

EVODA

RESPONDING TO DOMESTIC ABUSE

SCREENING TOOL

The Home Office Definition of Domestic Violence: *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: **psychological, physical, sexual, financial, and emotional.***

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

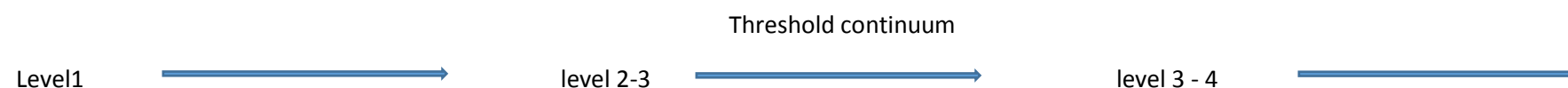
This screening tool is based on the **Barnardos' Domestic Violence Matrix**. The tool is an aid to reflect on thresholds of domestic abuse and when to consider a referral to Children's Social Care Services. It is not a comprehensive list of risk and protective factors but acts as guide of what may need to be considered when assessing potential levels of harm.

In addition to the specific risk indicators the following factors should also be taken into consideration when assessing risk.

- **Duration, Severity and Frequency** – When looking at potential harm from domestic abuse it is important to consider the duration of the abuse, the severity of the incident and the frequency of the abuse. A referral to Children’s Social Care services will be necessary if there is prolonged abuse (duration) though a single incident of abuse might be so severe that a referral to Children’s Social Care is required immediately. When considering frequency it is also important to be alert if the incidents are becoming more regular and escalating in harm.
- **Escalation of Harm** – This relates to when there is a noticeable increase in the frequency and/or severity of domestic abuse incidents and there is an increase in risk. In these circumstances consideration is to be given to making a referral to Children’s Social Care Services.
- **Toxic Trio** – Research from Serious Case Reviews (reviews of child deaths and serious injuries to children) indicates that there is an increased risk where there are elements of domestic abuse, mental illness and substance misuse. Particular attention needs to be paid where all three issues are evident within the family. A referral to Children Social Care services should be made.

Universal Services (low – universal services to lead)	Targeted Support (medium – targeted support to lead/respond)	Child in Need or in need of protection (high – refer to Children’s Social Care)
Intense Verbal Arguments.	History of minor/moderate incidents of domestic abuse.	Escalation in severity, frequency and/or duration of incidents
Evidence of low level harassment via texting or ‘Facebook’.	Evidence of intimidation/bullying behaviour e.g. pushing, low level texting, destruction of property.	Stalking and harassment behaviours.
	Risk of isolation/fixed gender roles/attempts to control behaviour.	Victim and/or children reporting that they are fearful of the abuser.
		Threats of serious harm and/or to kill the victim and/or child/ren.
		Child/ren are witness to the abuse.
		Child/ren become involved with the domestic abuse e.g. trying to protect the victim, abuser’s assistant and/or harmed during the incident.
		Evidence of coercive behaviours.

		Evidence of controlling behaviours.
		Reoccurring or frequent requests for police interventions.
		Victim has sustained injuries from the abuse.
		History of violence with current or previous partners.
		Criminal history of abuser.
		Violence towards pets/animals.
		Cultural – honour based violence, FGM or forced marriage.



RISK FACTORS	RISK FACTORS	RISK FACTORS
Potential to escalate.	Consider age of child/ren.	Increased Vulnerability of child – under 12 months of age and/or child with a disability.
Potential for cumulative harm.	Child/ren were present in the home.	Mental health issues of abuser and/or victim – increases risk.
Consider age of child/ren.	Potential likelihood of emotional abuse of children.	Substance misuse of abuser and/or victim – increases risk.
Cannot speak, read or write English and has uncertain immigration status in the UK.	Disability issues within the family.	Recent suicidal/homicidal intent by the abuser.
Is living in a close-knit community and puts high value on family honour including recognising faith or community leaders as all powerful.	Mental health issues – not prolonged or serious.	Separation increases the risk.
Is socially isolated, living in temporary accommodation and nil recourse to public funds.	Cannot speak, read or write English and has uncertain immigration status in the UK.	Victim minimises risk posed by abuser and impact on the children.

	Is living in a close-knit community and puts high value on family honour including recognising faith or community leaders as all powerful.	Threats or attempts to abduct the child/ren.
	Is socially isolated, living in temporary accommodation and nil recourse to public funds.	Isolation e.g. from friends, family and/or supportive agencies.
		Child/young person has been harmed or injured during domestic abuse incident.
		Abuser shows lack of empathy/insight into behaviour.
		Abuser breaches any protective orders or bail conditions in relation to the abuse.
		History of childhood abuse and/or exposure to domestic abuse for the abuser and/or victim.
		Victim and/or child/ren is a vulnerable adult e.g. has disability.
		Victim is pregnant (in some cases increases incidents of physical violence).
		Child contact where domestic abuse is occurring at contact e.g. physical or controlling/coercive behaviours.
		Children subject to a CP plan and/or history of Children Social Care services intervention.
		Other forms of child maltreatment present e.g. neglect, physical or child sexual assault.
		Cannot speak, read or write English and has uncertain immigration status in the UK.
		Is living in a close-knit and puts high value on family honour including recognising faith or community leaders as all powerful.
		Is socially isolated, living in temporary

		accommodation and nil recourse to public funds.
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PROTECTIVE FACTORS (which may reduce the levels of risk)	PROTECTIVE FACTORS	PROTECTIVE FACTORS
Child/Victim relationship is nurturing, protective and stable.	Child/Victim relationship is nurturing, protective and stable.	Victim will seek positive support from family, friends or community.
Abuser accepts responsibility for abuse.	Significant other in child's life offering a positive and nurturing relationship.	Victim attempts to use protective strategies eg injunctions.
Abuser indicates genuine remorse and is willing to seek support for behaviour.	Victim prepared to take advice on safety issues and/or engage with agencies.	Victim is engaging with supportive services and seeks safety advice.
There are positive supports from family/friends and community.	Victim has insight to the abuse and impact on the child/ren.	Child/ren have a nurturing relationship with the victim.
Victim sought or is willing to accept support from other agencies.	Victim has positive support from family/friends and community.	Victim demonstrates insight into impact on child/ren.
Is living in a close-knit community.	Abuser is willing to engage in services to address abusive behaviour.	Abuser acknowledges abuse, demonstrates insight to the impact of the child/ren and seeks assistance in changing behaviour.
Has support from faith or community leaders.	Is living in a close-knit community.	Is living in a close-knit community.
	Has support from faith or community leaders.	Has support from faith or community leaders.
	Older child/ren use coping/protective strategies.	Child/ren have a supportive and positive relationship with a significant other.

Please follow the link for the home office domestic violence site:

<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/>

Please follow the link for CAADA DASH Risk Indicator Checklist:

http://www.caada.org.uk/marac/RIC_for_MARAC.html