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Leicestershire Procedure for Domestic Abuse Toolkit Visual

Applies to- All children

Leicestershire County Council

DOMESTIC ABUSE TOOLKIT

STRONGER together

DOMESTIC ABUSE TOOLKIT

The aim of this document is to change our approach towards Domestic Abuse and recognise the different types of abuse. This should provoke different conversations to be had with the family and allow us to tailor our approach, ensuring better outcomes for our children and families.

Designed in partnership with:

North West Leicestershire District Council

Hinckley & Bosworth Borough Council

Charnwood

Blaby District Council – the heart of Leicestershire

Oadby & Wigston Borough Council – Stronger Together

District of Harborough

Melton Borough Council

Barnardo's

freeva – free from violence and abuse

The Jenkins Centre – freeva

lwa – living without abuse

women's aid leicestershire – providing strength, security and freedom from domestic abuse

UAVA – United Against Violence & Abuse

We are all aware of the prevalence of Domestic Abuse. According to the NSPCC, up to 1 in 5 children have lived with, or are living with Domestic Abuse. Domestic abuse is an adverse childhood experience and witnessing Domestic Abuse can have long-term effects on children and young people…their development, their relationships with others, and their long-term outcomes into adulthood. The Domestic Abuse Act (2021) included a legal definition of Domestic Abuse, recognising children as victims in their own right for the first time, which means that their perspectives, their experiences and their need for support and protection needs to be taken in to account by all professionals working with their families.

Since Autumn 2020 Leicestershire County Council has been undertaking a transformation project in partnership with Newton Europe, to redefine Children's Services in Leicestershire, where we have worked to realise the vision and ambitions set out in our Road to Excellence plan and to make our services, systems and structure more sustainable for the future.

Domestic abuse was highlighted from diagnostic case reviews and analysis as the biggest reason for LAC starts. We have been reviewing the approach and effectiveness of our Domestic Abuse offer to improve outcomes for the children and families that we work with.

There is excellent, inclusive, supportive, protective, and empowering work happening across Leicestershire and we have skilled, passionate, knowledgeable and committed staff. But we aspire to do better and to engage more families in supportive groups and targeted interventions. We know that we do not always work consistently with families affected by Domestic Abuse, and we want to use national and international research and practice development to inform our work going forward, learning from other partners and local authorities about what works, and to harness their learning around Domestic Abuse and how they have developed new skills, interventions and strategies to support families.

So with that in mind, and with the ambition to develop our practice around Domestic Abuse, staff from Leicestershire County Council and valued partners from across the county have embarked on a journey to develop this toolkit for practitioners, with the ultimate aim of supporting them to work differently with families affected by Domestic Abuse.

This toolkit aims to change our approach to dealing with domestic abuse cases and to support practitioners to recognise that there are several types of domestic abuse. It should prompt us to have different conversations with our families and really focus us on our core principles and values, approaching work with families in a trauma-informed way, understanding where they are in the change cycle, and helping families and their networks to acknowledge and manage risk with our support. This is quite a cultural shift for us, but this toolkit will help us to approach the work in a more informed and less punitive way.

This toolkit is not an intervention, it is guidance and information for the practitioner, and seeks to inform and prompt different conversations and a more considered approach around Domestic Abuse. This is the start of a new conversation, and us all signing up to be part of the solution… ultimately to commit to work with families in a different way. To manage risk and to be child-focused at all times, and to do that in the least punitive, most sensitive, and most supportive way that we can…

Sharon Cooke
Assistant Director, Children & Family Services

Contents

Questions to Understand the Family Circumstances

Things to consider before asking questions:

- How should we be contacting families. Should this be face to face rather than over the phone?
- If it is to be over the phone, where are they and who are they with? If they are in a public space are they likely to be comfortable talking openly about such sensitive matters?
- Be wary of only speaking to them on the phone, you cannot see reactions, you don't know who can hear you or them. Are they really alone?
- If it is face to face, is it somewhere they are comfortable with? Should it be at a children's centre, their home or at a neutral/public space? If a public/neutral spot is suitable, you need to consider who else can hear the conversation.
- If you suspect severe Coercive Control, is the home an appropriate place? Would a more controlled environment be better? Ask the victim where they would like to talk.
- When speaking to a child, again ensure they are in a comfortable space and that you also engage them at times when neither the victim or perpetrator is able hear you so the feel able to answer honestly.
- Think about what questions are asked depending on the audience. Consider asking some of the same questions to the victim where the perpetrator is present and when they aren't.
- If talking about recent events proves difficult, are there previous incidents or experiences you can explore?
- If the referral has come from the police, ensure you have reviewed the DASH to be able to tailor your questions appropriately

Below is a list of possible questions that will support professional judgement of the household situation and the typology of abuse experienced.

These questions are designed to guide critical thinking, expand curiosity and support professional judgement and are not an assessment or diagnostic tool. They are not exhaustive. They have been developed through direct case work experience and are informed in part by the DASH risk assessment and in line with Signs of Safety

Victim - When they are alone

General questions

- How are you feeling?
- Is everything alright at home?
- Does anyone close to you, for example a partner, ex-partner or family member, make you feel frightened?
- Tell me about different times in your relationship when you have felt afraid? What was the worst time? How many times in the past 12 months have you felt this way? How do you think your children feel?
- Does anyone close to you bully you, control you or force you into things?
- Has anyone close to you ever hurt you physically for example; hit you, pushed you, slapped, chocked you or threatened you in any way?
- Are you in a relationship in which you have been physically hurt or threatened by your partner?
- Have you ever been in a relationship like that?
- Are any of your friends and family worried about you? Who is worried? What would they say are they worried about?
- Who are the top three people you can turn to for support? In what ways do they support you? Is this support helpful?
- Tell me about some of the nice things they do for you?
- What was the worst time in your relationship?
- What was the best time?
- Have you ever tried to separate before? Can you tell me a little about his behaviours during periods where you have separated? What was it like before you tried to separate?
- What happens to your support network when you separate?
- What is the relationship like between them and their children/step-children?
- How do they see their role as a parent?
- How do they see your role as a parent and your role in the family home?
- How do you resolve conflict or differences of opinion?
- What does your ideal relationship look like? What roles would you both play?
- Who makes all the big decisions; where to go on holiday; what large purchases are important; what car you drive?

Probing into incident(s)

- I noticed some bruising/cuts/scratches/burn marks, how did they happen?
- Can you tell me what's been happening?
- Have incidents like this ever happened before
- Tell me a bit more about the incident? What did you do? What did you say? Do you know why you did or said those things?

Identifying the type of abuse - these questions should help you to understand if they are experiencing Coercive Control or Situational Violence

- Does your partner ever treat you badly/call you names/push you round/threaten you?
- Does your partner get jealous of you seeing friends or talking to other people? If so, what happens?
- You mentioned that your partner uses drugs/alcohol. How do they act when drinking or on drugs?
- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he/she would?
- What happens when you and your partner disagree?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing in education?
- What would happen if you wanted to go out with friends?
- Does your partner restrict your access to money or access your Child Benefit or allowances?
- Has your partner ever hit, punched, pushed, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner use drugs or alcohol excessively? If so, how does he/she behave at this time?
- Do you ever feel you have to walk on eggshells around your partner?
- Have the police ever been involved?
- Have you ever been physically hurt in any way when you were pregnant?
- Has your partner ever threatened to harm the children? Or to take them away from you?
- On a typical day how do you keep in touch with each other? [Do you feel this is; too much, not enough, just right?

Child

(Some of these should only be asked when the child has disclosed that they are aware of the violence or conflict we are concerned about.)

- How are you feeling?
- Is everything alright at home?
- Does anyone close to you, for example a parent, family member or family friend, make you feel frightened?
- Can you tell me what's been happening?
- You seem upset. How are things?
- Have you ever heard shouting or arguing at home? How did that make you feel?
- If you told broke a house rule, who would deal with that?
- What happens when your parents can't sort things out?
- How does it /did it make you feel when your parents argue?
- What would you be worried about when your parents argue?
- When your mum or dad gets angry, what usually happens?
- Have you been worried about your parents fighting or hurting one another?
- Do you have anyone you can go to when they are arguing where you can feel safe, such as your grandparents, friends etc?
- Do/did you worry about what might happen to your pets? Can you tell me about it?
- Do you ever worry about your parents fighting or arguing when you are out of the house, for example when you are at school?
- How do you feel after the arguing has stopped? Can you tell me about it?
- Who is in your family?
- Have you and your brother and/or sister (where relevant) ever been hurt when your parents are arguing or fighting?
- Who are you least close to?
- Who makes you feel safe in your family?
- Are there some things which happen in your family which are scary?
- What do you do when scary things happen?
- What do you think needs to change to make things better at home?
- How do you think you can change things?
- What can other people do to change things?

When alleged perpetrator and victim are together (not appropriate for CC)

- What do you disagree about?
- How do you resolve these disagreements between you?
- What happens after an argument?

Aims when interviewing perpetrators:

- Assessing the perpetrators attitude to their own behaviour.
- Connecting behaviours to the impact on the child's daily lived experience.
- Identify if the perpetrator is willing to make changes or follow recommendations.
- Explaining the child protection role.
- Being clear that abuse is not acceptable and is detrimental to child and family functioning.
- Educating perpetrators about how they can/ have harmed the children.
- Education perpetrators about how damage to the relationship between children and the other parent harms children.

Perpetrator

- How are you feeling?
- Is everything alright at home?
- Can you tell me what's been happening?
- How do you see your partners' role in your relationship?
- Who is mainly responsible for parenting in your household?
- How do you see your partners role as a parent?
- How do you see your role as a parent?
- Do you think (name the behaviour) is ok?
- What behaviours towards a partner are not ok?
- Tell me a little bit about how you resolve conflict or disagreements in your relationship?
- What does your ideal relationship look like? What roles would you both play?
- Who makes all the big decisions; where to go on holiday; what large purchases are important; what car you drive?
- Who supports you? What do they do? Is it helpful?
- Tell me about a time when you wanted to behave in a way which was not ok but you were able to stop yourself? What did you do that helped?
- Can you talk about a time when you wanted to do the right thing but couldn't? What made it so hard for you?
- How do you feel when you see the impact of what you've done (name the impact)?
- What is your role as a parent? What is the best part about this role? What is the hardest?
- How do you think your partner would describe your relationship?
- Are you happy in your relationship? What makes you happy? Are there any times you are not happy? What causes you not to be happy?
- What does a good day look like? What does a bad day look like?
- Are their times or situations that make it harder for you as a couple?

