**Bolton YOUNG PERSON’s MARAC Referral Form**

**For USE WITh Young people aged 16-17**

**Please note MARAC only works with victims aged 16 and over. if the young person is**

**under 16 they should be referred to children’s safeguarding on 01204 331500**

Contents









In partnership

[Introduction 3](#_Introduction)

[The aim of the Checklist and guidance 3](#_The_aim_of)

[Using the Young People’s Checklist 4](#_Using_the_Young)

[Before you begin 4](#_Before_you_begin)

[Using the Checklist 4](#_Using_the_Checklist)

[Notes on the use of language 6](#_Notes_on_the)

[CAADA-DASH Risk Identification Checklist (RIC) – Young People’s Version 7](#_CAADA-DASH_Risk_Identification)

[The aims of the Checklist 7](#_The_aims_of)

[Recommended referral criteria to MARAC 7](#_Recommended_referral_criteria)

[What the Checklist is not 8](#_What_the_Checklist)

[CAADA-DASH Risk Identification Checklist – Young People’s Version 9](#ric)

[Accompanying guidance to the Young People’s Checklist 14](#_Accompanying_guidance_to)

[Revealing the results to your client 27](#_Revealing_the_results)

This document is based on the original CAADA-DASH Risk Identification Checklist, which was developed in partnership with Laura Richards, Consultant Violence Adviser to ACPO, and piloted with Advance, Blackburn with Darwen Women’s Aid, Berkshire East Family Safety Unit and the Blackpool MARAC, with expert input from Cafcass, Respect, Jan Pickles, Dr Amanda Robinson, James Rowlands and Jasvinder Sanghera.

We are grateful to the young people who helped us to develop this version of the tool and to Barnardo’s, IKWRO and Leap: Confronting Conflict for convening the young people’s advisory panels.

# Introduction

The **CAADA-DASH Risk Identification Checklist (RIC)** for the identification of risk in cases of domestic abuse, stalking and ‘honour’-based violence in young people’s relationships has been amended from the original version, designed for use with adults in 2009. This **Young People’s Checklist** will allow you to apply the wide ranging research available on risk in adult cases of domestic abuse, combined with the more limited evidence base that relates to young people experiencing intimate partner abuse, and use it to begin the risk assessment process with a young person who is being harmed within a relationship.

This Checklist forms part of the **Young People’s Programme** and will be piloted during 2013 and 2014 alongside the collection of data through the work of **Young People’s Violence Advisors** (YPVAs) and other practitioners trained to work with young people and/or domestic abuse. The form will be reviewed from April 2014.

## The aim of the Checklist and guidance

This Young People’s Checklist will help you to identify known risks in domestic abuse and include specific considerations in relation to young people to inform your professional judgment. It will help you to identify suitable cases to be reviewed at a MARAC and inform referrals to children’s social care.

# Using the Young People’s Checklist

## Before you begin

**Introducing the Checklist to your client**

* Take time to familiarise yourself with the Young People’s Checklist before beginning work with your first client. This will help to ensure you feel confident about the relevance and implications of each question.
* Whilst it is vital to work through the Young People’s Checklist quickly in order to gain an understanding of the client’s situation, it is also important that a relationship with clear boundaries is created first where safety and trust is informed by active listening. The young people consulted during the development of the Checklist were clear that they would respond best to the questions if they had an existing relationship with the person who was asking them.
* Explore the young person’s understanding of what abuse is, helping them to define what the word means to them and identify how it relates to their own experience.
* Introduce the concept of risk to your client. Explain why you are asking these questions, what you will do with the answers, how it will help you as a professional and how it will help the young person. You must also be clear as to who else might see this information.
* Avoid using jargon; opt for plain, simple language.

**Confidentiality and safeguarding**

* It is important to explain your confidentiality and information sharing policies before beginning to ask the questions. You should be clear that, in most cases, the experience of relationship abuse by a young person will be a safeguarding issue and require a referral to the safeguarding children team. This will create transparency and clarity for the young person about how and when the information they disclose might be used and shared.
* Wherever possible, you should ask the young person to sign a form confirming that they understand and consent to these policies. Alternatively explain that, if they agree, you will sign on their behalf confirming they have understood and consented to the policy over the telephone.

