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| **A**dolescent to **P**arent **V**iolenceand **A**buse **Risk Screening Tool** |
| This Tool will help you to identify known risks in APVA cases and will include specific considerations in relation to young people and their relationships to inform your professional judgment. It will also help you to identify suitable cases to be reviewed at MARAC (Multi-Agency Risk Assessment Conference) and inform referrals to Early Help, Children and Family Social Care and Impact Family Services. In the risk screening tool outlined below, there are twenty-six direct yes / no / unknown questions, plus an opportunity to record background information or specific comments. Efforts should be made to ensure that information is captured for each question and reflected in any onward referrals to contextualise any identified risks. The information source for each piece of information should be recorded and if there are multiple sources this should be noted. The Tool should be completed with parent /carer to gain the level of risk posed to them. The Tool can also be used again to review risk if and when required. These questions can inform onward referrals and should be as detailed as possible. If there are a number of unknown answers, this will impact on the validity of the process and efforts should be made to seek full information from a range of sources as required. |
| **Parent/Carer – Child Relationships** |
| **How would you describe your relationship with your child?***The term*parent*-*child relationship*refers to the unique and enduring bond between a parent/caregiver and the young person*//child*. To understand the*parent*-*child relationship*, we must look at the ways that* parents*and*children*interact with one another physically, emotionally, and socially. Children's physical and emotional status, social and cognitive development, family dynamics discussed in*Child-parent Relationship*and Potential Problems should also be considered* |
| **When did your child’s behaviour start to concern you? Are there any triggers that result in this behaviour?***Often, despite a*parent's*best efforts,*problems*in the*parent*/*child relationship*arise, these*problems*may start when a*child*is young or develop as the*child*gets older and enters different stages of development. The extent of a* child's*behaviour*problems and continuous difficulties *is a strong contributor to parenting and child stress, Consider age circumstances events or triggers.* |
| **What happens when your child displays the behaviours which concern you? How often does this behaviour happen?** *Power struggles and abuse can hamper the functioning of the strongest of families. When parents and children are in constant conflict the whole family suffers and needs to be considered.* |
| Please tick the appropriate box that reflects the risk  | **Y** | **N** | **NK** |
| **1** | **Have you ever felt afraid of your child?** *Victims of domestic abuse often monitor their own safety and their fear level can be a guide to escalating risk. If an incident or pattern of behaviour occurs that particularly increases their fear it can be an indicator that dynamics have shifted or risks have increased. It can be useful to record which are the most frightening behaviours and why as a guide to safety planning. Extra detail required about what the fears are.* |  |  |  |
| **2** | **Is the violent, abusive, aggressive behaviour happening more often?***Any use of weapons or general objects as weapons demonstrate an increase in severity and a higher threat of and intention to harm.* |  |  |  |
| **3** | **Is the violent, abusive, aggressive behaviour getting worse?***Escalation in frequency or severity of violence and abuse can indicate an escalation in risk. It may be useful to identify what the worst incident has been in terms of seriousness.* |  |  |  |
| **4** | **Does your child try to control anything that you do, or display jealous behaviour towards you?** *Domestically abusive behaviour demonstrates being in coercive control of another individual. Higher levels of control equate to higher risk factors.* |  |  |  |
| **5** | **Has your child ever attempted to strangle / choke / suffocate / drown you?***Any such attempts should be taken very seriously as previous strangulation can be an indicator of future homicide. It may be useful to ask additional questions to assess the seriousness of this risk such as:**When did they attempt to strangle/choke/suffocate/drown them? What did they do? Did the young person they use implements (e.g. shoe laces) or use their hands? How often do they do this? Did the parent/carer lose consciousness?* |  |  |  |
| **6** | **Has your child ever said or displayed anything of a sexually disrespectful or derogatory nature that has made you feel uncomfortable or made you feel bad?** **Use of sexual insults, sexual behaviour, exposed to pornography.***This may appear a difficult question to ask a parent/carer However, it is crucial that you ask as it is very important to understand the risk of sexual abuse that a parent can face.* |  |  |  |
| **7** | **Has your child ever used weapons or objects to hurt you?** *Any use of weapons or general objects as weapons demonstrate an increase in severity and a higher threat of and intention to harm.* |  |  |  |
| **8** | **Has your child ever threatened to kill you or someone else and you believed them?** *It is possible that some parent/carers may minimise their experience of threats to kill, therefore it is important to explore the context in which they were made i.e. during times of violence? In front of others? When weapons were involved? It is also important to assess whether the parent/carer is genuinely frightened by the threats.*  |  |  |  |
