

Darlington Multi Agency Child/Adolescent to Parent/ Carer Violence and Abuse (CAPVA) Procedural Flow Chart – Child, Adult and Family

<p>Enabling disclosure There are many reasons why parents/ carers won't, or feel they can't, make a disclosure so it's important to build trust to enable a potential, future disclosure.</p> <ul style="list-style-type: none"> • Always be alert to the possibility that the parent/ carer may be experiencing violence/ abuse from their child/ adolescent and be prepared to offer support. • Be aware of signs that could indicate violence/ abuse is taking place, e.g. physical injury (inconsistent explanations for bruises or other injuries, frequent bruises or injury), environmental indicators (holes in doors/walls, broken furniture, tense atmosphere in the home) and controlling behaviour (parent/ carer talks about how their child kicks off if they don't get what they want, child demands and gets money, parent talks about how they can't do certain things, or go certain places because it causes conflict, their child kicks off or gets upset so it's not worth it) • Only ask questions about child/ adolescent violence/ abuse when parent/ carer is on their own and in a private place. Ensure professional interpreters are used, never use family members, children or friends where abuse is known or suspected. 	<p>This guidance is applicable to all families who are impacted by child/ adolescent violence and abuse. There is currently no legal definition of child/ adolescent to parent violence and abuse (CAPVA). However, it is increasingly recognised as a form of domestic violence and abuse (DVA) and, depending on the age of the child, it may fall under the government's official definition of DVA. CAPVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent or child towards a parent and a range of different abusive behaviours, including violence, damage to property, emotional, economic and/or financial abuse.</p>
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Remember: CAPVA can escalate and increase in severity over time. Accurate and timely recording of information is essential.

Parents/ carers report feeling isolated, guilty, and shame. They are unlikely to report/ disclose the abuse for fear of not being taken seriously, not being believed, being blamed or being judged on their parenting. They fear their children being taken away from them, of being held to account for their children's behaviour and typically do not want to criminalise their children.

Young people may not understand the impact of their actions and be concerned about the consequences (social care or justice system interventions) and may not seek help, allowing the situation to escalate

Separation is not typically an option because parents may not want their child taken into care, and appropriate housing for adolescents is not always available

Always consult domestic abuse specialist agencies for safety planning advice if the parent/ carer and child/ adolescent will continue to live together (Please see over page)

Always use the MARAC Risk Checklist ([SafeLives DASH Risk Checklist](#)) to assess risk to the parent; use the [Early Help Assessment and DSP multi-agency threshold tool](#) for the child/ adolescent

Deal with any immediate risks, including risks to others and yourself. Check records for risk information or warnings. Contact emergency services if required.

Professionals working with children, young people and parents/carers should seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations.

Never assume that someone else will take care of the violence/ abuse issues. You should seek confirmation that other professionals/agencies have acted in a way which you would expect. You may be the parent/carers/ child/ young person's first and only contact. Remember they can deny abuse is happening and minimise the risk and/or harm. Discuss with your line manager, assess the threshold level and act accordingly.

Supporting parent/carers and children/ young people impacted by CAPVA	Safeguarding Children as victims and as child/young person causing harm to others	Case meets MARAC Criteria (aged 16 or over)	Case meets safeguarding adult's criteria
<ol style="list-style-type: none"> 1. Consider immediate and long-term risks. 2. Review any previous risks/decision-making in relation to CAPVA/ DVA or safeguarding— do not assume risk remains the same. 3. Safety plan with parent/carer – ensure they know where to go for help if they need it and consider that child/young person most likely continuing to live with them 4. Signpost/refer parent/ carer/ child/ young person to appropriate support services (see over). 5. Share information with other relevant agencies. 6. Consider whether case needs allocating to a longer-term worker. Ensure recording is clear for future workers involvement 7. Regularly revisit level of risk in terms of MARAC and safeguarding action. Consider any co-existing issues for the family/ child/ young person e.g. substance misuse, mental health, learning or physical disability, previous experience of DVA within the family. 	<p>A child is classed as a male or female between 0 - 18 years of age. CAPVA affects everyone in the family in which it is taking place including siblings and other children connected to the young person causing harm through their violent/abusive behaviour. Children living with violence/abuse are considered at risk of harm.</p> <p>Children who are causing harm to others through their use of violence/abuse are deemed to also be at risk.</p> <p>If you have a concern that a child is at risk of harm due to CAPVA as a victim, witness or the person causing harm:</p> <ol style="list-style-type: none"> 1. Complete and submit the multi-agency referral form 	<p>For referrals into MARAC for CAPVA both the parent and the child/ adolescent must be aged over 16</p> <ol style="list-style-type: none"> 1. Be clear with the parent/ carer about confidentiality and MARAC procedures. 2. Complete the MARAC Risk Checklist (SafeLives DASH Risk Checklist) with the parent/ carer where possible. 3. Complete MARAC referral form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Contact your agency's Single Point of Contact (SPOC) for MARAC. Your agency SPOC is:</p> </div>	<p>CAPVA is a form of abuse covered by multi-agency safeguarding adult's policy and procedures.</p> <p>Where the parent/carer experiencing abuse is an adult at risk as defined by the Care Act 2014:</p> <ul style="list-style-type: none"> • aged 18 or over; and • has needs for care and support (whether or not those needs are being met); and • as a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it. <p>A safeguarding adult's referral must be made.</p>