**Safety considerations**

* Establish with the young person how much time they have to talk to you and whether it is safe for them to do so.
* Obtain the safe contact details of the young person in case the call is terminated, or they have to leave in an emergency.
* If you are completing the Young People’s Checklist on the phone or at the young person’s home, check whether the person who hurts them is around, due back or expected back at a certain time.
* Be aware that a lesbian, gay, bisexual or transgender (LGBT) person accessing services will have to disclose both domestic abuse and their sexual orientation or gender identity. Creating a safe and accessible environment where a young person who has been harmed feels they make such a disclosure, and using gender neutral terms such as partner/ex-partner, is essential.

## Using the Checklist

* Ask all of the questions on the Checklist.
* Ensure you have an awareness of the safety planning measures you can offer and put into place. It is also important to be familiar with local and national resources to refer your client to, including specialist services.
* Please note that the ‘don’t know’ option is included where the young person who has been harmed does not know the answer to a specific question. It should be used when ticking ‘no’ would give a misleadingly low risk level. This will also highlight to your agency, the child safeguarding team and the MARAC any areas which require more information to be gathered.
* Use the referral/care pathway to inform your practice. You may also find it helpful to familiarise yourself with CAADA’s practice briefing for IDVAs on working with young people experiencing relationship abuse.[[1]](#footnote-1)

**When to use the Checklist**

**You should use the Young People’s Checklist with every young person who discloses to you that they are experiencing current abuse. The Checklist offers an opportunity to identify the levels of risk a client may be exposed to, and to offer appropriate services.**

‘Current’ abuse is where there has been any form of relationship abuse (including psychological, financial, sexual and physical abuse) occurring within the last three months. However this is not an absolute: risk can change and each young person’s situation will differ. Therefore it is essential that professionals consider each case based on its own circumstances.

For this reason, in practice, the Young People’s Checklist will not easily apply to historic domestic abuse cases, ie if the abuse has ceased and the client is in need of general support not crisis services (NB current/recent abuse covers the spectrum of emotional/physical/financial/sexual and psychological abuse). However, if the client has only recently split from their partner, or recently rekindled a relationship that was abusive, the Checklist will still be relevant.

You should aim to complete the Young People’s Checklist on your first contact with the client. However, as has been highlighted, it may be best to first ensure an appropriate relationship is established between yourself and the young person to enable them to confide in you more readily. In such cases, be sure to complete the form at the earliest appropriate opportunity.

**The Young People’s Checklist includes questions about static and dynamic risk factors.**

* **Static risk factors** are those that will not change. For example, ‘Has […] ever threatened to kill you or someone else?’
* Other questions explore **dynamic risk factors**, such as pregnancy, financial issues or sexual abuse. Where the questions on the Young People’s Checklist refer to ‘current’ (eg ‘Has the current incident resulted in injury?’) you should refer to the above definition to establish whether an incident ought to be included.

**Who should the Checklist be used with?**

**Normally the Checklist will be completed with a young person who is experiencing relationship abuse, including stalking and ‘honour’-based violence.** However, you may receive additional information from other professionals such as the police. If you do, please note this on the form.

Information should not be gathered from other family members unless a young person specifically asks you to do this. Consider that, in certain situations such as ‘honour’-based violence, family members may also pose a threat.

**The safeguarding duty**

All professionals have a responsibility and safeguarding duty to respond to young people at the earliest point possible to prevent exposure to domestic abuse and escalation. A risk threshold should not form the basis for a safeguarding referral; this should be based on child protection guidelines and law. The risk assessment will inform a professional’s understanding of risk but not provide a threshold for safeguarding.