| **9** | **Has your child ever mistreated an animal or family pet?** *Mistreatment or cruelty to animals or pets can be an indicator of reduced empathy levels and a willingness to be involved with violent or aggressive behaviours.* |  |  |  |
| **10** | **Is there anyone else in the family at risk of violence or abuse? Who is at risk? How are they at risk?** *Gauging the scope of those being victimised and any change or increase in this scope can indicate a shift in power dynamics. It is important to identify others at risk and the ways in which they are being harmed or potential for harm. Extra detail required especially if there are concerns in relation to safeguarding and other young people in the family.* |  |  |  |
| **11** | **Does your child display these types of behaviours to anyone else in or outside of the family? E.g. School. Peer group, girl/boyfriend*.*** *People causing harm of familial abuse or intimate partner do not tend to discriminate in terms of who they are abusive towards. The information revealed by this question will point you to which other support agencies need to be involved with the additional people at risk. For example, this may include children and young people’s services or the police.* ***It is important to identify the following:*** *Who the other victims are. If they are children what are their ages, how and when were they harmed? Current whereabouts of the other individuals who have been harmed.*  |  |  |  |
| **12** | **Has your child been involved with the Police in any way?** *Previous police call outs, interventions or charges can indicate prior escalation of severity and increased levels of victim fear and helplessness. Investigation of the nature of earlier Police involvement may be useful.* |  |  |  |
| **13** | **Has your child had problems in the past year with drugs (prescription or other), alcohol or mental health leading to difficulties in daily functioning?****If yes, please specify which and give relevant details if known.**Drugs☐ Alcohol ☐Mental health ☐*A parent/carer may be acutely aware of how alcohol or drugs affect the person who harms them and may also blame the abuse on the addiction of that person. The parent who has been harmed may be reluctant for the police or any agency knowing about the abuse for fear they would find out about the involvement with/use of drugs by the person who harms them. They may fear incrimination themselves or repercussions*. |  |  |  |
| **14** | **Does your child have any problems with addictive behaviours e.g., on-line gaming, viewing pornography, social media? What are the details of these?** *Addictive behaviours can be triggers to conflict at home and abusive episodes as the addiction or desire to undertake certain activities can outweigh other family or relationship considerations.*  |  |  |  |
| **15** | **Has your child ever demanded money from you or tried to financially control you?** *Provides a guide to the range of abusive behaviour and whether the scope of these has increased. A combination of behaviours can increase the level of fear or intimidation. Finances will need to be considered by all practitioners when considering safety options.*  |  |  |  |
| **16** | **Does your child have any mental health issues, is depressed, suicidal or isolated or have a specific mental health diagnosis?** *Mental health issues need to be carefully assessed not only in relation to effective engagement, but also as potential triggers for conflict or abusive episodes.*  |  |  |  |
| **17** | **Does your child lack engagement with ETE e.g. truant?** *Failure to engage with school or periods spent outside school can increase association with negative peer groups and risk taking behaviours, which may exacerbate conflict at home or increase the risk of abusive behaviour. Disengagement with education can be a risk factor for anti-social or criminal behaviour.* |  |  |  |
| **18** | **Does your child associate with a difficult friendship/peer groups?** *Association with negative peers or gang membership can influence criminality, risk taking behaviours and substance abuse. These groups may be reinforcing of abusive and violent behaviours. Loyalty to peer groups can conflict with or be destructive of family relationships.* |  |  |  |
| **19** | **Has your child experienced personal trauma? If yes, please specify which and give relevant details if known.**Death/Bereavement ☐ A looked after child ☐Sexual or Physical harm ☐ Other ☐*Children can experience both short and long term cognitive, behavioural and emotional effects as a result of bereavement, domestic abuse or being separated from their family. Each child will respond differently to trauma and some may be resilient and not exhibit any negative effects, however it is important to explore this further.* |  |  |  |
| **20** | **Has your child ever experienced or witnessed abuse between adults?** *Growing up with domestic abuse can be a risk factor for individual aggressive and abusive behaviours as well as a possible indicator of emotional, psychological or physical harm or that a young person may be subject to post traumatic stress disorder. Any on-going exposure, access or contact to an abusive parent may indicate that the young person is still at risk of harm or under threat.* |  |  |  |
| **21** | **Is your child currently being exposure to adult domestic abuse?** *Any ongoing exposure to adult domestic abuse is a risk for young people’s psychological, emotional and physical well-being and may require a referral for parents into adult domestic abuse services or a child protection referral Children may also feel* ***angry****,* ***guilty****,* ***insecure****,* ***alone****,* ***frightened****,* ***powerless*** *or* ***confused****. They may have ambivalent feelings towards both the abuser and the non-abusing parent*. |  |  |  |
