

# Child/Adolescent to Parent Violence and Abuse Risk Screening Tool

This Tool will help you to identify known risks in Child / Adolescent to Parent Violence and Abuse (CAPVA) cases and will include specific considerations in relation to young people and their relationships to inform your professional judgment. It will also help you to identify suitable cases to be reviewed at MARAC (Multi-Agency Risk Assessment Conference) and inform referrals to Early Help, Children's Social Care and/or Social Care Direct for specialist child / adult support where necessary.

In the risk screening tool outlined below, there are twenty-seven direct yes / no / unknown questions, plus an opportunity to record background information or specific comments. Efforts should be made to ensure that information is captured for each question and reflected in any onward referrals to contextualise any identified risks.

The information source for each piece of information should be recorded and if there are multiple sources this should be noted.

The Tool should be completed with parent /carer to gain the level of risk posed to them. The Tool can also be used again to review risk if and when required.

The tool should be used with the parent in a trauma informed way that facilitates conversation and builds on relational practice. In each section there are a number of questions that practitioners should consider within the context of their assessment.

These questions can inform onward referrals and should be as detailed as possible. If there are a number of unknown answers, this will impact on the validity of the process and efforts should be made to seek full information from a range of sources as required.

## Parent/Carer – Child Relationships

### Tell me what worries you about your relationship with your child

Explain reason for completion of checklist – consider the use of a worry statement

The term parent-child relationship refers to the unique and enduring bond between a parent/caregiver and the young person / child. To understand the parent-child relationship, we must look at the ways that parents and children interact with one another physically, emotionally, and socially. Children's physical and emotional status, social and cognitive development, family dynamics discussed in child-parent relationship and potential problems should also be considered

*Questions to consider:*

*How do they make you feel about yourself as a parent / person, what happened to make you feel that way?*

*Has there ever been a time they ever hurt you physically or with words or other actions?*

*Has there ever been a time you have been scared of them?*

*Have you any worries about SEN / mental health issues?*

*Do you have any worries about drugs and alcohol use?*

*Has there ever been a time when they have witnessed aggression and / or violence from someone in their lives?*

*Have you any worries about their friendships?*

*Have you ever worried about money because of the way your child behaves towards you?*

*Who has been affected by what happened and how?*

**When was the first time that the behaviour you're worried about happened?  
 What happens when the behaviour is at its worst and when was the last time it happened?  
 Can you identify any triggers?**

Often, despite a parent's best efforts, problems in the parent/child relationship arise, these problems may start when a child is young or present as the child gets older and enters different stages of development. The extent of a child's behaviour and continuous difficulties is a strong contributor to parenting and child stress, consider age, circumstances, events or triggers.

It is important to know from the parent's perspective, what they feel has been the worst incident and also to understand the length of time this has been a concern. By understanding this in the context of developmental stages and the impact on the child, parent, and anyone else, we can help to safety plan to reduce this. We can also make sure that the right support is offered and provided.

**Within this section - consider the use of the harm matrix to support your assessment**

**Please Note –**

We know that for some parents this will be an incredibly sensitive topic and instinct to protect their children may lead to minimising or denying behaviours. Some of the following questions may have been answered within the previous discussions you will have had and a gentle paraphrase/ reminder of them should be used when needed. Parents should be reminded that we know that this can be a hard thing for them to do and that we are not here to judge but to offer support for both them and their child.

Please tick the appropriate box that reflects the risk

**Y N NK**

1	<p><b>Can you think of / give an example of a time you felt afraid of your child?</b>  <i>Victims of domestic abuse often monitor their own safety and their fear level can be a guide to escalating risk. If an incident or pattern of behaviour occurs that particularly increases their fear it can be an indicator that dynamics have shifted or risks have increased.</i></p> <p><b>It can be useful to record which are the most frightening behaviours and why as a guide to safety planning.</b></p>			
2	<p><b>Is the violent, abusive, aggressive behaviour that you are concerned about and that is causing you harm, happening more often?</b>  <i>Any use of weapons or general objects as weapons demonstrate an increase in severity and a higher threat of and intention to harm.</i></p> <p><i>Please refer to the conversation in section 2 to support the answer to this question</i></p>			
3	<p><b>Is the violent, abusive, aggressive behaviour that you are concerned about and that is causing you harm, getting worse?</b>  <i>Escalation in frequency or severity of violence and abuse can indicate an escalation in risk. It may be useful to identify what the worst incident has been in terms of seriousness. Please refer to the conversation in section 2 to support the answer to this question</i></p>			