**Relationship abuse towards young people who are under the age of 18 is likely to be a safeguarding issue.** Use the Young People’s Checklist to document your decisions and the actions taken in relation to safeguarding referrals and be aware that:

* **Where the client is aged 13-15**, the experience of relationship abuse is a safeguarding issue and the safeguarding authorities should be made aware of the case. No guarantee of confidentiality can be made to the young person.
* **Where the client is aged 16-18**, again the experience of relationship abuse is a safeguarding issue and appropriate referral routes must be followed. However, the MARAC should form part of those routes and should be aligned to the safeguarding process.

**The evidence and its limitations: professional judgement**

As has been outlined, the evidence used for the original, adult version of the Checklist was based on the experience of adult victims of domestic abuse, stalking and ‘honour’-based violence. However, the factors do apply to young people’s experiences of abuse and by asking the questions you will gain a stronger understanding of their situation.

**Alongside your professional judgement, use of this form will help you to understand the risk faced by the clients you work with.** These indicators can be organised into factors relating to:

* The behaviour and circumstances of the person causing harm.
* The circumstances of the young person who has been harmed.

Generally these risk factors refer to the risk of further assault, although some are also linked to the risk of homicide. We have also highlighted factors linked to ‘honour’-based violence, gang or territory issues and child sexual exploitation which must always be taken extremely seriously. Young people’s experiences can differ from adults and this has also been highlighted accordingly.

## Notes on the use of language

Professionals may refer to the people referred to their service as ‘clients’ or ‘service users’. In this document we use the term ‘young person who has been harmed’ to describe the person with whom you are completing the form, and who has been harmed by their partner, ex-partner and/or family member. The term young person and ‘young person who has been harmed’ are used interchangeably depending on the context. Where required for ease of reading the term ‘client’ is also used occasionally.

We have chosen not to use the term perpetrator to describe the person who is causing harm; this is to acknowledge that the person who is causing the harm may also be under eighteen. We are conscious that labelling young people can be unhelpful as it may limit the belief of all parties in the individual’s capacity to change the behaviour. This term is not used to minimise the abusive behaviour or the impact that it will have on those who experience it, neither is it meant to excuse those who cause harm to others from being held to account for their behaviour.

We also acknowledge that the person causing harm may be much older than the young person being harmed, with more embedded patterns of behaviour. We have opted to used consistent language for ease of use; however, on a small number of occasions where adults are referred to and the information is more succinctly and accessible presented, the term perpetrator does remain.

# CAADA-DASH Risk Identification Checklist (RIC) – Young People’s Version

## The aims of the Checklist

* To help frontline practitioners identify risk in cases of domestic abuse, stalking and ‘honour’-based violence within young people’s relationships.
* To decide which cases should be referred to MARAC and other safeguarding forums; to inform referrals to children’s social care; and to raise issues where other support might be required. A completed Checklist becomes an active record that can be referred to in future for case management.
* To offer a common tool to agencies that are part of the MARAC or other safeguarding processes, and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence in young people’s relationships.[[2]](#footnote-2)

**How to use the Checklist**

Before completing the Young People’s Checklist for the first time we recommend that you read the full practice guidance attached.

Risk is dynamic and can change very quickly. It is good practice to review the Young People’s Checklist after a new incident, every 4 weeks and at the point where the young person exits your service.

## Recommended referral criteria to MARAC

You have a responsibility and a safeguarding duty to respond to young people at the earliest point possible to prevent exposure to and escalation of abuse. Thus, the recommended referral criteria to MARAC is as follows:

1. **Professional judgement**

The application of professional judgement by a YPVA or another trained practitioner is particularly important when identifying risk in under 18s, as young people may minimise violence and abuse and may be reluctant to tell adults what is happening in their relationship.

**If a professional has serious concerns about the situation of a young person who has been harmed, they should refer the case to their local safeguarding children team and, where appropriate, to the MARAC.** There will be occasions where the particular context of a case gives rise to serious concerns, even if the young person who has been harmed has been unable to disclose the information that might highlight their risk more clearly.