| **22** | **Is your child under any threat of violence or abuse from anyone at the moment? Provide details of who from and the nature of the abuse?***Any potential harm that a young person may be exposed to can be a trigger for abusive behaviours.*  |  |  |  |
| **23** | **Do you see yourself as vulnerable in any way, or have you any special requirements in accessing support?** Additional needs can increase individuals’ vulnerability and ability to protect themselves. Consider physical or learning difficulties that may impact on keeping safe and accessing appropriate support. Document and explore additional needs as part of you narrative and any referrals. |  |  |  |
| **24** | **Are you feeling low or finding your emotions hard to cope with? Do you have suicidal thoughts or ever self-harmed?** *The impact of violence and abuse can have mental health implications for victims and may require a referral to appropriate services or victim support services. Mental Health can be a barrier to accessing support or assistance and further links to isolation.* |  |  |  |
| **25** | **Do you feel isolated from your family, friends or support networks due to your situation?** *Any family isolation can increase risk as channels of support and protection are reduced. Isolation can increase the impact of emotional abuse, encourage self-blame or minimisation or the risk of mental health issues and/or substance misuse.* |  |  |  |
| **26** | **Have you ever used drugs and/or alcohol to manage difficult situations or feelings? What is the nature of your use?** *Any mental health or substance misuse issues for victims can increase their vulnerability, ability to protect themselves, their parenting style and is also a barrier to accessing support.* |  |  |  |
| **Have you ever felt able to share your concerns with the Police or anyone else, such as a family member of professional because of your child’s behaviour?**  |
| **If you had a magic wand what would you change?** |
| **What could professionals do to support change?** |
| **If there are any additional sources of information from others, please indicate** |
| **Scoring Information** The risk screening tool is scored by totalling the number of yes / no answers, with the higher the number of yes answers indicating a higher level of risk. In establishing risk professional judgement and skill is required as sometimes a single risk factor can significantly raise the level of risk and may in itself prompt a course of action or referral to other services e.g. gang membership, sexual assault etc. The risk screening tool and associated detail should be used to inform case management, safety planning, family agreements, programme delivery and multi- agency working and should be at the centre of any case review, external intervention or referral to other services. It is important to note the source of the risk information, as some sources may be more reliable than others and some information may be able to be collaborated giving extra weight or perspective. It is generally a feature of domestic abuse that the seriousness and severity of incidents will be minimised and denied by both victims and perpetrators which should be taken into account when making any assessment of risk. In cases of APV parents can self-blame, internalise responsibility, be defensive, be reluctant to criminalise their child and unwilling to share information because of possible consequences for the young person. Equally young people may minimise the seriousness of incidents, be in denial of consequences and be unwilling to take ownership and responsibility for behaviours. The potential for these effects should be taken into account in any effective risk or case management procedures.  |
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| **Yes**  |  |  Total number of ticks  |
| **No**  |  |  Total number of ticks |
| **Don’t Know**  |  |  Total number of ticks |

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| **Narrative of professional judgement on risk level** *Please use the space below to include a narrative of the situation and your professional judgement in relation to the level of risk posed and vulnerabilities to the parent below: Based on the number of yes answer coupled with your professional judgement please circle the level of risk posed.***Standard Medium High** |
| **Please state what outcome would you like for the Parent and young person victim**  *e.g. - In depth safety plan/ healthy relationship intervention/ legal advice/support to police/court/housing advice/support)* |
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| **Revealing the results to your client**It is important that this is handled in a sensitive manner. Revealing to any person that they are at high risk of serious harm or homicide may well be frightening and overwhelming. It is important that you state what your concerns are exactly by using the answers the parent/carer has given you and by explaining your professional reasoning/judgement. It is important that you explain what the next steps are to be, e.g. risk management/police reporting; safety plans; referrals to children’s safeguarding teams and the MARAC. In every case that is referred to a MARAC, a referral to children’s social care should also be made.**In cases of HBV**, the person who has been harmed will need reassurance that there are systems in place to ensure that additional family members will not be contacted or informed. Such contact could clearly put the person who has been harmed at much greater risk.Equally, identifying your client is not currently high risk and that, as a IDVA/YPVA or another trained practitioner, you may need to refer them to a different agency or provide a different service as a result, may be unwelcome. This has to be managed carefully to ensure that the client doesn’t feel like their situation is being minimised or so they don’t feel embarrassed for reaching out for help. |  |

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