**Domestic Abuse**

**and**

**Child to Parent Violence**

**OPERATING PROCEDURES**

**June 2021**

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The Independent Domestic Violence Advisor (IDVA) who is based in the Child & Adolescent Response Team (CART) will work with children aged 12-17. Referrals will be considered for young people up to the age of 25 with learning difficulties/disabilities and those leaving care if they are already known to the CART IDVA. The child must be in or have been in an abusive relationship, this is not a service for children who are suffering harm from their parents’ domestic abuse (DA), or there must be child to parent violence (CPV). Given the limited nature of the resource the following criteria will need to be met before a referral will be accepted. These are as follows:

* Children aged 12-17 (care leavers and those with a learning difficulty up to the age of 25 if they are already known to the CART IDVA).
* **Any child under the age of 18 or care leaver that is known to be suffering DA or has been discussed at DART/MARAC should be referred to CART IDVA *NOT* an outside partner agency.**
* Be in or will have been in an intimate abusive relationship (within 3 months of the referral)

and/or

* A young person has been aggressive or violent towards their parent

Priority will be given to young people that are referred from Multi Agency Risk Assessment Conference (MARAC), Social Care and then from community organisations.

The IDVA will be available for consultation and discussions ahead of referral to consider if a referral is appropriate. When a referral is not appropriate the IDVA will sign post the referrer to other support services.

All referrals will be sent to the CART Liquidlogic tray or for external partners to the arteam mailbox using the referral form on Liquidlogic or the paper form (appendix 2). In addition if the young person does not already have an allocated social worker a Multi-Agency Referral Form (MARF) will be completed by the referrer and should be sent to the Multi Agency Safeguarding Hub (MASH) who will decide the threshold of the referral. If the young person is assessed as level 4 and there is no current assessment Social Care will complete a Child and Young Person Assessment and will notify the CART IDVA. If the young person is assessed as level 3 MASH will refer the child to Multi Agency Action Meetings (MAAM) for an Early Help Assessment and will notify the CART IDVA.

Having received referrals via the referral form on LCS or the paper referral form:

* The CART duty management system, which operates Monday-Friday 9am-5pm, will assess whether the criteria is met and if so, will allocate within 24 hours of receipt.
* The service will discuss the young person with the referrer within 2 working days of it being allocated and will make contact with the victim.
* A safety plan will be put in place.
* The IDVA will design a bespoke programme within 2 working days of meeting thevictim/family. The bespoke programme will take into account diverse needs to acknowledge age, sexuality and cultural differences.
* The service will work in partnership with other services to safeguard the young person. This will include sharing information with organisations such as MARAC, Women’s Aid and the Unborn Baby Network.
* The service will provide advice and support to access legal support.
* The service will support young people attending court and will make representation to the court where appropriate.
* Within the first week a Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist (DASH RIC) will be completed. The Safety Plan and DASH score and risk level will be recorded on Liquid Logic.
* The service will provide details of primary health care settings where the young person can access contraception and sexual health care advice.
* IDVA support will be reviewed every 3 months.
* Where appropriate the young person may be offered the opportunity to attend #saysomething group support. This support is delivered by the IDVA, Family Support Worker and Peer Mentors.

**Appendix 1 – List of Abbreviations**

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| **IDVA**  | **Independent Domestic Abuse Adviser**  |
| **CART**  | **Child and Adolescent Response Team**  |
| **MARAC** | **Multi Agency Risk Assessment Conference**  |
| **DASH RIC** | **Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist** |
| **MAAM** | **Multi Agency Action Meetings**  |
| **MASH** | **Multi Agency Support Hub**  |
| **DART** | **Domestic Abuse Referral Team**  |
| **FSW** | **Family Support Worker**  |
| **MARF** | **Multi Agency Referral Form**  |

**Appendix 2 CART IDVA Referral Form**

**OFFICIAL – SENSITIVE**

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| **Referral for: A young person between the ages of 12 – 17****Referrals considered for young people up to the age of 25 with Learning Difficulties/Disabilities and those of Leaving Care support.** **Domestic Violence & Abusive Relationships****PLEASE RETURN TO THE CHILD AND ADOLESCENT RESPONSE TEAM -** **arteam@dudley.gov.uk** |

|  |
| --- |
| **YOUNG PERSONS INFORMATION / Date of referral:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Surname**  | **DOB**  | **Age**  |
| **Forename**  | **Telephone No**  |
| **Address**  | **Ethnic Group**  |
| **If pregnant, EDD**  |

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| **REFERRAL CIRCUMSTANCES:**  |
| Have you attached any assessments completed?  | CAADA DASH risk assessment / Early Help orOther:  |
| Detail of any current / previous Social Care involvement? |  |
| Is the young person still in education? If yes, please give details of School/College |   |
| Is it safe to visit the young person at home? |  |
| Any further specific needs or concerns (eg. LDD, ADHD, autism) |  |
| Please provide details of any other agencies the young person is working with |  |

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| **REFERRERS DETAILS** |
| Name and Organisation  | Position  |
| Contact Number and Email Address | Role with Young Person  |

**Appendix 3 – DASH RIC Checklist**

Please refer to SafeLives website for full details and guidance on how to complete the checklist.

<https://safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf>

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| --- | --- | --- | --- | --- |
| **Your feelings** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Are you frightened?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **What are you afraid of? Is it further violence?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you feeling low or finding your emotions hard to cope with?**

**Are you having suicidal thoughts?** | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * Does the young person recognise what a dangerous situation might be and their own vulnerability?

 * Are they exploring risk-taking behaviour as part of their development? How might this affect their safety?
* Would this young person involve the police if they were to be hurt again?

Comment: |
| **What is happening to you now** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Has the current incident resulted in injury?**

**Please state what and whether this is the first injury:** | ☐ | ☐ | ☐ |  |
| 1. **Does [INSERT NAME OF INDIVIDUAL WHO IS HARMING THE YOUNG PERSON] constantly text, contact, follow, stalk or harass you, either in person, online or by phone?**
 | ☐ | ☐ | ☐ |  |
| 1. **Does […] try to control everything you do? (For example, who you see, or what you wear?)**

**Do they get jealous about anything you do?** | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse happening more often?**
 | ☐ | ☐ | ☐ |  |
| 1. **Is the abuse getting worse?**
 | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * How old is the young person? Where are they within the formal education system?
* Is there any evidence that the young person may be minimising or exaggerating their experience?

Comment: |
| **Your life and relationship** | **YES** | **NO** | **DON’T KNOW** | **State source of info** |
| 1. **Do you see your family/friends as much as you would like? Does […] stop you from seeing friends and family or professionals?**

Comment: | ☐ | ☐ | ☐ |  |
| 1. **Are you pregnant or do you have a baby?**
 | ☐ | ☐ | ☐ |  |
| 1. **Are there any financial issues?**

For example, is […] experiencing difficulties with money (debts or loans) or are you dependent on […] for money or do they take money from you? | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * Is this the first relationship the young person has been in? How is this impacting on their friendship group/understanding of acceptable behaviour?
* Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be?
* Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people?
* Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing from care, being missing from home, being in the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators?
* Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems or geographic isolation?
 |
| **Comment:** |
| **Things that might have happened to you in the past** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Have you broken up with or tried to break up with the person who is hurting you?**
 | ☐ | ☐ | ☐ |  |
| 1. **If you have children, is there conflict between you and the person who is hurting you over seeing the children?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever used weapons or objects (such as a phone or household item) to hurt you?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever threatened to kill you or someone else?**

If yes, tick who:You ☐Children ☐A member of your family ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever attempted to strangle/choke/suffocate/drown you?**
 | ☐ | ☐ | ☐ |  |
| 1. **Does […] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?**

**If someone else, specify who.** | ☐ | ☐ | ☐ |  |
| **Things that might have happened to you in the past** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Is there any other person who has threatened you or who you are afraid of?**
 | ☐ | ☐ | ☐ |  |
| 1. **Do you know if […] has hurt anyone else?**

If yes, tick who:Children ☐ Another family member ☐Someone from a previous relationship ☐Other (please specify) ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever mistreated an animal or their family pet?**
 | ☐ | ☐ | ☐ |  |
| **The person who harms you** | **YES** | **NO** | **DON’T KNOW** | **State source of info if not the victim** (eg police officer) |
| 1. **Has […] had problems in the past year with drugs (prescription or other), alcohol or mental health, leading to problems in leading a normal life?**

If yes, please specify which and give relevant details if known.Drugs ☐Alcohol ☐Mental health ☐ | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever threatened or attempted suicide?**
 | ☐ | ☐ | ☐ |  |
| 1. **Has […] ever breached their bail conditions or not followed an order by the police or a judge in court?**

Bail conditions ☐Child contact arrangements ☐Forced Marriage Protection Order ☐Other ☐ | ☐ | ☐ | ☐ |  |
| 1. **Do you know if […] has ever been in trouble with the police or has a criminal history?**

If yes, please specify:Domestic abuse ☐Sexual violence ☐Other violence ☐Other ☐ | ☐ | ☐ | ☐ |  |
| **Consideration as part of your professional judgement** |
| * Is the person who hurts your client older than them? By how many years?
* Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk?
* **Comments:**
 |
| **Total ‘yes’ responses** |  |

**For consideration by professional**

|  |  |
| --- | --- |
| **What additional concerns do you have, based on your professional judgement/escalation? Comment** |  |
| **Is the young person willing to engage with your service? Describe** |  |
| **Consider the person causing harm’s occupation/interests.** * Could this give them unique access to weapons?
* How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking?

**Describe.** |  |
| **What are the young person’s greatest priorities to address their safety? Describe** |  |

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| **The experience of relationship abuse by young people is a safeguarding issue which should be shared with your safeguarding children’s team. A referral will also be required if you believe that there are risks facing any children in the family.** |
| Please confirm if you have made a referral to safeguard the young person and any children they have:**Signed: Date:** |  Yes ☐ No ☐ |
| **Signed** |  | **Date referral made**  |  |
| **If the young person is over 16, do you believe that there are reasonable grounds for referring this case to MARAC?** |  Yes ☐ No ☐ |
| If yes, have you made a referral? |  Yes ☐ No ☐ | **Signed** |  |
|  |
| **Signed** |  | **Date** |  |
| **Name** |  |

**Appendix 4 – Flow Chart**

**Start of week 1**

**24 hours**

**3 days**