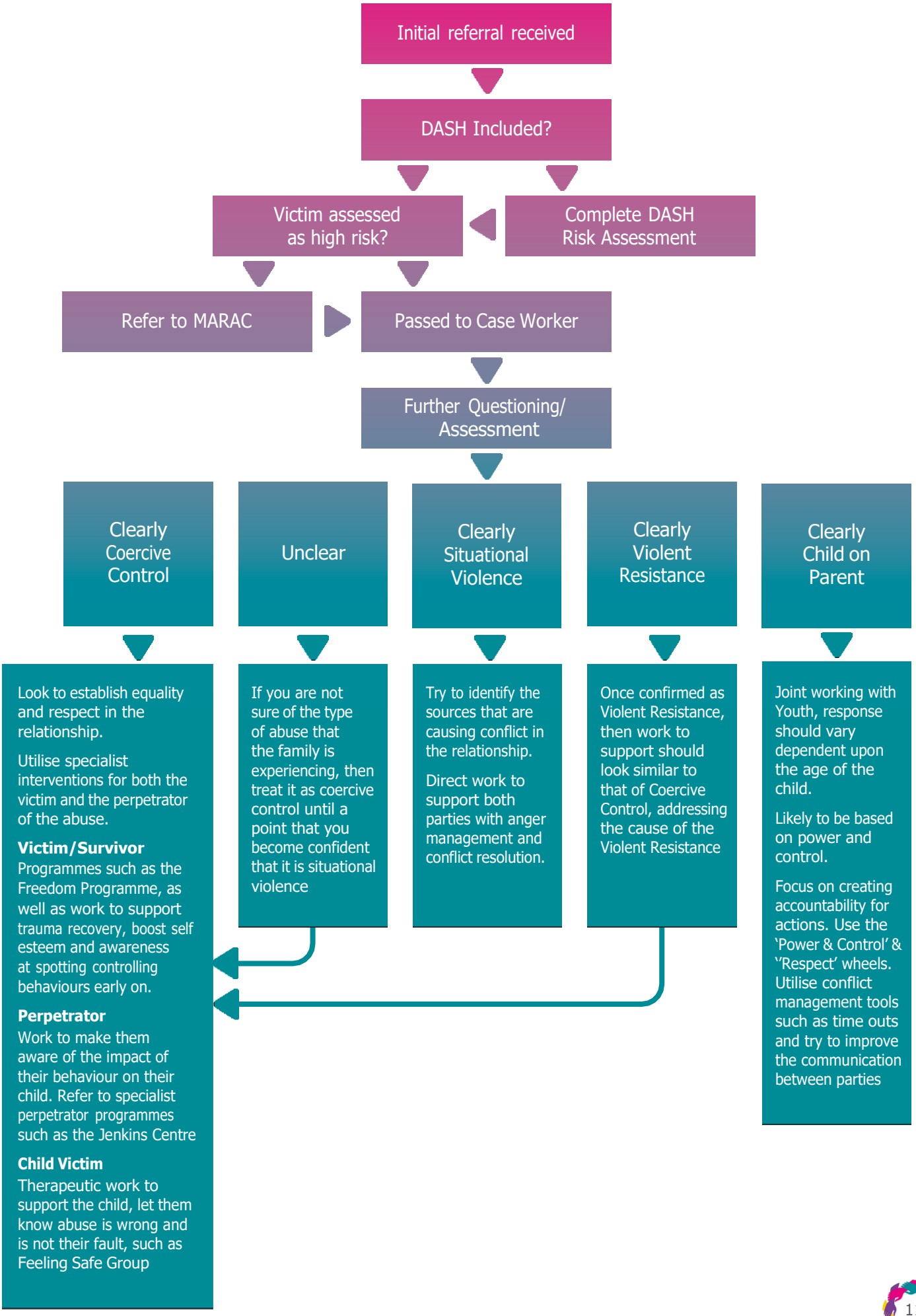
Probing into incidents

- Can you tell me about what happened?
- What had led to that?
- How did that make you feel? Why?

Identifying type of abuse

(If previous questions indicate possible violent resistance. Beware a coercive controlling perpetrator may use some questions to put blame on their partner, professional judgement should be used here.)

- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he/she would?
- What happens when you and your partner disagree?


Initial referral received
DASH Included?
Victim assessed as high risk?
Complete DASH Risk Assessment
Refer to MARAC
Passed to Case Worker
Further Questioning/ Assessment
Clearly Coercive Control
Unclear
Clearly Situational Violence
Clearly Violent Resistance
Clearly Child on Parent
Look to establish equality and respect in the relationship.
Utilise specialist interventions for both the victim and the perpetrator of the abuse.
Victim/Survivor
Programmes such as the Freedom Programme, as well as work to support trauma recovery, boost self esteem and awareness at spotting controlling behaviours early on.
Perpetrator
Work to make them aware of the impact of their behaviour on their child. Refer to specialist perpetrator programmes such as the Jenkins Centre
Child Victim
Therapeutic work to support the child, let them know abuse is wrong and is not their fault, such as Feeling Safe Group
If you are not sure of the type of abuse that the family is experiencing, then treat it as coercive control until a point that you become confident that it is situational violence
Try to identify the sources that are causing conflict in the relationship.
Direct work to support both parties with anger management and conflict resolution.
Once confirmed as Violent Resistance, then work to support should look similar to that of Coercive Control, addressing the cause of the Violent Resistance
Joint working with Youth, response should vary dependent upon the age of the child.
Likely to be based on power and control.
Focus on creating accountability for actions. Use the 'Power & Control' & ''Respect' wheels. Utilise conflict management tools such as time outs and try to improve the communication between parties

Suitable Interventions

For an up to date list of the interventions that are available to work with domestic abuse, please click on the below link, which will enable you to filter to suitable interventions.

www.proceduresonline.com/llr/childcare/leicestershire/user_controlled_lcms_area/uploaded_files/Interventions%20List.xlsx

If you are looking at a hard copy of the toolkit, you can access an electronic copy on the local resources page.

Links to Resources

For an up to date list of the resources that are available to support work with domestic abuse, please click on the below link, which will enable you to filter to resources that are suitable for your case.

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Typologies of Domestic Abuse

Coercive Control (aka Intimate Terrorism)

The perpetrator uses violence to gain general control over his or her partner. The perpetrator has the goal to secure general and long-term control. Specific acts of intimate violence may have several short-term specific goals, but they are embedded in a larger pattern of coercive control that permeates the relationship. The power and control wheel below summarises the specific control tactics, which vary from case-to-case.

Post Separational Abuse

Following the breakdown of an abusive relationship, the abuse often does not stop and transitions into a new form of abuse referred to as post-separation abuse. Post separation abuse can escalate and often surpass the domestic abuse they experienced while in the relationship.

Following the end of a relationship, the perpetrator sets their sights on any children to exert control and to terrorise the other parent. There are three basic narratives that often accompany custody battles: the abuser's need for control, the abuser's need to win, and the abuser's desire to hurt or punish the other parent.

Child and Adolescent to Parent Violence and Abuse (CAPVA)

Child on parent abuse is likely to follow a pattern of behaviour which can include physical violence from an adolescent towards a parent and several different types of abusive behaviours, such as property damage, emotional abuse, and economic/financial abuse. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and heightened sexualised behaviours. Siblings of abusive children may also be abused or become abusive.

Situational Abuse (aka Situational Couple Violence)

The most common type of intimate partner violence does not involve any attempt on the part of either partner to gain general control of the relationship. The violence is situationally provoked, as the tensions or emotions of a particular encounter lead someone to react with violence. Intimate relationships inevitably involve conflicts, and in some relationships, these may escalate into violence. In some cases, this may be minor and singular, where the attacker is immediately remorseful, apologises, and never does it again. In other cases, it is a chronic problem with one or both partners frequently resorting to minor or severe violence.

The separate violent incidents of situational couple violence may look exactly like those involved in intimate terrorism or violent resistance. However, the difference is in the general power and control dynamic of the relationship, not in the nature of the assaults. There is no general pattern of coercive control, it is simply that one or more disagreements leads to violence.

Violent Resistance

The defining pattern of violent resistance is that the resistor, when faced with an intimate terrorist, uses violence but not in attempts to take general control over their partner or the relationship. The resistor may believe they can defend themselves and that violent resistance will keep their partner from attacking them further or will eventually decide to stop attacking them completely.

If the resistor doesn't think they can stop their partner from attacking them, they may feel that they shouldn't be allowed to be attacked without also getting hurt. This is a way of communicating to the attacker that what they are doing isn't right or may be a form of retaliation or payback. In some cases, the resistor may seek serious retaliation and attack when it's least expected or kill the attacker. Murder is a frequent motive through which a resistor will aim to escape years of abuse and entrapment.

Coercive Control and Situational Abuse

Identifying

When screening & assessing, coercive control and violence need to be assessed for both partners. The safety of both partners always comes first, and it should initially be assumed the worst type of abuse is taking place (coercive control). If situational violence seems likely, then individual assessment should be undertaken to ensure that we are responding in the right way.

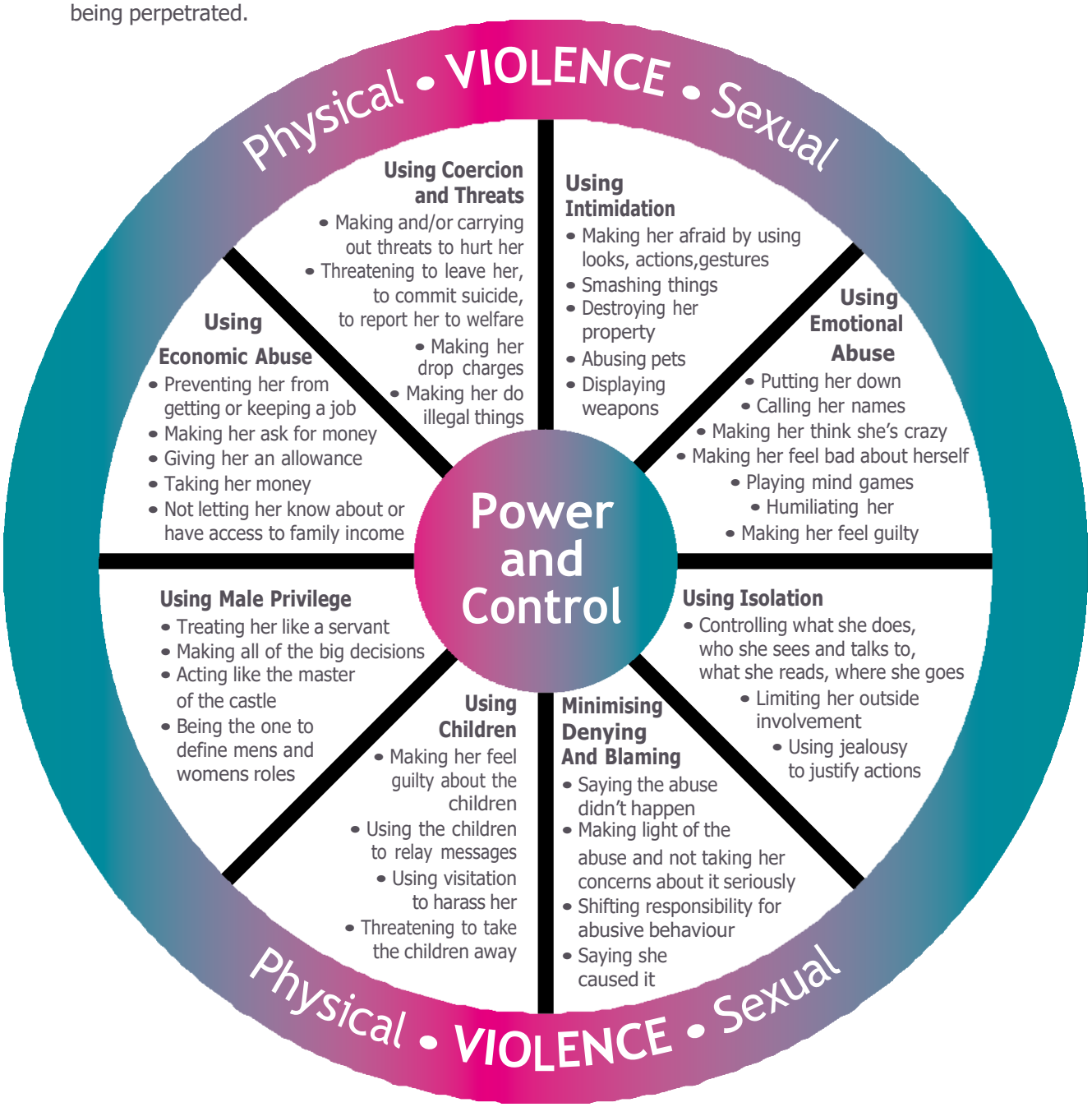
Prevention and education strategies for coercive control and situational violence can promote long-term safety and well-being within relationships. This is particularly important where there appear to be visible signs of abuse beginning to develop and can help stop severe escalations of violence manifesting. Below are recommendations of some primary prevention and education strategies.

Coercively controlling behaviour encompasses and overlaps into many areas of abuse and is often individual to the victim. Be aware that coercive control may emerge subtly over time. Perpetrators can be skilled at distorting reality such that a victim may believe that the behaviour (in the early stages at least) are in their best interests and may be unlikely to identify them as controlling.

What begins as situational violence can become coercively controlling over time. Be alert to changes in the dynamic. Risk is not static; it can change from moment to moment. If coercive control emerges in the relationship the professional response needs to accommodate this change. In addition, the coercion may be mild, moderate or severe and may not involve violence.

Answers provided by both victim and perpetrator will support a more sophisticated understanding of the typology of abuse. Key areas to focus on are ingrained belief systems which see women as subordinate and descriptions of behaviours that attempt to isolate, control and police. Where no coercive control is identified, and answers relate to situations that couples (or one person in the couple) are unable to manage due to a lack of emotional regulation this is more likely to indicate situational violence. Situational violence does not attempt to isolate, control or police.

The power and control wheel (below), shows some of the ways in which a perpetrator gains and exhibits their control over the victim. If any of these examples exist, then it is an indicator that coercive control is being perpetrated.



Intervention

Safety concerns demand that where there is doubt about the typology cases are treated as coercive control until evidence is compelling enough that a specific case involves violent resistance or situational violence. All safety planning strategies should remain in place and interventions should assume coercive control until the evidence is compelling enough that another type is involved. Different treatment would be warranted depending on the type of abuse that is involved.

In the case of situational violence, for safety reasons, the tailoring of interventions should begin with individual approaches in which each of the partners receives work on anger management, substance abuse, communication issues, or other problems that trigger the escalation of violence. Where individual approaches appear to be effective, and no new safety concerns arise, it is then reasonable to consider introducing couple approaches to counselling.

Where distinctions in the type of abuse are not made, we can come to incorrect conclusions about the causes of intimate partner violence. Ignoring distinctions in the interventions could mean treating violent resistors as if they were coercive controllers and assigning them to programs to address their power and control when what they require is support for non-violent response to the coercive controller partner. It could also mean depriving couples with communication issues of counselling that may help them live together in peace.

Where children are involved, custody and visitation matters tailored to the type of violence might be in the best interests of the child and the parents.

Primary Prevention and Education	
Coercive Control	**Situational Violence**
• Establish equality and respect for the victim • Implement safety planning • Identify warning signs (within the context of the specific relationship) • Promote "help-seeking" and social/ community connections	• Address risks for and sources of conflict • Implement safety planning • Promote anger management, substance use rehabilitation or other applicable services • Identify and address triggers and risks for escalating conflict or violence • Improve communication and conflict management skills

Primary Prevention and Education	
Coercive Control	**Situational Violence**
For the victim: • Individual counselling • Trauma recovery • Violence prevention • Boost empowerment, awareness, and readiness to leave • Work with victims where they are psychologically (e.g. stages of change) **For the perpetrator:** • Specific Perpetrator intervention	**For both:** • Conflict resolution • Anger management • Rehabilitation • Individual counselling, then couple's counselling if safety established • Parent education classes

Violent Resistance

Violent Resistance is a way of stopping ongoing coercive control. It will present as a violent incident and without further understanding may present as situational violence. Whilst not exclusively it is more likely to be a female perpetrator of Violent Resistance in response to the predominantly coercive controller. It is quite rare, as most violent resisters desist as they believe that resistance will escalate the situation. They will often use strategies to mitigate or diffuse the abuse, and the act of resistance is either a final straw or an act of self-defence.

Responding to cases of violent resistance should look similar to cases of coercive control once it has been established as the cause of the violent resistance.

Child and Adolescent to Parent Violence and Abuse (CAPVA)

There is no legal definition of CAPVA, but it is increasingly recognised as a form of domestic violence. In the UK, domestic violence can be defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse by those aged 8-18 towards a parent or carer regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial, and emotional abuse.

CAPVA is likely to follow a pattern of behaviour which can include physical violence from an adolescent towards a parent and several different types of abusive behaviours, such as property damage, emotional abuse, and economic/financial abuse. Abusive behaviours can include, but are not limited to, humiliating language and threats, belittling a parent, damage to property and heightened sexualised behaviours. Siblings of abusive children may also be abused or become abusive.

There is no single explanation for CAPVA and the pathways to it manifesting appear to be complicated. Some families experiencing CAPVA have a history of domestic violence and abuse. In other cases, the violence is contextualised with other behavioural problems, substance abuse, mental health problems, learning difficulties or self-harm. In certain cases, there are no apparent explanations for the violence which can make it difficult for parents to understand why only one of their children can be manifesting such behaviours.

It is suggested that violence towards or abuse of a parent is a safe place off load external frustrations, it may also be a sign that there are other issues, for example CCE or CSE going on. There is no clear or defined set of reasons, though it is likely to be trauma or stress related.

CAPVA First Aid Kit.

This information is aimed at supporting the early recognition of Domestic abuse, framing an incident(s) as such, and guiding you towards an early, expert intervention for the adult and young person.

An abusive/ violent incident, the assault of a parent/carer or an act of criminal damage at home for example can be the product of a chain or pattern of coercive and controlling behaviour and be a complex and sensitive set of circumstances. Observing protocols used for LAC in a similar situation is advised.

Immediate Danger: The situation may well still be volatile… be aware. Assuming you have arrived on appointment, it may be calmer.

Do's

- From the outset, be assertive, encourage a positive, solution focused approach.
- Explain your strategy to speak individually to each person. Be open and transparent.
- Consider: Emotions may be intense and confused. Feelings of 'guilt' 'shame' & 'blame' from the parent and the young person are not unusual. Reassure that this is normal.
- Confirm that DV or abuse is not acceptable under any circumstances and must be ended.

Don'ts

- Make promises that are unrealistic or cannot be achieved.
- Take sides…
- Forget to separate the behaviour from the person(s).
- Ignore the positive behaviours, work to build on these.
- Share or compare perspectives of incidents and family interactions with other family members.

Advise

- That an interim safety plan will be needed.
- That it is probable a multi-agency approach will be needed and information shared to achieve the best outcome.
- That DASH assessment will be needed for parent.
- That the aim could be to keep the individuals together, as opposed to adult on adult DV where a likely outcome may be separation.

Next steps

- Complete the DASH with the adult.
- Share contact details/leaflets/information for self-support. i.e. UAVA.
- Devise a safety plan.
- Liaise with all other agencies working with the family. Share info and work in parallel.
- Take advice if needed. UAVA Business line.

Early conversations keep in mind…

- Ensure these are safe and private.
- Listen. Active Listening, record notes accurately. Do not judge or assume.
- Affirm early that 'work & change' will be needed by all parties.
- Guide the dialogue to the recent past, start of conflict, what was it like before or what would good look like?
- Gather: Perceptions, triggers, coping mechanisms, feelings, wishes, what if's? Frequency and severity.

Contacts and further information:

- **UAVA Helpline for public**
  www.uava.org.uk
  Call: 0808 80 200 28 or text: 07715 994 962
- **AVA business line for professionals**
  www.uava.org.uk/professionals
  Call: 0116 255 0004
- http://lrsb.org.uk/lmagrda-section-2-impact-on-children
  Info: Impact on Young People.
- http://lrsb.org.uk/quick-start-guide-and-referral-f2
  'If I suspect DV' flow chart

Joined up working between domestic violence and abuse services should be established to support the prevention and intervention of CAPVA.

Young people using abusive behaviour against a parent should receive a safeguarding response (through Safeguarding Children Partnerships) in addition to using discretion and professional judgement when addressing cases.

A risk assessment of environmental and emotional factors should be undertaken when working with young people that are exhibiting CAPVA. Examples of things to consider for such risk assessments are:

Emotional:

- Does the young person have difficulties in forming relationships?
- Does the young person have mental health issues, self-harm, or suicidal tendencies?
- Is the young person disengaged from education?
- Is the young person misusing substances?
- Does the young person display an obsessive use of violent games or pornography?
- Does the young person have poor coping skills or engage in risk taking behaviours?
- Does the young person identify their behaviour as abuse?

Environmental:

- Is there a history of domestic abuse within the family unit?
- Is the young person in an abusive intimate relationship?
- Is there a need for adult services' involvement in the family?
- Is the young person being coerced into abusive behaviours?
- Is the young person displaying heightened sexualised behaviours?
- Is the young person associating with peer groups who are involved in offending or older peers?
- Are Children's Services currently involved with the family?
- Should a risk assessment be conducted on the siblings to see if they are at risk of violence and/or contributing to the violence?
- Is the young person isolated from people and services that could support them?
- Is there a risk that the young person is being bullied?
- Are there BAME issues that need to be considered or that may affect a victim's disclosure?

Wider support

Young people may need wider coordinated support from a multitude of agencies such as education, health, social care, and the police. An inter-agency assessment should be conducted where this type of wide-ranging support is required. Early assessments should identify the help required by a young person before their behaviour escalates to appoint where intervention is required via statutory assessments. The following could be considered to support this:

- Encouraging joint working between Multi-agency Risk Assessment Conferences and services that safeguard children, such as the Multi Agency Safeguarding Hub which now exists in many local authority areas.
- Think about how you will prioritise support if there are multiple issues in the young person's life i.e. relationship abuse, gang involvement.
- It is important that the care pathway has clearly identified points of safeguarding referral or input and that the Local Safeguarding Children's Boards are working effectively with the Multi-agency Risk Assessment Conferences.

Post - Separational Abuse

Following the breakdown of an abusive relationship, the abuse often does not stop and transitions into a new form of abuse referred to as post-separation abuse. Post separation abuse can escalate and often surpass the domestic abuse they experienced while in the relationship.

Following the end of a relationship, the perpetrator may set their sights on any children to exert control and to terrorise the other parent. Where this happens there are three basic narratives that often accompany custody battles: the abuser's need for control, the abuser's need to win, and the abuser's desire to hurt or punish the other parent.

The only resource available to victims of post-separation abuse is the family court system (judges, mediators, minor counsel, custody evaluators, therapists, co-parenting counsellors, parenting coordinators, and attorneys). Post-separation abuse should be recognised by members of the family court system through appropriate education so it can be identified in divorces, custody battles and paternity cases.

The following are descriptions of different types of post-separation abuse that may be seen following the end of an abusive relationship.

Counter-parenting

The abusive parent can have so much hatred towards the other parent that their judgement is compromised, and their actions are driven by anger and revenge. The abusive parent is unable to act in the best interests of the child and move forward in a sensible direction. They continue to behave inappropriately towards the other parent and undermine them by disrupting the child's routines, contradict established rules and withhold information. They may ignore school commitments to create difficulties for the other parent. They use the parenting time schedule as a weapon, and indirectly hurt the child in the process.

Alienation allegations

This is where the abusive parent's behaviour, neglect, or abuse cause the children to reject them, resulting in the parent lodging allegations of parental alienation. These are commonly invoked as a legal strategy to counter abuse claims. Accusations of alienation are a potential weapon of abusive parents who are attempting to maintain control and inflict pain on the other parent. As with all types of abuse, care should be taken to take a wide angled view of the family situation to understand if this is occurring, or a malicious allegation.

Neglectful or abusive parenting

The perpetrator may expose children to unsafe situations or people. By doing this, the abusive parent's motivation is to cause concern and fear for the other parent. Their parenting style is neglectful and includes varying degrees of abuse. They might use violence, intimidation, threats, manipulation, and ridicule to gain compliance from the children. The abusive parent manipulates the children using their wants, needs, fears, and feelings and these behaviours often fly under the radar and are difficult to prove. Children are often unable to articulate their experiences properly to trusted adults and are often punished for speaking out, so they are further forced into submission and silenced.

Discarding

The abusive parent might wage a child custody war for 50% parenting time however, their conveyed interest in the children is not honourable. Their motivation is to hurt the other parent who was typically the primary parent during the relationship. Once they have a perceived win, they typically discard the children in a variety of ways. The abuser will leave the children with significant others, carers or other childcare providers or, pass them on to grandparents or other family members. They will also enrol very young children in day-care, even if the other parent is home and available.

Parenting duties are viewed as tedious and the abuser would rather pay someone to care for the children than to allow them to be with the healthy parent. The abuser knows that keeping the children away from the healthy parent will inflict great pain and this is another area of using the legal system and children as weapons.

Isolation

If isolation were to be a tactic of the perpetrator, the abusive parent sets out to destroy the targeted parent's social network by spreading lies and rumours with the goal of compromising the existing (or potential) support system. They try to portray the targeted parent to be mentally unbalanced, unstable, or having addictions. Many times, the smear campaign starts well before the relationship ends and is very strategic in nature. The abuser's goal is to isolate and publicly damage the person's reputation so that they are alone and without social resources. The abuser attempts to paint a false narrative of the healthy parent by manipulating people to believe stories ranging from mental illness to promiscuous behaviour. In family court situations, the unhealthy parent then goes on to paint a false narrative using projection of their own issues to muddy the waters. The abuser will go to great lengths to isolate the targeted parent.

Harassment and stalking

Typically, very covert in nature, this type of stalking and harassment usually flies under the radar of most law enforcement officers and family court professionals. The abusive parent bombards the other parent with numerous emails, phone calls and messages, most of which are manipulative, threatening, and abusive. While some are blatant threats, most are veiled and go right up to the legal line in a taunting manner, without crossing the threshold. The abuser is known to craft long, exhausting emails with the sole purpose of inflicting pain, consuming the other parent or, creating a false narrative for the court. The abuser's goal is to engage and intimidate the other parent in a covert manner, with the goal of showcasing them to be the unstable one. The abuser will engage in subtle stalking tactics that cause panic and fear.

Legal abuse

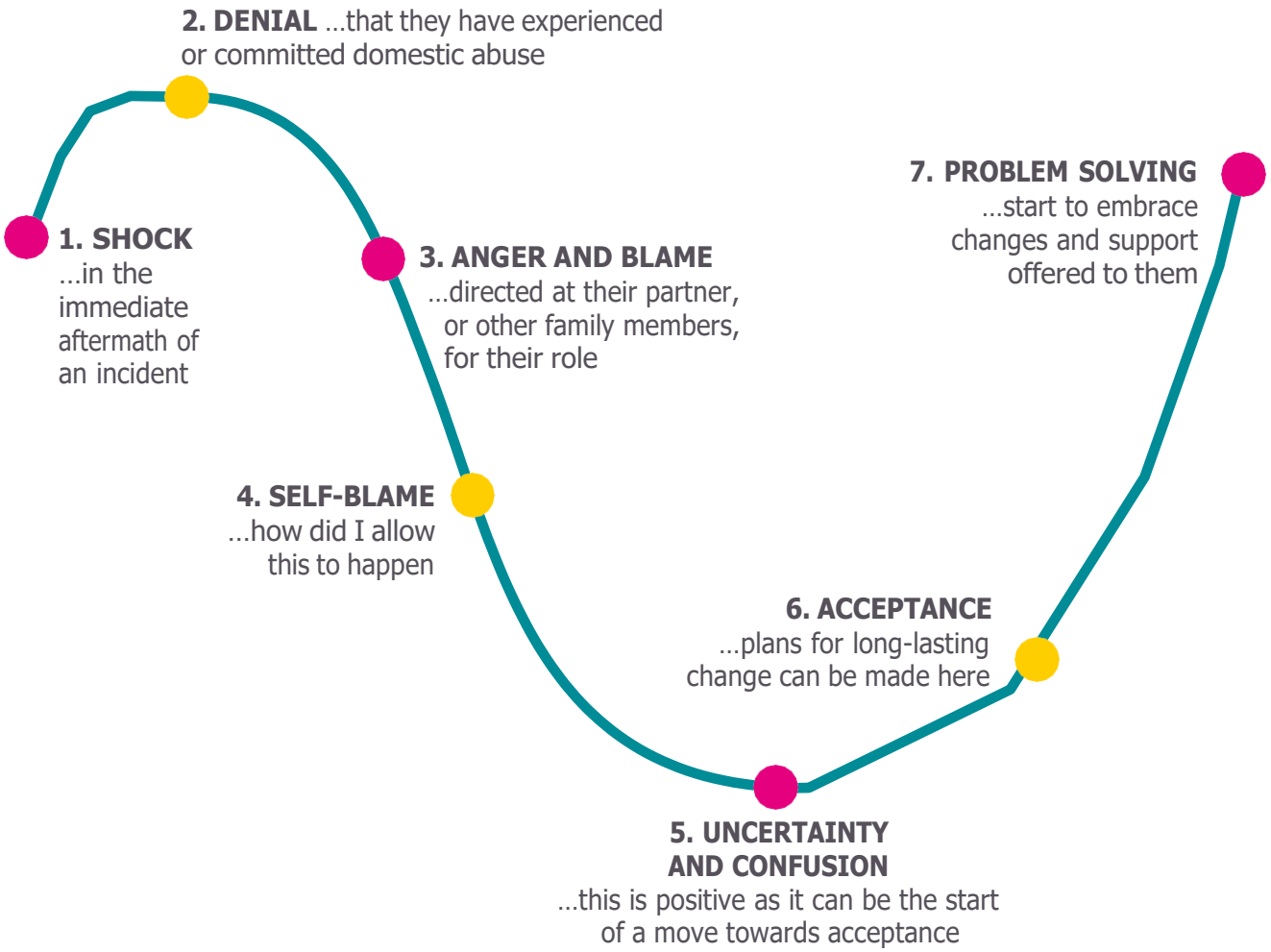
The abuser wears a metaphorical mask in the courtroom, behind which is malicious intent, fooling the top family court professionals. A divorce or child custody battle is sport to the abuser and the courtroom becomes the domain in which he/she inflicts punishment and terror. Typically, very conflict avoidant, the targeted parent is at a huge disadvantage and becomes triggered by this new platform of abuse. This can be paralysing and debilitating. The abuser utilises the court system as a weapon in what is best described as a sick and twisted game. The goal is to destroy the targeted parent financially and emotionally. The abuser's words and actions are never in alignment with what they say in court versus how they behave outside of the courtroom. Uneven playing fields in this arena often results in financial and emotional devastation for the targeted parent.

Financial abuse

Financial games, ploys and deception is rampant with the abuser's sole intention of hurting and controlling the other parent. The abuser will purposefully withhold or mismanage support payments (child support/spousal support) as well as court-ordered reimbursements, even if withholding the support has a direct impact on the children. The abuser will deliberately create financial chaos for the other parent by blocking access to bank accounts and other financial resources. The abuser will interfere with the other parent's ability to thrive on their own, going so far as to jeopardise their job interviews or their secured employment, by not picking the children up as scheduled or court ordered. This type of person will intentionally obstruct the targeted parent's opportunities to advance in their career, in school, or in life.

The Change Curve

Stages of change following a domestic abuse incident



It's important to remember that people can move through the change curve at any rate, they can also take steps back. Each person may be at a different stage within the cycle and therefore we have to adapt the way in which we approach families and the conversations we have with them. It is vital that we understand where they are on the curve in order to understand the risks and opportunities for engaging families in change.

- **Shock:** During this stage, all members of the household are taken aback by the incident that has occurred. Individuals and teams will express surprise and wonder what the impetus for this change is. Shock is a discomforting stage for people they will be trying to prove their worth.
- **Denial:** In relation to Domestic Abuse, this will present as either denial of the incident, minimisation of the severity or the frequency of the abuse.
- **Anger & Blame:** As people move through the curve over time, anger is a distinct possibility. Victims will likely feel a lot of blame towards both the perpetrator, and even other people in their household. A perpetrator may blame others for their behaviour being the cause of their behaviour.
- **Self-Blame:** After blaming others, some self-reflection will take place, thinking about how they allowed it to happen, how did they let it get that far, could they have acted differently to prevent the incident or the escalation.
- **Uncertainty & Confusion:** Along with the self-blame comes a period of uncertainty. They may wonder "what's the point" or think "nothing is going to help or change". It's a good sign as people are beginning to move on. This manifests in various ways but people will show signs of doubt and confusion. Signs of acceptance will, however shine through, as they may ask questions such as:
  - Do I stay with them?
  - Will this happen again?
  - How should I react if this happens again?
- **Acceptance:** At this point, the person is accepting that there is a problem, and that something needs to change going forward. We need to get all members of the household/relationship to this stage to start making meaningful change with them. Before this point, any therapeutic or behavioural change work is unlikely to work and will see little engagement from the household members.
- **Problem Solving:** Is where people withing the household/relationship start to show real engagement with change work and embrace the support being offered to them.

Trauma

Defining trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Domestic abuse and trauma

Adults and children who experience domestic abuse, are survivors of traumatic experiences. Being hurt by someone you love and is a part of your family can have serious consequences on how they think, act and feel.

Domestic abuse is by its nature, complex, it is not a discreet episode of trauma; it is an ongoing traumatic experience for all members of the family. The perpetrator of the traumatic experience is a loved one. Most survivors will be interacting with their perpetrator on a regular basis.

Responses to trauma

We know that relationships shape us. Our early experiences guide our future relationships, designing our patterns and expectations for interactions. They determine what we believe we are deserving of, what is acceptable or what is good for us. For those who have had experiences of violence or abuse, the recurring patterns of its existence can sometimes be traced throughout their life stories.

By definition, trauma occurs when a stressful experience (such as being abused, neglected, or bullied) overwhelms the child's natural ability to cope. These events cause a "fight, flight, or freeze" response, resulting in changes in the body such as faster heart rate and higher blood pressure as well as changes in how the brain perceives and responds to the world. In many cases, a child's body and brain recover quickly from a potentially traumatic experience with no lasting harm.

However, for other children, trauma interferes with normal development and can have long-lasting effects. Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world. The stress hormones produced during trauma interfere with the development of higher brain functions responsible for thought and language.

Systems Within the Brain

Cortex
Reasoning/judging centre
3 to 6 years

Limbic System
Emotional centre
1 to 4 years

Cerebellum
Motor centre
Birth to 2 years

Brain stem
Basic survival functions
Pre birth to 8 months

- **Systems in the frontal cortex are involved in abstract thought**
- **Systems in the brainstem are responsible for regulating heart rate, blood pressure and arousal states**
- **Systems in the limbic areas are responsible for attachment, regulation and aspects of emotion**
- **Systems in the cortex are responsible for abstract cognition and complex language**

Another important neurological principle to consider is that the brain develops in a sequential and hierarchical fashion i.e., from less complex (brainstem) to most complex (limbic and cortical areas). These different areas develop, interact with other systems and become fully functional at different times during childhood. At birth, the brainstem areas responsible for regulating cardiovascular and respiratory function must be intact for the infant to survive, and any malfunction is immediately observable. In contrast, the cortical areas responsible for abstract cognition have years before they will be fully functional. This means that there are different times during which different areas of the Central Nervous System are most sensitive to traumatic experiences and the cues related to them. While experience may alter the behaviour of an adult an experience literally provides the structural framework for an infant and child. A child's healthy attachment development is dependent on his or her needs being met consistently by a sensitive and consistent caregiver. The existence of violence, aggression, abuse, neglect and hostility within the family situation can cause serious disruption to this process and impact on children's ability to regulate.

Self-regulation

Controlling impulses and managing difficult emotions are essential for successful adult life. Most children acquire these skills at a rudimentary level before they start school. Children who have experienced developmental trauma, however, may not have been helped to develop these skills. Infants learn to manage stress through relationships with attachment figures. When caregivers are either predominantly unresponsive or aggressive, infants may experience unmanageable negative feelings. Pre-school children are socialised and learn to curb impulses through the momentary rupture in relationship with their caregiver as they are prevented from or reprimanded for doing something wrong. This brief disconnection is followed by a quick repair of the relationship by the adult. This cycle of rupture and repair is common as young children try to explore their world and assert control over it. Through these experiences, and by having positive adult role models, children learn that making mistakes is not catastrophic and relationships can survive difficult interactions and be repaired. They learn that being loved and cared for is not dependent on behaviour. When children's experience is arbitrary or excessive discipline or dangerous unresponsiveness from their caretaker, with no repair of the relationship, they can be left in a state of shame with little capacity to manage their own behaviour. Their sense of self can become constructed around a fundamental belief that they are bad.

Even when children have good enough early experiences and develop self-regulation skills these can be overwhelmed by trauma. Terrified, highly aroused children cannot consciously control their reactions and respond to perceived threat in an impulsive and dysregulated way. If children are exposed to frequent terrifying experiences and their adult caregivers create their terror or fail to protect them against it, their baseline physiological arousal may be persistently high. Children become hyper-vigilant and alert to possible danger even when there is no real external threat. This preoccupation with survival diverts children from potentially positive social and learning opportunities and makes them extremely reactive to common stimuli that they associate with previous danger.

Traumatised children may also struggle to regulate some of their physical responses. Children may not recognise extremes of temperature or be either extremely sensitive to the mildest discomfort or apparently unaware of pain even when they have suffered a serious injury.

Brain processes during trauma

The DOING brain is called the amygdala, this part of the brain is located in the limbic system where responses to threat, extreme danger, and intense emotion occurs. This is designed to act as a smoke alarm that goes off when our brain thinks we are in danger. It is designed to help us take care of ourselves.

The THINKING brain. This part of the brain, called the pre-frontal cortex or cerebrum, helps us plan, problem-solve, and organize the world around us. It helps us analyse situations rationally and make thoughtful decisions. When the DOING brain alerts us that there is a danger present, the THINKING brain is designed to check things out. For example, when we hear a loud noise, the DOING brain sends a signal to the THINKING brain that you might be in danger. The THINKING brain then checks it out (and sees that the wind closed the door) and sends a message to the DOING brain that you are not in any type of danger. However, if the THINKING brain determines that you really are in danger (as in the THINKING brain sees a gun and hears a gunshot), the THINKING brain sends a message to the DOING brain that the danger is real.

The THINKING brain then shuts down to allow the DOING brain to do whatever it needs to do (run, hide, or take some other action) to keep ourselves safe. The DOING brain releases chemicals in our body to prepare us for action by first bringing the energy in the body up (sometimes referred to as an adrenaline rush). The DOING brain can also release chemicals that calm us down, and finally can release a chemical that helps regulate the body. The ways in which the DOING brain responds to events helps determine whether individuals will experience a fight, flight or freeze reaction in the face of dangerous events.

Our body is designed to remember dangers, so if the same dangerous thing happens again, the body can respond quickly and efficiently. If a person is in constant danger or in danger quite frequently, this is a very efficient way in which the brain keeps us safe. But sometimes something will happen that reminds us of past events and makes us feel in danger even when we are not actually in danger in the present moment. These are "triggers": they can be sounds, smells, words, tones of voice, approaches, etc. They can make a survivor respond as if they are in danger, even if the situation is safe.

At the time when people experience traumatic events, a number of physiological changes immediately occur in their bodies. It is important to note that individuals do not control these instinctive reactions to signs of danger. Rather, it is a part of the way that our body is wired to respond to perceived danger and keep us safe.

Hypervigilance

Some children and adults are always on alert; their radar is attuned to any and all potential dangers. For those experiencing domestic abuse people known or unknown, regardless of intention, might be seen as dangerous. The world, this room, this building, this organization feels unsafe. Other people are unsafe. The person feels unsafe. They might take great pains to predict what might happen next. This level of fear can result in a heightened and continuous state of alert known as hypervigilance, always on guard. A hypervigilant person might become agitated and restless if they do not know what to expect.

Numbing

If an adult experiencing abuse is not in a hypervigilant state, they might seem distant, not attentive to the environment and other people. They might seem disconnected even from themselves, they might be sitting in front of you but appear unmotivated and distracted.

Heightened Emotional States

Some people living with domestic abuse might express a level of emotion that seems unwarranted or extreme considering their current situation. They might cry when asked to provide an emergency contact name. They might yell at person who asks about their children. They might pace the hallway outside of your office, not requesting anything in particular. They might be the well-known person who calls at least four times a day.

Now, consider what happens to an adult or child's thinking, actions and emotions when fight, flight or freeze are continuous states. Consider the cumulative effect when being hyper vigilant, numbing or having heightened emotions are the default coping strategies. Even when the threat of danger is no longer present, it might not feel that way for the adult and child. They have survived using strategies that kept them alive. These coping strategies have been their strengths when they felt endangered. They developed in the context of abusive and chaotic experiences.

Being trauma-informed means recognizing and accepting these coping

Strategies as logical from their perspective. While a practitioner might be asking a routine question on a referral form, the survivor might be experiencing "I'm in danger" reaction. Our challenge is to understand how trauma might be affecting one person and to learn how to be with them. How can we remain accessible to someone coping with the effects of trauma? We cannot and often do not know what constitutes a trigger for someone else. Sometimes it might be obvious, at other times it seems unrelated to the current situation or environment.

Trauma Triggers

Triggers are those events or situations which in some way resemble or symbolize a past trauma to individual survivors. Events or situations that might otherwise be insignificant become associated with the trauma in a child or adults mind and body and become "triggers" that indicate danger.

Trauma and Memories

There is evidence that trauma is stored in the part of the brain called the limbic system, which processes emotions and sensations, but not language or speech. For this reason, people who have been traumatized may live with implicit memories of terror, anger, and sadness generated by the trauma, but with few or no explicit memories to explain the feelings. They may have difficulty "remembering" traumatic events in a way that enables them to verbally describe events to others.

Dissociation is a "reduced awareness of one's self and/or environment." (Elizabeth Vermilyea, Growing Beyond Survival)

All people dissociate to some degree at different times of their lives (for example, when zoning out in front of the television), but during the experience of trauma, the survivor may experience a more significant degree of dissociation. For example, they may report feeling as if they were watching events from outside of their body. Dissociation as a complex mental process during which there is a change in a person's consciousness. This change in consciousness involves a disruption in the connections between the functions of identity, memory, thoughts, feelings, and experiences. The perception of time or memory may be distorted, such as time seeming to slow down during the trauma or pieces of the trauma being shut out of our awareness. Dissociation is a protective, strategic mechanism employed by the brain to protect survivors as they experience abuse. It is a completely normal

Response to a traumatic experience and may become a common coping mechanism for survivors who also have childhood experiences of abuse. Dissociation, while adaptive, can cause problems for survivors if it becomes a daily coping mechanism

Protective Factors

Fortunately, even when children experience a traumatic event, they don't always develop traumatic stress. Many factors contribute to symptoms, including whether the child has experienced trauma in the past, and protective factors at the child, family, and community levels can reduce the adverse impact of trauma. Some factors to consider include:

Severity of the event. How serious was the event? How badly was the child or someone they love physically hurt? Did they or someone they love need to go to the hospital? Were the police involved? Was the child separated from their caregivers? Were they interviewed by a social worker, police officer, or counsellor? Did a friend or family member die?

- **Proximity to the event**. Was the child actually at the place where the event occurred? Did they see the event happen to someone else or were they a victim? Did the child watch the event on television? Did they hear a loved one talk about what happened?
- **Caregivers' reactions.** Did the child's family believe that he or she was telling the truth? Did caregivers take the child's reactions seriously? How did caregivers respond to the child's needs, and how did they cope with the event themselves?
- **Prior history of trauma.** Children continually exposed to traumatic events are more likely to develop traumatic stress reactions.
- **Family and community factors.** The culture, race, and ethnicity of children, their families, and their communities can be a protective factor, meaning that children and families have qualities and or resources that help buffer against the harmful effects of traumatic experiences and their aftermath. One of these protective factors can be the child's cultural identity. Culture often has a positive impact on how children, their families, and their communities respond, recover, and heal from a traumatic experience. However, experiences of racism and discrimination can increase a child's risk for traumatic stress symptoms
- **Age. Younger children are more vulnerable.** Even infants and toddlers who are too young to talk about what happened retain lasting "sense memories" of traumatic events that can affect their well-being into adulthood.
- **Frequency.** Experiencing the same type of traumatic event multiple times, or multiple types of traumatic events, is more harmful than a single event.
- **Relationships.** Children with positive relationships with healthy caregivers are more likely to recover.
- **Coping skills.** Intelligence, physical health, and self-esteem help children cope.
- **Perception.** How much danger the child thinks he or she is in, or the amount of fear the child feels at the time, is a significant factor.
- **Sensitivity**. Every child is different—some are naturally more sensitive than others.

Impact on Parenting

Early-life traumatic experiences can affect a parent's ability to cope if proper closure is not reached. There is also a strong correlation between unresolved loss and trauma and disorganised attachment in children. Unresolved parents tend to have children whose behaviour is disorganised and it can:

- Compromise a parents' ability to make judgments about safety
- Make it harder for parents to form and maintain secure and trusting relationships
- Impair their capacity to regulate emotions / emotional instability
- Leave them with feelings of low self-esteem and a lack of coping strategies which can impair a parent's decision-making ability
- Make the parent more vulnerable to other life stressors,
- Leave them with low tolerance to stress and feelings of being overwhelmed
- Leave them feeling fatigued & having problems with sleeping
- Dissociation
- Impact on the quality of attachments / Child may be a trauma reminder
- Effect their ability to engage with services
- Effect their ability to distinguish between discipline and punishment

Trauma and perpetrators

Whilst both men and women may experience incidents of inter-personal violence and abuse, women are considerably more likely to experience repeated and severe forms of abuse, including sexual violence. They are also more likely to have experienced sustained physical, psychological or emotional abuse, or violence which results in injury or death.

There are important differences between male violence against women and female violence against men, namely the amount, severity and impact. Women experience higher rates of repeated victimisation and are much more likely to be seriously hurt (Walby & Towers, 2017; Walby & Allen, 2004) or killed than male victims of domestic abuse (ONS, 2019). Further to that, women are more likely to experience higher levels of fear and are more likely to be subjected to coercive and controlling behaviours (Dobash & Dobash, 2004; Hester, 2013; Myhill, 2015; Myhill, 2017).

Traumatic Childhood Exposures in the Lives of Male Perpetrators of Female Intimate Partner Violence Margaret E. Watt PhD, CRNP, FNE A/P, Debra A. Scrandis, PhD, CRNP Journal of interpersonal violence (IPV) . This research was first published in 2013 the aim of the study was to explore the life perspective of men who have been violent with their female intimate partners. Nine men with a history of female IPV were interviewed twice over a 5-month period. Interview content focused on their experiences in childhood and adult lives. Four themes emerged from the qualitative interviews: (a) childhood and family issues, (b) school and mental health issues, (c) substance abuse and (d) legal issues. Traumatic violent experiences in childhood, such as physical and sexual abuse, frequently led to school problems, misuse of substances, and arrests for a spectrum of crimes.

Semiatin, J. N., Torres, S., LaMotte, A. D., Portnoy, G. A., & Murphy, C. M. (2016) found that trauma exposure, PTSD symptoms, and presenting clinical problems among male perpetrators of intimate part Perpetration of domestic abuse was linked with higher rates of past traumatic experiences. One study found that 77% of men who had perpetrated abuse had been exposed to previous traumas, with 62% reporting multiple traumatic exposures.

Traumatic experiences are never an excuse for perpetrating abuse, the majority of people who have been exposed to trauma never go on to cause harm. However, a trauma informed approach for those perpetrating abuse means understanding how past traumas may impact on their behaviour and ability to engage in behaviour change work.

Working with Trauma

Questions to consider when working with children

- What trauma happened to the child? How often has this happened, First, worst and last time?
- What trauma symptoms are they presenting?
- What safety factors were present, how did/are people respond/ing?
- What is their current environment like? How safe or stressed are they?
- What was their first 5 years like?

Trauma Timeline

You might find it helpful to work with the child and family to create a visual timeline of their life to understand their trauma journey, the ages and stages that this happened as well identify times in their life's that were free from trauma. You can ask them to think about their observations. Trauma Time Line can reveal how early trauma patterns may have continued to be recreated throughout their lives, it can identify strengths and resilience. Trauma can also create loss of memory and context. The trauma time line helps to place experiences that they may have pushed out of consciousness back into the overall framework of their lives.

How to Teach Children about the Brain: Laying Strong Foundations for Emotional Intelligence

When an emotional wobble sneaks up on you and your child because of a new

developmental stage, tiredness, or a challenging dynamic playing out, the Brain House concept may help a child understand what is happening when children and adults flip their lid. Dr Dan Siegel and Dr Tina Payne introduced the idea in their book 'The Whole Brain Child'.

The neuroscience research in this book supports the parent-child relationship and explains complex neuroscience to parents, providing useful tools to help turn frustrating situations in to learning opportunities. Dr Hazel Harrison was also inspired by their idea and introduced a wonderful concept of narrating different characters that live in the Brain House as a way to help children understand how the brain works.

The below links provide resources on how you can explain to children the brain house to children and families.

www.nottinghamschools.org.uk/media/1038416/imara-tell-children-that-their-brains-are-like-a-house.pdf

https://thechildpsychologyservice.co.uk/resources/

www.heysigmund.com/how-to-teach-kids-about-the-brain-laying-strong-foundations-for-emotional-intelligence-by-dr-hazel-harrison/

The Social work toolbox also provides free resources on trauma, mindfulness and relaxation: www.socialworkerstoolbox.com/complex-trauma-resource-guide-youth-care/

Supporting children with emotion coaching

Emotion Coaching is a tool or approach in supporting children's behaviour, emotional mental health and well-being. It is based on the work of John Gottman and colleagues in the USA. It emphasises the importance of considering the emotions which underlie particular behaviours 'in the moment', before dealing with limit setting and problem solving (Gottman et al., 1996). Emotion Coaching views all behaviour as a form of communication and makes an important distinction between children's behaviour and the feelings that underlie that behaviour. A key belief is that all emotions are acceptable, but not all behaviour. Emotion Coaching is about helping children to understand their different emotions as they experience them, why they occur and how to handle them, leading to happier, more resilient, and well-adjusted children.

Everyone has feelings and learning to deal with feelings is a skill that can be supported and taught. Some children and young people may benefit from enhanced support to manage their feelings. Adults can use specific relaxation, breathing and scripted approaches to support self-regulation. It is helpful to check in with children and help them to talk through their feelings. Some children benefit from visual supports to help them name their feelings or concerns.

The below website provides a number of resources and helpful websites on feelings and self-regulation.

https://blogs.glowscotland.org.uk/as/aberdeenshireeps/feelings-and-self-regulation/

Responding to Trauma Survivors - Approaches and Interventions

General principles when working with trauma survivors

While traumatic responses are normal, expectable reactions to trauma, they are also very uncomfortable for the survivor. Letting the survivor know that these responses are normal can help relieve some of the distress caused by these symptoms.

What to expect:

- Letting the survivor know what to expect after experiencing a trauma can help alleviate symptoms and help them to prepare to cope with them.
- Survivors of a traumatic event may alternate between periods of intense anxiety or re-experiencing the event and periods of depression and withdrawal. That is how our brain copes with trauma.
- Some situations may "trigger" the survivor to remember the trauma vividly.
- Anniversaries of traumatic events may cause post-trauma symptoms to recur or worsen.
- Events that are related to the trauma (court dates, counselling sessions, medical appointments) can cause these symptoms to worsen temporarily.
- Survivors may become impatient with the recovery process. It takes time to heal from trauma.

Assisting survivors with coping

Keep these goals in mind when discussing positive coping with trauma survivors:

Coping skills should support the survivor make new, safe connections with others. Experiencing traumatic events undermines a person's sense of safe relationships with others, and some coping should focus on helping survivors re-establish trust and connection with others and the wider community.

Telling the story of the traumatic experiences is helpful to healing. Breaking this silence can be an important means of coping.

It's normal to be affected by trauma. Having traumatic reactions is not an indication of individual pathology or weakness. Reactions are a body and mind's attempts at processing and healing and should be honoured as such.

Some coping strategies

- Talk about the traumatic experience with safe people
- Hard exercises (bicycling, aerobics, walking)
- Relaxation exercises (yoga, stretching)
- Writing a journal about the trauma
- Listen to music
- Create music, draw, or create other forms of art
- Avoid caffeine, sugar, these are stimulants
- Use humour
- Prayer or meditation
- Take time for oneself daily Keep objects around you that feel safe
- Cry
- Call the domestic abuse support helplines
- Be good to yourself
- Maintain a balanced diet and sleep cycle as much as possible
- Treat yourself with respect
- Practice deep breathing
- Read – but not horror books or true crime
- Take a warm shower or bath
- Find hobbies you enjoy or play sports

Reframing existing coping strategies

Domestic abuse survivors have a broad range of coping strategies that they use to survive and resist the abuse in their lives. These coping strategies are adaptive and effective in many situations but may not be helpful as long-term responses to the experience of abuse.

Coping strategies such as drug and alcohol use, hyperarousal and being constantly aware of surroundings, sensitivity to being touched, jumpiness or defensiveness, a general feeling of apathy (where the survivor feels as if she doesn't really care about anything) can all be viewed as adaptive strategies to deal with currently occurring trauma.

Unfortunately, sometimes these coping strategies continue even when the survivor is safe from the trauma. This might start creating problems in the survivor's personal life, and the adaptive coping strategy may have negative consequences. Drug and alcohol use is a prime example of a coping strategy that can end up creating major problems in the lives of survivors. It is problematic a survivor feels a lack of connection to their children, others who are important to them or feels like they could never be in another relationship because they have lost the capacity to love and trust someone.

Helping survivors understand the responses they have to trauma as trauma responses, as opposed to symptoms of a mental health disorder, can normalize the trauma responses and help survivors come up with more effective ways to cope with their situations. Reframing behaviours as coping strategies might also reduce some of the shame survivors feel about ways they have attempted to cope with the trauma and can reduce the stigma around seeking help for those coping strategies. While survival strategies can become maladaptive, it is important to understand these strategies as resourceful and effective responses to trauma, not signs of a mental health condition. Because so many trauma reactions are the same as some signs of mental health conditions, survivors can often mistakenly be diagnosed and treated (often with medication) for a mental health issue that really is a trauma reaction. Often survivors are looking for validation that they do not have mental health problems, educating survivors on trauma reactions as normal responses to abnormal situations can be very helpful for survivors.

Tools for Coping with Traumatic Stress

Grounding

Present, here-and-now awareness. Grounding is the process of connecting with the present moment so that a survivor can connect with her resources and options.

Reality check

The process of accurately figuring out what is really happening in the moment versus what the survivor may think, or feel is happening.

Feelings check

Paying attention to and learning the natural cycle of increases and decreases in feelings and mood states.

Imagery

Using their imagination to manage difficult experiences. Imagery allows a survivor to plan or problem solve, to achieve a goal, and to comfort themselves.

May be used to help a survivor envision practicing steps to achieving goals.

Journal writing

Writing to facilitate self-awareness, understanding, self-expression, healing and recovery. The journal serves as a road map, a support, and a method of internal communication and self-expression

- **Level** 1 - surface level – writings about events of the day in a present focused way - records facts not feelings
- **Level 2** - present focused – write about feelings, thoughts, or impulses, and how trauma is affecting the person
- **Level 3** - involves writing about traumatic events and is only recommended for people working with a therapist

Artwork

Drawing to facilitate self-awareness, understanding, self-expression, healing, and recovery.

Talking

Using words to describe your thoughts and feelings, and experiences to yourself and to others.

Grounding exercises

Grounding exercises are things person can do to bring yourself into contact with the present moment – the here and now. They can be quick strategies (like taking three deep "belly breaths") or longer, more formal exercises (like meditation). Different strategies work for different people, and there is no "wrong" way to ground yourself. The main aim is to keep your mind and body connected and working together.

People who have experienced childhood abuse or adult assault can sometimes be confronted by flashbacks or intense memories of what was done, to the point that they are feel as if they are back there, re-living the abuse all over again. A flashback is an example of being in the "there and then" rather than the "here and now," so grounding exercises can help to bring the person back.

Examples of grounding exercises

- Take ten slow breaths. Focus your attention fully on each breath, on the way in and on the way out. Say the number of the breath to yourself as you exhale.
- Splash some water on your face. Notice how it feels. Notice how the towel feels as you dry. Use words in your mind to describe the sensations.
- Sip a cool drink of water.
- Hold a cold can or bottle of soft drink in your hands. Feel the coldness, and the wetness on the outside. Note the bubbles and taste as you drink.
- If you wake during the night, remind yourself who you are, and where you are. Tell yourself who you are and where you are. What year is it, what age are you now? Look around the room and notice familiar objects and name them. Feel the bed you are lying on, the warmth or coolness of the air, and notice any sounds you hear.
- If you are sitting, feel the chair under you and the weight of your body and legs pressing down onto it. Notice the pressure of the chair, or floor, or table against your body and limbs.
- If you are lying down, feel the contact between your head, your body and your legs, as they touch the surface you are lying on. Starting from your head, notice how each part of your body feels, all the way down to your feet, on the soft or hard surface.
- Stop and listen. Notice and name what sounds you can hear nearby. Start with the closest or loudest sounds. Gradually move your awareness of sounds outward, so you are focusing on what you can hear in the distance.
- Hold a mug of tea in both hands and feel its warmth. Inhale its scent. Don’t rush drinking it; take small sips, and take your time tasting each mouthful.
- Look around you, notice what is front of you and to each side. Name and notice the qualities of large objects and then smaller ones.
- Pick one interesting object in your field of vision. Trace its outline with your eyes, as if you were drawing its lines.
- Get up and walk around. Take your time to notice each step as you take one, then another.
- Stamp your feet and notice the sensation and sound as you connect with the ground.
- Clap and rub your hands together. Hear the noise and feel the sensation in your hands and arms.
- Wear an elastic band on your wrist (not tight) and flick it gently, so that you feel it spring back on your wrist.

For baby's sake

Is an organisation that focuses on Domestic abuse and work with the whole family, starting in pregnancy, and addressing the pain and trauma at the root of the problems. They offer therapeutic support-based response to domestic abuse, trauma and what babies need from conception to age two (1001 days). For Baby's Sake empowers expectant parents to make changes that last, for themselves and their baby. There are a number of free resources available on the website supporting trauma conversations.

www.forbabyssake.org.uk/

The Window of Tolerance

What is the window of Tolerance?

Coined by Dr. Daniel Seigel, the window of tolerance refers to the optimal zone of arousal where we can function, manage, and thrive. In simple terms - this is the zone in which we successfully handle the stressors of our daily lives without excessive emotional distress or engaging in maladaptive behaviours.

Throughout each day, we encounter both stressors and soothing moments that activate an internal accelerator and braking system that dictates our level of arousal, and whether we stay in our window of tolerance - or not.

To give an example, imagine that you're running late for an important meeting, your system is likely accelerating (sympathetic system) during the moments that you're rushing and feeling anxious about your tardiness. Once you arrive and settle in, your brakes activate (parasympathetic system), and you'll likely re-regulate to calm.

In an ideal world, our accelerator and braking systems will work in tandem throughout the day to keep us within our window of tolerance. If you have a healthy regulatory system, chances are good that you'll stay within the window of tolerance a good portion of the time. We all have moments when we move outside of our WOT and may drop into hypo-arousal (zoned out, immobilized, dorsal vagal parasympathetic nervous system), or push into hyper-arousal (fight or flight, sympathetic nervous system).

It is important to note that our window of tolerance can change day to day (and even moment to moment). If you're sick, tired, hungry, or any other number of things - you may find that your window of tolerance is narrower than it was the day before. This means that something that didn't cause you significant stress yesterday could take you out of your WOT today.

Coping with challenges and the window of tolerance

All of us have some resiliency to cope with challenges. When we face difficult experiences that take us past the range of our ability to tolerate, we tend to split into two categories: those of us who get agitated, and those of us who shut down.

Sometimes, being challenged to venture into the edges of our window of tolerance is okay – it's how we learn to trust our resources and grow – but the extreme ends of our window of tolerance are where growth, learning, and authentic engagement are impossible. At those extremes, brains neurologically enter a fight/flight/freeze state and can't grow.

When working with children and families it is helping to learn to recognize the cues that a person is exiting their window of tolerance, entering what mental health professionals call states of Hyperarousal or Hyperarousal, and by finding ways to support their return into the conversation.

Getting flooded emotionally has the effect, within the brain, of literally shutting down the brain processes responsible for self-reflection, considering other viewpoints, complex decision making, etc. Learning in advance the boundaries of our own window of tolerance – and getting familiar with the terrain of children and family's emotional capacity – can be a way to prevent this emotional flooding and create better self-awareness and healthier conflict. Mindful awareness increases our capacity to be intentional about the choices we make in all situations – even highly emotionally-charged ones.