4	<p><b>Does your child try to control things that you do, or display jealous behaviour towards you? For example, have you ever changed plans due to being worried about how your child would react?</b></p> <p><i>Domestically abusive behaviour demonstrates being in coercive control of another individual. Higher levels of control equate to higher risk factors.</i></p>			
5	<p><b>Has your child ever physically hurt you? This may include some things that might be difficult to talk about but helps us to understand how best to support you and your child, and may include your child trying to strangle you, choke you, suffocate you or drown you?</b></p> <p><i>Any such attempts should be taken very seriously as previous strangulation can be an indicator of future homicide. It may be useful to ask additional questions to assess the seriousness of this risk such as: When did they attempt to strangle/choke/suffocate/drown them? What did they do? Did the young person they use implements (e.g., shoelaces) or use their hands? How often do they do this? Did the parent/carer lose consciousness?</i></p>			
6	<p><b>Has your child ever spoken to you in a way or acted in a way that made you feel uncomfortable for example used sexual words / acts around you, called you something that was of a sexual nature that made you feel uncomfortable or worried, it may also include showing you pornography or sexual photos?</b></p> <p><i>This may appear to be a difficult question to ask a parent/carer however, it is crucial that you ask as it is very important to understand the risk of sexual abuse that a parent can face.</i></p>			
7	<p><b>Has your child ever used weapons or objects to hurt you?</b></p> <p><i>Any use of weapons or general objects as weapons demonstrate an increase in severity and a higher threat of and intention to harm.</i></p>			
8	<p><b>Has your child ever threatened to kill you or someone else and even though it must be hard to admit it, you actually believed they would do it, at the time?</b></p> <p><i>It is possible that some parent/carers may minimise their experience of threats to kill, therefore it is important to explore the context in which they were made i.e., during times of violence? In front of others? When weapons were involved? It is also important to assess whether the parent/carer is genuinely frightened by the threats.</i></p>			
9	<p><b>Has your child ever mistreated an animal or family pet?</b></p> <p><i>What happened? What led to this behaviour? How did the child / young person mistreat the animal? What happened afterwards?</i></p> <p><i>Mistreatment or cruelty to animals or pets can be an indicator of reduced empathy levels and a willingness to be involved with violent or aggressive behaviours.</i></p>			
10	<p><b>Is there anyone else in the family at risk of violence or abuse? Who is at risk? How are they at risk?</b></p> <p><i>Gauging the scope of those being victimised and any change or increase in this scope can indicate a shift in power dynamics. It is important to identify others at risk and the ways in which they are being harmed or potential for harm. Extra detail required especially if there are concerns in relation to safeguarding and other young people in the family.</i></p>			

11	<p><b>Do you know if your child uses these types of behaviours outside the house or towards others like at school or with their friends? Can you tell us some more about this?</b></p> <p><i>People causing harm of familial abuse or intimate partner do not tend to discriminate in terms of who they are abusive towards. The information revealed by this question will point you to which other support agencies need to be involved with the additional people at risk. For example, this may include children and young people's services or the police.</i></p> <p><b>It is important to identify the following:</b> Who the other victims are. If they are children what are their ages, how and when were they harmed? Current whereabouts of the other individuals who have been harmed.</p>			
12	<p><b>Has your child been involved with the police in any way?</b></p> <p><i>Previous police call outs, interventions or charges can indicate prior escalation of severity and increased levels of victim fear and helplessness. Investigation of the nature of earlier police involvement may be useful.</i></p>			
13	<p><b>Has your child had problems in the past year with drugs (prescription or other), alcohol or mental health leading to difficulties in daily functioning? If yes, please specify which and give relevant details if known.</b></p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p> <p><i>A parent/carer may be acutely aware of how alcohol or drugs affect the person who harms them and may also blame the abuse on the addiction of that person. The parent who has been harmed may be reluctant for the police or any agency knowing about the abuse for fear they would find out about the involvement with/use of drugs by the person who harms them. They may fear incrimination themselves or repercussions.</i></p>			
14	<p><b>Does your child have any problems with addictive behaviours e.g., on-line gaming, viewing pornography, social media? What are the details of these?</b></p> <p><i>Addictive behaviours can be triggers to conflict at home and abusive episodes as the addiction or desire to undertake certain activities can outweigh other family or relationship considerations.</i></p>			
15	<p><b>Has your child ever demanded money from you or tried to financially control you?</b></p> <p><i>Provides a guide to the range of abusive behaviour and whether the scope of these has increased. A combination of behaviours can increase the level of fear or intimidation. Finances will need to be considered by all practitioners when considering safety options.</i></p>			
16	<p><b>Does your child have any mental health issues, is depressed, suicidal or isolated or have a specific mental health diagnosis?</b></p> <p><i>Mental health issues need to be carefully assessed not only in relation to effective engagement, but also as potential triggers for conflict or abusive episodes.</i></p>			
17	<p><b>Does the child have any issues relating to identity?</b></p>			
18	<p><b>Does your child engage with school e.g., do they attend regularly?</b></p> <p><i>Failure to engage with school or periods spent outside school can increase association with negative peer groups and risk-taking behaviours, which may exacerbate conflict at home or increase the risk of abusive behaviour. Disengagement with education can be a risk factor for anti-social or criminal behaviour.</i></p>			

