

2. **Details of sexual harm**

Nature of sexual behaviour by referred child/young person (tick more than one if appropriate)

exposure

victim made to masturbate him/ her

touched victim's genitals

victim made to engage in oral intercourse

victim subject to oral intercourse

digital penetration

penetration with other object

attempted anal intercourse

anal intercourse

attempted vaginal intercourse

vaginal intercourse

Other (please detail)

Nature of coercion used by child/young person who harmed (*tick more than one if appropriate*)

Manipulation

Trickery

Bribes

Threat

Physical force

3. **Any Other relevant details**

Please provide any additional information relevant to the referral

## Referral form Part C

**DETAILS OF CHILD/YOUNG PERSON'S HARMFUL SEXUAL BEHAVIOURS****1. Details of Child/young person's victim (Please complete one Part C for each known victim).**

Name of victim:

Gender:                      Current age:        years

Victim's age at time of assault/onset of abuse:        years. How long did it continue:

Relationship to referred child/young person:

Does the victim still have contact with the referred child/young person?    Yes                      No

**2. Details of abuse/offence**

Nature of sexual behaviour by referred child/young person (tick more than one if appropriate)

exposure

victim made to masturbate him/ her

touched victim's genitals

victim made to engage in oral intercourse

victim subjected to oral intercourse

digital penetration

penetration with other object

attempted anal intercourse

anal intercourse

attempted vaginal intercourse

vaginal intercourse

Other (*please detail*)Nature of coercion used by child/young person who harmed (*tick more than one if appropriate*)

Manipulation

Trickery

Bribes

Threat

Physical force

**3. Any Other relevant details**

Please provide any additional information relevant to the referral

Referral form Part C  
 DETAILS OF CHILD/YOUNG PERSON'S HARMFUL SEXUAL BEHAVIOURS

1. **Details of Child/young person's victim (Please complete one Part C for each known victim).**

Name of victim:

Gender:                      Current age:        years

Victim's age at time of assault/onset of abuse:        years. How long did it continue:

Relationship to referred child/young person:

Does the victim still have contact with the referred child/young person?    Yes                      No

2. **Details of abuse/offence**

Nature of sexual behaviour committed by child/young person (tick more than one if appropriate)

exposure

victim made to masturbate him/ her

touched victim's genitals

victim made to engage in oral intercourse

victim subjected to oral intercourse

digital penetration

penetration with other object

attempted anal intercourse

anal intercourse

attempted vaginal intercourse

vaginal intercourse

Other (*please detail*)

Nature of coercion used by child/young person who harmed (*tick more than one if appropriate*)

Manipulation

Trickery

Bribes

Threat

Physical force

3. **Any Other relevant details**

Please provide any additional information relevant to the referral

## Referral form Part B

**DETAILS OF CHILD/YOUNG PERSON'S HARMFUL SEXUAL BEHAVIOURS****1. Details of Child/young person's victim (Please complete one Part C for each known victim).**

Name of victim:

Gender:                      Current age:        years

Victim's age at time of assault/onset of abuse:        years. How long did it continue:

Relationship to referred child/young person:

Does the victim still have contact with the referred child/young person?    Yes                      No

**2. Details of abuse/offence**

Nature of sexual behaviour committed by child/young person (tick more than one if appropriate)

exposure

victim made to masturbate him/ her

touched victim's genitals

victim made to engage in oral intercourse

victim subjected to oral intercourse

digital penetration

penetration with other object

attempted anal intercourse

anal intercourse

attempted vaginal intercourse

vaginal intercourse

Other (please detail)

Nature of coercion used by child/young person who harmed (tick more than one if appropriate)

Manipulation

Trickery

Bribes

Threat

Physical force

If there are further victims please give a brief description below: