**Domestic Abuse Intervention Screening Tool**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

*Please complete this form when requesting domestic abuse support to be provided to families.*

***To only be used when domestic abuse is the primary issue for a family.***

Once completed or if there are any further questions please send an email to: DomesticAbuseAPS@WestSussex.gov.uk

Please respond to the following questions prior to any work being commenced (boxes will expand as necessary):

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| Name of child/ren  | Date of birth and age | Mosaic number | Ethnicity / Religion | Address | CIN/ CP/ PLO/ Court proceedings  |
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| Who do you identify to be the domestic abuse risk? |
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| When was the most recent DASH completed? What was the score? Is this reflective of the current risk? |
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| What is the abusive and worrying adult behaviour and how long has it been happening? How many times has that adult behaviour happened over the total time span? Can you identify the first, worst and most recent event of worrying adult behaviour including when these events were and how severe? |
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| What was and how severe was the first event of worrying adult behaviour? When was this? |
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| What was and how severe was the worst event of worrying adult behaviour? When was this? |
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| What was and how severe was the most recent event of worrying adult behaviour? When was this? |
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| What has been the impact on the child/children of the first, worst and last incident? |
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Considering Johnson’s typologies which best fits the current situation?

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| **Situational Couple Violence** (where there has been a violent incident but there are no dynamics of power and control in the relationship):**Coercive Control** (an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim):**Violent Resistance** (where the relationship features coercion and control with a primary victim and perpetrator but the victim may respond with violence out of frustration, or to keep themselves safe) | Choose an item. |

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| Are domestic abuse services currently involved?  |
| ***(tick all that apply)***[ ]  WORTH [ ]  CONNECT [ ]  MY SISTERS HOUSE [ ]  SAFE IN SUSSEX [ ]  STALKING SERVICES[ ]  FREEDOM PROGRAMME [ ]  PROBATION [ ]  OTHER  |
| Do they need to be? Is there a current safety plan? |
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| Are they engaging with the support above? | Please select ... |
| Comments (to include how they have engaged previously with intervention): |
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| Have they been referred to MARAC in the past 12 months?  | Choose an item. |

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| Who is this work for? ***(tick all that apply)*** |
| [ ]  CHILD [ ]  NON-ABUSIVE PARENT/CARER [ ]  ABUSIVE PARENT/CARER |
| …. and why?  |
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| What is being requested and what do you hope to see as a result of any intervention? Are there any timescales that we need to be mindful of? |
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| How do you view the motivation of the person(s) who is/are being referred? *(please consider if no motivation is present, is it appropriate for the work to take place?)* |
|  | Scaling | What is the evidence that you’re basing this scaling on? |
| NON-ABUSIVE PARENT/CARER | Choose an item. |  |
| ABUSIVE PARENT/CARER | Choose an item. |  |

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| Are there any wider risk or vulnerability factors that need to be considered? (Honour Based Abuse, substance abuse, alcohol abuse, parental mental health, English as second language, learning disability or additional needs etc.)  |
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| Are there any issues to consider regarding personal safety of workers? | Please select ... |
| Details: |  |

**Once completed email to:** **DomesticAbuseAPS@WestSussex.gov.uk**

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| **Review / Contacts / References** |  |
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