19	<p><b>Does your child associate with a difficult friendship / peer group?</b></p> <p><i>Association with negative peers or gang membership can influence criminality, risk taking behaviours and substance abuse. These groups may be reinforcing of abusive and violent behaviours. Loyalty to peer groups can conflict with or be destructive of family relationships.</i></p>			
20	<p><b>Has your child experienced personal trauma? If yes, please specify which and give relevant details if known.</b></p> <p>Death/Bereavement <input type="checkbox"/>                      Been in care <input type="checkbox"/>  Sexual or Physical harm <input type="checkbox"/>                      Other <input type="checkbox"/></p> <p><i>Children can experience both short and long term cognitive, behavioural and emotional effects as a result of bereavement, domestic abuse or being separated from their family. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects, however it is important to explore this further.</i></p>			
21	<p><b>Has your child ever experienced or witnessed abuse between adults?</b></p> <p><i>Growing up with domestic abuse can be a risk factor for individual aggressive and abusive behaviours as well as a possible indicator of emotional, psychological or physical harm or that a young person may be subject to post traumatic stress disorder. Any on-going exposure, access or contact to an abusive parent may indicate that the young person is still at risk of harm or under threat.</i></p>			
22	<p><b>Is your child currently being exposed (seeing, hearing, experiencing) to adult-to-adult domestic abuse?</b></p> <p><i>Any ongoing exposure to adult domestic abuse is a risk for young people's psychological, emotional and physical well-being and may require a referral for parents into adult domestic abuse services or a child protection referral children may also feel angry, guilty, insecure, alone, frightened, powerless or confused. They may have ambivalent feelings towards both the abuser and the non-abusing parent.</i></p>			
23	<p><b>Is your child under any threat of violence or abuse from anyone at the moment? Provide details of who from and the nature of the abuse?</b></p> <p><i>Any potential harm that a young person may be exposed to can be a trigger for abusive behaviours.</i></p> <p><b>If answering yes to Q 23 to 26 - Safeguarding Adults Referral must be considered alongside manager. Safeguarding Adult's duty applies where an adult with needs for care and support is at risk of or experiencing abuse or neglect, regardless of whether or not they have any care and support services.</b></p>			
24	<p><b>Do you see yourself as vulnerable in any way, or have you any special requirements in accessing support?</b></p> <p><i>Additional needs can increase individuals' vulnerability and ability to protect themselves. Consider physical or learning difficulties that may impact on keeping safe and accessing appropriate support. Document and explore additional needs as part of you narrative and any referrals.</i></p>			
25	<p><b>Are you feeling low or finding your emotions hard to cope with? Do you have suicidal thoughts or have you ever self-harmed?</b></p> <p><i>The impact of violence and abuse can have mental health implications for victims and may require a referral to appropriate services or victim support services. Mental health can be a barrier to accessing support or assistance and further links to isolation.</i></p>			
26	<p><b>Do you feel isolated from your family, friends, or support networks due to your situation?</b></p>			

	<p><i>Any family isolation can increase risk as channels of support and protection are reduced. Isolation can increase the impact of emotional abuse, encourage self-blame or minimisation or the risk of mental health issues and/or substance misuse.</i></p>			
27	<p><b>Have you ever used drugs and/or alcohol to manage difficult situations or feelings? What is the nature of your use?</b></p> <p><i>Any mental health or substance misuse issues for victims can increase their vulnerability, ability to protect themselves, their parenting style and is also a barrier to accessing support.</i></p>			
<p><b>Have you ever felt able to share your concerns with the police or anyone else, such as a family member of professional because of your child's behaviour?</b></p> <p><b>What was the impact of their involvement?</b></p>				
<p>Tell me what's working well within your relationship?</p> <p>Tell me about a time when you were able to calm a situation, what did you do and who helped you?</p> <p>Tell me about a time when you enjoyed spending time with your child, what did you do and how did you feel?</p> <p>If there was one thing about your relationship with your child that could be different what would that be?</p> <p>What would your child say it would be?</p>				
<p><b>What do you think professionals could do to support change?</b></p>				
<p><b>If there are any additional sources of information from others, please indicate</b></p>				

## Professional Completion - Scoring Information

The risk screening tool is scored by totalling the number of yes / no answers, with the higher the number of yes answers indicating a higher level of risk. In establishing risk professional judgement and skill is required as sometimes a single risk factor can significantly raise the level of risk and may in itself prompt a course of action or referral to other services e.g., gang membership, sexual assault etc.

The risk screening tool and associated detail should be used to inform case management, safety planning, family agreements, programme delivery and multi- agency working and should be at the centre of any case review, external intervention, or referral to other services.

It is important to note the source of the risk information, as some sources may be more reliable than others and some information may be able to be collaborated giving extra weight or perspective. It is generally a feature of domestic abuse that the seriousness and severity of incidents will be minimised and denied by both victims and perpetrators which should be considered when making any assessment of risk.

In cases of CAPVA parents can self-blame, internalise responsibility, be defensive, be reluctant to criminalise their child and unwilling to share information because of possible consequences for the young person. Equally young people may minimise the seriousness of incidents, be in denial of consequences and be unwilling to take ownership and responsibility for behaviours. The potential for these effects should be taken into account in any effective risk or case management procedures.

<b>Yes</b>		Total number of ticks
<b>No</b>		Total number of ticks
<b>Don't Know</b>		Total number of ticks

### Analysis of professional judgement on risk level

*Please use the space below to include an analysis of the situation and your professional judgement in relation to the level of risk posed and vulnerabilities to the parent below: Based on the number of yes answer coupled with your professional judgement please circle the level of risk posed.*

### Please state what outcome would you like for the parent and young person victim

*e.g. - In depth safety plan/ healthy relationship intervention/ legal advice/support to police/court/housing advice/support)*

### Actions to be taken – pathway document to inform decision

Action to be taken	By whom	By when

### **Helping parents to understand the risk levels in their families**

It is important that this is handled in a sensitive manner. Revealing to any person that they are at high risk of serious harm or homicide may well be frightening and overwhelming. It is important that you state what your concerns are exactly by using the answers the parent/carer has given you and by explaining your professional reasoning/judgement. It is important that you explain what the next steps are to be, eg risk management/police reporting; safety plans; referrals to children's safeguarding teams and the MARAC. In every case that is referred to a MARAC, a referral to children's social care should also be made. In cases of Honor Based Violence (HBV), the person who has been harmed will need reassurance that there are systems in place to ensure that additional family members will not be contacted or informed. Such contact could clearly put the person who has been harmed at much greater risk.

**Identifying your client is not currently high risk and that, as a IDVA/CPVA or another trained practitioner, you may need to refer them to a different agency or provide a different service as a result, may be unwelcome. This has to be managed carefully to ensure that the client doesn't feel like their situation is being minimised or so they don't feel embarrassed for reaching out for help consent to share will be required unless safeguarding risk to self or others is identified.**

### **Parent/Carer Consent to referral and the sharing of information**

**Name .....**

**Signed: .....**

**Date .....**

### **To be completed by Practitioner Manager**

**I have reviewed the screening tool and agree with actions listed.**

**I confirm that safeguarding procedures have been adhered to and where any safeguarding concerns raised, appropriate referrals made.**

**Name -**

**Job Role -**

**Signed -**

**Date -**