Quick guide to the window of tolerance

In the just right window of tolerance

- Feelings: calm, connected, competent
- Behaviours: can handle stressful situations if they arise

In the too high window of tolerance

- Feelings: anxious, overwhelmed, angry
- Behaviours: impulsive, self-destructive, or rigid/controlling behaviours

In the too low window of tolerance

- Feelings: cut off from feelings, shut down, disconnected
- Behaviours: withdrawal, physically slowed down, passively going along with things

How to help adults understand their window of tolerance

Families we are working with are best able to cope with stressors and triggers when they're operating within their window of tolerance. However, a traumatic experience can narrow their window of tolerance, leading to states of either hyper- or hypo-arousal. The below image can be used as a tool you can share with your families. It can help you explain what's going on when they're feeling dysregulated.

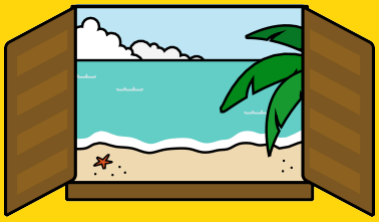
How Trauma Can Affect Your Window Of Tolerance

HYPERAROUSAL

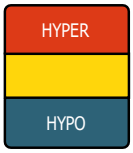
Anxious, Angry, Out of Control, Overwhelmed
Your body wants to fight or run away.
It's not something you choose - these reactions just take over.

WINDOW OF TOLERANCE

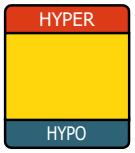
When you are in your Window of Tolerance, you feel like you can deal with whatever's happening in your life. You might feel stress or pressure, but it doesn't bother you too much. This is the ideal place to be.



When stress and trauma shrink your window of tolerance, it doesn't take much to throw you off balance.



Working with a practitioner can help expand your window of tolerance so that you are more able to cope with challenges.



HYPOAROUSAL

Spacy, Zoned Out, Numb, Frozen
Your body wants to shut down.
It's not something you choose - these reactions just take over.

nicabm

Hyperarousal zone:

Sympathetic "Fight or Flight Response" (too much arousal)

Signs you are here:

Tension, shaking • Intrusive imagery
• Hyper-vigilance • Emotional reactivity
• Emotional overwhelm • Impulsivity
• Defensiveness • Feeling unsafe • Anger/Rage
• Racing thoughts • Obsessive/cyclical thoughts

Optimal arousal zone:

Signs you are here:

Feel and think simultaneously
• Awareness of boundaries (yours & others)
• Experience empathy • Feel safe
• Reactions adapt to fit the situation
• Feelings are tolerable • Present moment awareness - "Right here, right now"
• Feel open and curious (versus judgmental and defensive)

Hyperarousal zone:

Parasympathetic "Immobilization Response" (too little response)

Signs you are here:

• Relative absence of sensation
• Numbing of emotions • Feeling 'dead'
• No energy • Disconnected • Shut down
• Reduced physical movement • No feelings
• Passive • "Not there" • Ashamed
• Can't say no • Can't defend oneself
• Flat affect • Disabled cognitive processing / "can't think"

Practices for being in the "here and now"

These exercises take less than a minute to do. They're great in the morning when you just wake up, or as a break from work — anytime throughout the day — as a way to increase emotional regulation and relaxation.

Centering Exercise - Put one hand over your heart and rest your other hand on your belly. Lengthen your spine. Take several full, slow breaths. Notice the fullness of your body as you let your breath come and go. Grounding Exercise Stand, in a relaxed position, focusing attention on the sensations in your feet. Put weight on different areas of your feet: front, back, sides. Then play a bit with movement — bending your knees, moving up and down. Sense the ground through your feet and legs.

Alignment Exercise - Take a little time to become aware of how your body aligns in a vertical direction: your ankles on top of your feet, your legs on top of feet and ankles, the pelvis resting on your legs, torso on pelvis, your head supported by shoulders and torso, arms hanging off your torso. Then imagine that you are being lifted by the top of your head. Also imagine the feeling of gravity pulling in the opposite direction on the bottom of your spine. Next, shift from feeling stretched to allowing your spine to collapse. Repeat several times these two movements with the flow of your breath — expand on the inhale, and then collapse on the exhale.

Walking Exercise - Bring all your attention to your body as you walk (and out of your head and worries). Notice how your feet hit the ground, how your feet roll, the movement in your knees, and corresponding sensations in your hips and shoulders. Play with your usual gait. Practice pushing off with your feet, or walking at different paces. Notice the corresponding changes in body sensations.

The power of breath

The following simple breathing exercises are also great to do throughout the day, whether during your commute, waiting in line, transitioning between work and play, or when giving yourself the ultimate treat - meditation!

"Simple breath" - Imagine while you are inhaling that your breath is going all the way down to your pelvis. Then let the breath expand in your lower belly. When you exhale, let the breath escape effortlessly. Repeat 5 to 10 times.

"Bell jar breath" - Inhale a breath. When at the top (or end) of the inhale, imagine a rounded quality. Then let the inhale roll over into the exhale. Notice where the breath rolls — front, back, side to side (wherever it seems to go). Repeat 5 to 10 times. This breath is also useful when feeling hyperaroused.

"4 x 4 x 4 breathing"

Inhale deeply for four counts, then exhale for four counts, and repeat the cycle for four minutes several times a day. I find this a good practice to do before starting work or appointments, and while commuting. It's also a great way to get back in the Window of Tolerance after stressful experiences. You can use your smartphone to time yourself so you can give full attention to your breath.

Getting back in the window of tolerance

The following are ways to calm yourself when you find yourself outside your Window of Tolerance. If experiencing a sense of overwhelm Sit in a chair with your feet fully planted on the ground or stand with your spine fully extended. Then slowly scan the environment, naming the objects within your field of vision.

If shaking or trembling - Take full, yet slow and easy breaths. No need to breath too deeply, though. If you can, sit in a chair or on a sofa, and wrap a blanket or comforter around yourself. Some people feel better if they also cover their heads.

If numb - Gently squeeze your forearms with opposite hands. Also increase awareness by noticing the environment through the five senses. What do you see, hear, smell? If you can, try touching or tasting something mindfully.

If hyper-vigilant - Lengthen your spine while taking full breaths. Pay attention to the rise and fall of breath as it alternatively fills and empties the chest and/or belly.

If accelerated heart rate - Take your attention away from the heart region by paying attention to the sensations in your feet. Notice the feeling of being grounded and connected to the floor or earth beneath you.

If collapsed feeling in the body - Try pushing firmly against the wall with your arms fully extended, your head up, and using your energy to ground down through the feet. Notice the feeling of sturdiness in your body as you push.

If feeling the impulse to hurt yourself or someone else - Push against the wall without aggression, and instead focus with awareness on a sense of grounding, starting with your feet and then moving through your body. Breathe full breaths, and keep bringing your thoughts back to your body sensations and away from the focus of your desperation, anger, or rage.

If feeling disconnected or experiencing depersonalization Start by slowing the pace of whatever you are doing. Then firmly but gently squeeze the forearms, calves, thighs, whatever feels enlivening to you. Try also "Walking Exercise" above.

If feeling frozen or panicked Sit comfortably in a chair or sofa, and wrap yourself in a comforter or blanket. Begin to focus on taking full, slow breaths, continually bringing your thoughts back to the present moment. Create a mantra for such moments, such as "I can be present and watch the waves of energy go by without getting caught in the story."

"Shaking off the freeze." Begin by slowly jumping off the ground, and shaking the arms out when feet land back on the ground. Take full breaths, mindfully inhaling when you jump, and exhaling fully when your feet land back on the ground. You can also say something to yourself like, "I'm safe. I'm letting go."

Using thoughts Name your reaction to yourself as a defense response, thus reframing the experience. Say to yourself, "This is just a memory," or "I'm just triggered right now." You might also try saying to yourself, "I can be here, right here, right now."

Safety Planning

A personal safety plan is a way of helping victims to protect themselves/and their children. It helps them plan in advance for the possibility of future violence and abuse. It also helps them to think about how they can increase their safety either within the relationship, or if they decide to leave.

1. Always assume the survivor is safety planning

2. Understand the patterns of behaviours of the perpetrator

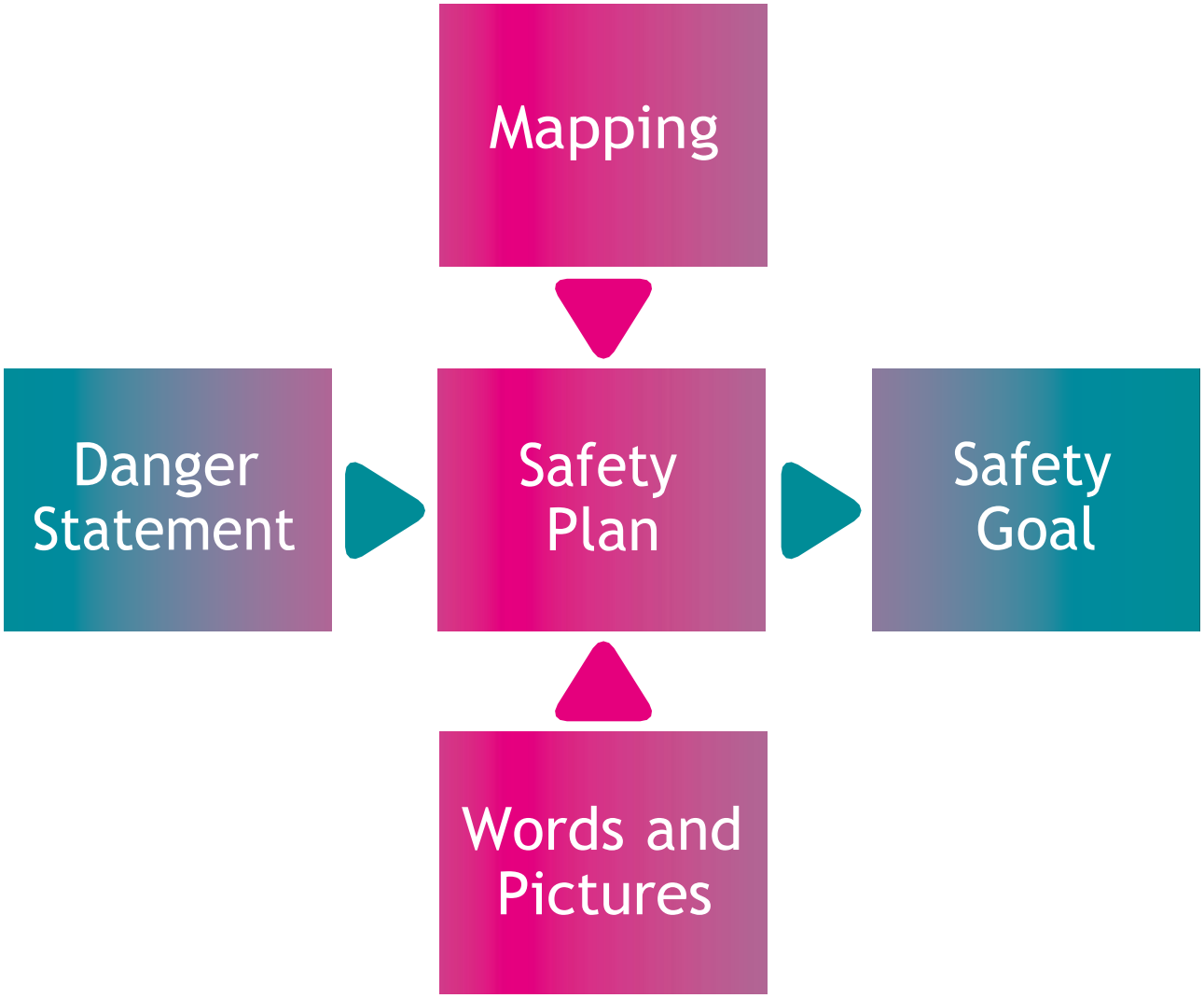
3. Recognise and work with the strengths of the survivor.

Developing a Safety Plan:

The first step to developing a robust safety plan, is by involving as many close friends and family as possible. Encourage the family to identify supportive people around them. A caring presence such as a trusted friend or family member can help create a calm atmosphere to think through difficult situations and discuss potential options.