<p>8. Early Help Assessment An Early Help Assessment may identify points of intervention and support. This is a holistic approach to understanding children and families' additional needs and supports decision making about how these needs might best be addressed within a multi-agency context. The Early Help Assessment has been designed for use by anyone who works with children, young people and families, whether they are employed or volunteers. It is the primary tool used by practitioners working with children, young people and families in Darlington. Practitioners should refer to the Early Help Assessment and DSP multi-agency threshold tool to establish the level of support and intervention required. For support with completing an Early Help Plan contact the Early Help Team on</p>	<p>2. Telephone Children's Initial Advice Team (01325 406252)</p> <p>If you are concerned a child is at immediate risk of harm due to CAPVA, contact Police to inform them of the ongoing incident to ensure immediate protection of the child or young person.</p> <p>In all circumstances</p> <ul style="list-style-type: none"> • Document decision-making, actions taken to manage risk and rationale for sharing or not sharing information. • Be aware of your professional role and consult with other partners to clarify their roles and responsibilities, share information and seek advice e.g. Police, health, housing, domestic abuse/violence specialists • Follow up any referrals. • When signposting to other agencies always consider risks associated with the young person causing harm finding leaflets/letters etc. 	<p>4. Make referral to NIDAS for an Independent Domestic Violence Advisor (IDVA) or Independent Sexual Violence Advisor (ISVA) (child/adolescent must be aged over 16)</p> <p>5. Agency SPOC sends referral to MARAC Coordinator.</p> <p>6. IDVA or ISVA will contact the parent/carer</p> <p>7. MARAC meeting takes place and victim's views are presented by IDVA/ISVA.</p> <p>8. Action plan is developed.</p> <p>Where the case is visible high risk (14 ticks); or based on your professional judgement you have serious concerns about a parent/carer's situation you must make a referral into MARAC as long as both parent/ carer and child/ adolescent area aged over 16</p>	<p>Making a Safeguarding Adult Referral:</p> <ol style="list-style-type: none"> 1. Complete and submit a Safeguarding Adults Concern Form 2. Telephone the First Point of Contact team (01325 406111) or contact allocated Social Worker. 3. Decision made whether Safeguarding Adults Enquiry need to progress and a Safeguarding Adults Plan developed. <p>It is good practice to make a safeguarding adults referral and a MARAC referral if both criteria are met. For MARAC both parent/ carer and child/ adolescent must be aged over 16</p>
<p>Support Services for children/ young people and families In an Emergency always ring 999</p> <p>Children/ young people</p> <p>NSPCC Childline Free confidential service for children and young people up to age 19, where they can speak to a counsellor online, via email or post 0800 1111 www.childline.org.uk</p> <p>Family Lives National charity offers support and advice for families needing help for range of family issues. Includes parent workshops for managing conflict and developing communications 0800 800 2222</p> <p>Specialist support Services</p> <p>The HALO Project The HALO Project is a national project which supports victims of Honour Based Violence, Forced Marriage and Female Genital Mutilation (FGM). HALO also works with key</p> <p>Men's Advice Line Offers support to men experiencing domestic violence including from their children. 0808 801 0327</p> <p>Respect Phone Line Confidential phone line for anyone concerned about violence to a partner and for children /young people who are using violence towards parents/ carers 0808 802 4040</p> <p>The Meadows Sexual Assault Referral Centre (all victims of sexual assault) Medical and counselling service following a sexual assault, you do not have to report to Police to access this service. 0191 3729202 (Monday to Friday office hours)</p>	<p>Good practice guidance when responding to a parent/carer as a victim of violence/abuse from a child/young person (CAPVA)</p> <p>If you suspect that CAPVA is happening but it is not disclosed: When your suspicions are raised it is important that you act on them. You could provide the only opportunity for the parent/carer child/ young person to tell someone. Use open questioning and follow safety and risk assessment procedures and as you would for any form of domestic violence/abuse</p> <p>Suggested questions to use when assessing risks and needs</p> <p>About parent/carer's relationship with their child</p> <ol style="list-style-type: none"> 1. How would you describe your relationship with your child? 2. When did their behaviour start to concern you? 3. What happens when your child is angry? 4. What do you do when things get verbally or physically aggressive? For example, what boundaries or consequences do you attempt to use? 5. Do you ever feel afraid of your child? 6. What is the worst thing that your child has done? 7. Have you ever called the police because of your child's behaviour? If yes, what happened? 8. Are you and / or your child isolated from people and services that could support you? <p>About the parent/ carer</p> <ol style="list-style-type: none"> 1. Is there a history of domestic violence or abuse within the family unit? If yes, do you or your child still have contact with the perpetrator? If yes, do you have any concerns relating to this contact? 2. Does anyone else frighten, threaten or harm you or anyone else in your household? 3. What are you most worried about? 	<p>Good practice guidance when responding to a child who is a victim of domestic abuse</p> <p>Domestic abuse framing question for children (under 16): "We know that in many families, brothers and sisters have arguments and disagreements, does that ever happen in your family?"</p> <p>To obtain accurate and reliable information from a child regarding a CAPVA situation the language and questions must be appropriate for the child's age and developmental stage.</p> <p>Professionals should not press a child for answers. Instead:</p> <ul style="list-style-type: none"> • Listen and believe what the child says; • Reassure the child that the abuse is not their fault, and it is not their responsibility to stop it from happening; • Give several telephone numbers, including Childline, Northumbria Police and local domestic abuse services. • Explain the limits of confidentiality and your safeguarding responsibilities. <p>For young people (16-17years old):</p> <ul style="list-style-type: none"> • Use the adult questioning techniques and refer to domestic abuse specialist services. • Safety plan with young person • Teenage pregnancy with domestic abuse/ CAPVA is high risk. MARAC and child protection procedures should be initiated <p>PRACTICE NOTE: Be aware to the fact that so called 'Honour based abuse' can happen in the context of CAPVA as sons or daughters may seek to control their mother's behaviour/ dress etc... to prevent what they perceive as shame being brought on their family/ community</p> <p>Good practice in working with children/ young people causing harm through their use of violence and abuse towards parents/carers/ family members</p>	

partner agencies to provide required interventions necessary for the protection and safety of victims. Any individual or organisation can refer into the HALO Project's services. Telephone 01642 2683045 or by e mail info@haloproject.org.uk

National LGBT Domestic Abuse Helpline

Emotional and practical support for LGBT people experiencing domestic abuse including from family members
0800 999 5428

Darlington ARQ

Darlington ARQ provides counselling and mentoring services to people who identify as LGBTQ and the wider community. Telephone 01388 229516

The Rape and Sexual Abuse Counselling Centre (Darlington and Co Durham)

Information, support and counselling for women and girls aged 13 and over who have been raped, sexually abused or have suffered domestic abuse at any time in their life. Telephone number: Support Line: 01325 369933 (Monday – Thursday 6.30pm-9.00pm) Business Line: 01325 354119

4. What would you like to happen now? If you could wave a magic wand, what would you change?

The following questions can be posed to the parent/ carer or child/ young person
About the child/ young person

1. Does your child have access to weapons?
2. Have they ever used a weapon or an object to threaten or hurt you?
3. Has your child ever experienced or witnessed a traumatic event?
4. Is your child in an abusive intimate relationship?
5. Is your child being coerced into using abusive behaviours?
6. Is your child involved in a gang?
7. Are they at risk of sexual exploitation?
8. Are they displaying heightened sexualised behaviours?
9. Are they associating with peer groups who are involved in offending or older peers?
10. Are they using alcohol or drugs? If yes, is the use causing any immediate problems?
11. Do they have any mental health issues, particularly self-harming that could lead to serious or fatal injuries?
12. Are they disengaged from education?
13. Are they a looked after child?
14. What coping skills do they have?
15. Do they have difficulties in forming relationships?
16. What are their social networks like?
17. Are they being bullied?
18. How active are they on social media?
19. Do they display an obsessive use of violent games or pornography?
20. Do they identify their behaviour as abusive?

Be alert to and prepared to receive and clarify a disclosure from a child/young person about their use of violence/abuse towards their parent/carer/ other family members. Remember that children/ young people may minimise or not understand the impact of their actions and be concerned about the consequences (social care or justice system interventions) and may not seek help, allowing the situation to escalate. However, many young people would like help to stop this behaviour, but may not know how to ask for help.

You may have contact with a child /young person directly or in the context of a family. The child/ young person may present with a problem such as anxiety, depression or aggressive or offending behaviour – without reference to violence/abuse in their home, family or towards their parents/carers.

Before seeking to clarify a disclosure from a child/ young person, professionals should **first consider** their own safety, the safety of the parents/ carers and any siblings, younger children or extended family members living in the home.

Changing the behaviour of a child/young person causing harm through their violent/abusive behaviour requires a multi-faceted approach, working whole family with support being provided to the parent/carer/other family members alongside work with the child/young person around their use of violence/abuse and work with the parent/carer and child/young person together.

PRACTICE NOTE: It is important to remember that work and support with families where an older child/ teenage is using violence/ abuse towards their parent/ carer will require a risk assessment and will be very different to work and support for families when a younger child is using violence and abuse