Help them assess the risk of danger before it occurs by helping them identify triggers and potential levels of abuse. Ask them when the abuse occurs, and listen to them to try and identify what triggers the abuse

To develop a safety plan with a family, we need to set the start point (the Danger Statements) and the Safety goals for the family. Lead the conversation by addressing each one, and see what they can suggest themselves to provide safety and protect the child from witnessing or experiencing the abuse.



A safety plan is NOT a written agreement. It is a plan that improves the safety of the child, that is co-developed by the family network and the social worker.

There are 3 elements to safety planning -

- **Immediate Safety Plan** - The plan that you make quickly (usually on a Friday afternoon) or when there has been a crisis, to make sure that the immediate safety of a child is in place. This is a short term safety plan which focuses on reducing the imminent risk – This is not intended as a long term fix and this should be reviewed within the week
- **Interim Safety Plans** - The plan that is developed by the network, parents, children and social worker that starts off the process of developing a safety plan through a family network meeting.
- **Final Safety plans** - The plan that has been tested, has worked and we are happy that the family can follow this and provide safety to the young person in the long term.
- All families should have a written copy of their safety plan, this should be shared with the family and all members of the network should have a copy.

The following resource may be a useful tool when creating a safety plan, it helps to look at the various scenarios that a victim may encounter and have to plan for. It can provide useful nudges for them to think about their support network, however it is quite victim focussed and we should be looking at both the perpetrator's and the wider networks role in providing safety.

https://lrsb.org.uk/uploads/making-a-safety-plan.pdf

What is the difference between a Child Protection Plan and a Safety Plan?

Safety Plan:

- Developed with the family
- Designed to have immediate effect
- Focus on the day to day interactions between the parent & the child
- Sets out how each safety goal will be achieved
- The safety plan will continue when service involvement ends

Child protection plan

- Seeks to create change over time to reduce risk and increase the family's capacity to protect the child.
- Sets out intervention approaches or services that will support children & families to make changes
- Sets out how assessing impact of services or resources will be evaluated
- Ends when service involvement ends

It may be appropriate to share the safety plan with the child(ren). If so this should be done in a way that is clear and understandable to the child. Below is an example of how this may be achieved

In the resources section, there are guides to safety planning for young people, and examples of how safety plans can be explained to children. These can be accessed at www.proceduresonline.com/llr/childcare/leicestershire/user_controlled_lcms_area/uploaded_files/Resources%20List.xlsx

Other considerations:

Ensure that what we are putting in a safety plan isn't DV Destructive, this is defined as identifiable policies and practices that either actively increase the harm, to adult and child survivors of domestic violence. An example of this: The DV survivor being asked to demonstrate protective capacity by apply for a restraining order, regardless of the dangers this might present to her and/or her children.

Instead of DV Destructive, we should be DV Informed, meaning our actions and behaviours around domestic abuse survivors and perpetrators are informed, we have spent the time listening and understanding what has happened to the victim and the child and we have understood how the abuse has impacted them:

- Putting in place a written agreement that the social worker tells the mother/survivor what they should and shouldn't be doing? Is this good practice, or should we be coaxing out suggestions from the survivor so that they own their own behaviours?
- Where we might insist that the victim must call the Police immediately if there is a DV incident? – Could we change this to ask what could the victim/survivor do to keep their child safe?
- Instead of writing in a report that a mother has been in 2 abusive relationships in the past, we could change this to say she has left 2 abusive relationships, and focus on how she managed to this and the safety she provided to their children in doing this.
- If we have not engaged with the perpetrator, we should make every effort possible to get their version of events and their input into the safety plan

Safety Planning Roadmap

What

Danger statements

What Children's Services is worried will happen to the child if nothing changes (the problem that has to be solved)

Safety planning always involves engaging the family and their support network in a focused action learning process enabling them to decide on, practice and refine the actions that will create lasting safety.

This is **how** safety planning; the trajectory that creates the final safety plan.

Safety goals

What Children's Services needs to see to know the child is safe and they can close the case (not services)

How (steps)

1. **Preparations with professionals**
2. **Develop paired Danger Statements and Safety Goals with matched Safety Scales**
3. **Identify everything that's working well**
   Continually identify everything that's going well in and around the family that contributes to the wellbeing and safety of the child.
4. **Develop professional bottom-line requirements**
5. **Develop professional trajectory including timeline**
6. **Build vision of process for family**
7. **Build informed network with family**
8. **Create explanation for children (and everyone else)**
9. **Build Safety Plan with parents and network**
   Step-by-step process where the professionals lead the family and network in developing and then demonstrating the plans they will use to ensure the children are safe. Safety planning always involves regular meetings, honouring success, utilising struggles and successively building the plan.
10. **Involve child throughout**
11. **Monitoring that builds success and responsibility**
12. **Create final child-centred Safety Plan**

Tools (methods)

Harm Matrix

Signs of Safety Mapping

My Three Houses or equivalent

Signs of Safety Trajectory & Timeline

Family Safety Circles, Network-finding Matrix

Words and Pictures explanation

Regular Review Meetings
Family and network are given the opportunity to fail so they can demonstrate success. Professionals talk openly about the risks they see and manage this together with the family.

Safety Journal, Safety Object
Practice Rehearsals of Rules

Child-focused Safety Plan

Bad to Good Safety Plan Examples

Bad Plan

Safety Plan for: John and Joanne	
Date this plan was made: 24/05/2021	**Date this plan will be reviewed: 24/06/2021**

These are the people who are part of your safety plan and their contact details:

Mum -

Dad -

Paternal Grandmother and Grandad -

School Teacher -

Social Worker - Out of Hours Team - 0116 305 0005

Danger Statements

(who is worried, what they are worried about, and possible impact to you if nothing changes)

Danger Statement 1

(Social Worker) is worried about mum and dad arguing, they both do things to each other. SW is worried that Joanne and John will feel upset about this. The social worker is worried that Joanne and John have seen things at home. If nothing changes it could be serious. Joanne and John may think this is normal and be just like their mum and dad to others.

Danger Statement 2

(Social Worker) is worried that Mum and dad are drinking loads, all the time. Social worker thinks that they use alcohol to stop them being stressed. Social Worker worried that because mum and dad are drinking loads they don't always look after John and Joanne. Mum and dad state that they are able to look after John and Joanne well. If nothing changes Mum and Dad might be unwell or hurt each other.

Safety Goals:

(what we want to see happen to be able to be confident that you will be still be safe when are no longer working with you are your family)

Safety Goal 1

(Social worker) wants Joanne and John to grow up happily at home where there are no arguments. Mum and Dad need to stop arguing. Children's Services will need Mum and Dad to not lie and not try to cover up things. Children's Services will need to monitor.

Safety Goal 2

(Social Worker) would like Mum and Dad to stop drinking alcohol altogether. Then Joanne and John won't hear arguments at home. Mum and Dad need to work with services and Children's Services will need to monitor.

Safety Plan for: John and Joanne	
Bottom Lines: (these are the things that are non-negotiable, the things that must happen	**Joanne and John must not be around arguments.** **Joanne and John must not drink when they are looking after Joanne and John**

These are the things your Mum and Dad agree to do to keep you safe:

Dad agrees to leave the house if things kick off.

Mum and Dad agree to work with services for their drinking issues.

Mum and Dad agree to tell the Social Worker if they have an argument.

Mum and Dad will encourage John and Joanne to tell people if they argue.

These are the things that your safety network agrees to do to keep you safe:

Social worker will talk to Joanne and John to see if there have been arguments in the house. Other services will need to tell people if they know mum and dad have been arguing.

Name	Signature	Relationship to child	Date
Mum		Mother	
Dad		Father	
MGP		Paternal Grandmother	
PGP		Paternal Grandfather	
MGM		Maternal Grandmother	

Turned into a Good Plan

Safety Plan for: John and Joanne

Date this plan was made: 24/05/2021	**Date this plan will be reviewed: 24/06/2021**

These are the people who are part of your safety plan and their contact details:

Mum -

Dad -

Paternal Grandmother and Grandad -

School Teacher -

Social Worker - Out of Hours Team - 0116 305 0005

Danger Statements

(who is worried, what they are worried about, and possible impact to you if nothing changes)

Danger Statement 1

(Social Worker) is worried about the physical harm that Mum has said that she as experienced from Dad, like being bitten, strangled, hit and pushed through a glass door. Mum says that in self defence she has also hurt Dad and the family say they have seen Mum with bruises. Catherine is worried that Joanne and John will feel scared and upset by seeing their mum and dad hurting each other. John told the social worker that he had seen daddy punch mummy in the eye and push her on the floor and it made him feel sad. The social worker is worried that Joanne and John may have seen more things happen than this and they may see their parents behaviour as normal. If nothing changes either Mum or Dad could be seriously hurt or worse. Joanne and John may normalise this behaviour and become abusive partners or victims of abuse themselves and they could be traumatised by what they have seen and heard growing up meaning that they struggle with their mental health and with addiction when they are older

Safety Goals:

(what we want to see happen to be able to be confident that you will be still be safe when are no longer working with you are your family)

Safety Goal 1

(Social worker) and all of the people that care about Joanne and John want them to grow up happily and safely in a home where there is no violence or aggression. In order for this to happen Mum and Dad and the family need to come up with a plan where they can intervene or take action before things escalate. Children's Services will need to be confident that Mum and Dad are working honestly and not trying to cover up what is happening and that they will encourage Joanne and John to talk about their experiences. Children's Services will need to see that the plan is working over 6-9 months before they will feel there is enough safety for Joanne and John.

Safety Plan for: John and Joanne

Danger Statement 2	Safety Goal 2
(Social Worker) is worried that Mum is drinking up to 3 bottles of wine a day and Dad is drinking 8 cans of lager. Social worker is worried that things are so difficult for Mum and Dad that they are using alcohol to cope. Social Worker understands that serious physical incidents occur when Mum and Dad have used alcohol, she also worries that Joanne and John are being cared for by their parents when they may not be in a fit state to meet their needs or ensure their supervision leaving them vulnerable. If nothing changes Mum and Dad's physical and emotional health will suffer, which could affect their care of Joanne and John and the likelihood is that Joanne and John will continue to be exposed to violence at home.	(Social Worker) would like Mum and Dad to reduce or stop drinking alcohol altogether and find other ways of coping with difficult times. Social worker would like to know that Joanne and John are being cared for by parents who are not intoxicated and able to respond to their needs. Social worker would feel more confident that Joanne and John are not being exposed to violence at home if Mum and Dad are not drinking. In order for this to happen Mum and Dad need to work with services such as Turning Point as well as being self-motivated and Children's Services will need to see this working over a period of 6 months before they can be confident that Mum and Dad have made positive changes.
Bottom Lines: (these are the things that are non-negotiable, the things that must happen	**Joanne and John must not see or hear any violence or aggression at home** **Joanne and John must not be in the sole care of Mum or Dad if they are intoxicated.**

These are the things your Mum and Dad agree to do to keep you safe:

Dad agrees to leave the house if he and mum start to argue or row to allow him and mum time to calm down.

If point 1 does not happen mum and dad will call grandma (PGP) and she will come to the house to help to calm things down or take Joanne and John out of harms way.

Dad will ask someone in your network to come to the house if Mum is drunk and unable to care for Joanne and John.

Mum and Dad agree to work with Turning Point to seek help to reduce their drinking

Mum and Dad agree to tell the Social Worker if there are any incidents at home so that the social worker can understand what happened, what the triggers were and help Joanne and John to make sense of this.

Mum and Dad will encourage John and Joanne to talk to the social worker, not keep things to themselves.

Safety Plan for: John and Joanne

These are the things that your safety network agrees to do to keep you safe:

PGM/PGF or both will go straight to the house if they are called by Mum or Dad during an incident. PGM and PGF will either stay to calm things down or take Joanne and John to a place of safety.

PGM, PGF and MGM will let the social worker know if they become aware of any incident between Mum and Dad that Joanne and John may have seen.

PGM and PGF will care for Joanne and John at least once a week for a couple of hours.

Name	Signature	Relationship to child	Date
Mum		Mother	
Dad		Father	
MGP		Paternal Grandmother	
PGP		Paternal Grandfather	
MGM		Maternal Grandmother	

DOMESTIC ABUSE TOOLKIT

Leicestershire County Council

V0322