This could reflect extreme levels of fear, minimisation, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence. **This judgement would be based on the professional’s experience and/or the young person’s perception of their risk even if they do not meet criteria 2 and/or 3 below.**

Professional judgement should never be used to downgrade the level of risk shown by the actuarial score (see ‘Visible high risk’, below).

1. **‘Visible high risk’**

The number of ‘ticks’ on the Young People’s Checklist. If you have ticked 14 or more ‘yes’ boxes the case would normally meet the MARAC referral criteria for adults and, if the young person you are working with is 16 or over, you should **give serious consideration to referring them to MARAC** . If the young person is under 16, refer the young person to children services and consider together the most appropriate care pathway.

The actuarial threshold of 14 ticks has always been seen as a safety net to ensure that those cases with many visible risk factors are heard at MARAC. However, in the case of young people, we would expect that many would have additional vulnerabilities (see the last section of the form) which might frequently mean that **a lower actuarial score would constitute a high risk case**.

**The importance of professional judgement remains unchanged whatever the level of actuarial threshold.** We have left the 14 ticks as a rational threshold at which a MARAC referral should be made but would expect in practice that you would be exercising your professional judgement about the level of risk and whether a MARAC referral is appropriate.

As yet there is no score that can be used to provide a threshold for ‘high risk’ in young people. The current score used to describe high risk for adults is 10 ticks and so, should a young person receive this score when you complete the Checklist, a high risk response will be required. However, if the young person does not reach this score, do not think that their risk level is necessarily manageable or not high. **Pay particular attention to your professional judgement and escalation in all cases.** The results from a checklist are not a definitive assessment of risk; they should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.[[3]](#footnote-3)

1. **Potential escalation**

Where you are made aware that the young person has been harmed by a person who has hurt them before - either because they tell you about several incidents, or because you are made aware of previous agency interventions and/or police callouts - consider how the situation is escalating. Escalation can happen quickly in young people’s relationships and professionals must be alert to this.

The responsibility for identifying your local referral thresholds rests with your local MARAC and safeguarding authorities. Through the work of the Young People’s Programme and the assistance of our Regional Development Officers, CAADA can help to develop these thresholds with you.

## What the Checklist is not

The Young People’s Checklist will provide valuable information about the risks that associated children are living with. However, it is not a full risk assessment for children who are living in households where domestic abuse is on-going. The presence of children increases the wider risks of domestic abuse, and step-children are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the child/children’s situation.

While the Young People’s Checklist should prompt you to explore whether a young person is at risk of sexual exploitation, it is not a comprehensive child sexual exploitation risk assessment.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ALL THE INFORMATION ON THIS FORM SHOULD BE COMPLETED AS FULLY AS POSSIBLE** | | | | | | | | | |
| Case Number (office use only) |  | | | | | | | | |
| **Date of Referral** |  | | | | | | | | |
| **Name of Person Referring** |  | | | | | | | | |
| **Agency Referring**  **Name,Address,Telephone** |  | | | | | | | | |
| **Referring to :** | Fortalice | | Paws For Kids Endeavour Project | | Victim Support | | | | Other (name) |
| **Criteria for referring into MARAC** | 14 ticks on RIC | | Escalation | | Repeat Victimisation | | | | Professional Judgement |
| **If the reason for referral is professional judgement please outline the reason here** |  | | | | | | | | |
| **Is this a repeat referral?** | Yes  No | | | | If Yes, date when last at MARAC? | | | |  |
| **Victim Details** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Alias (Known as):** |  | | | | | | | | |
| **Date of Birth:** |  | **Gender:** | | | |  | | | |
| **Ethnicity:** |  | **Religion:** | | | |  | | | |
| **Sexual orientation:** |  | **Occupation:** | | | |  | | | |
| **GP details:** |  | | | | | | | | |
| **Relationships to Perpetrator/s** |  | | | | | | | | |
| **Is the young person currently employed?**  (If yes, provide details) |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **If the above address is temporary, please give details of the young person’s last permanent address:** |  | | | | | | | | |
| **Contact number:** |  | | | | | | **Other safe number to call eg: Friend, mother etc** | | |
| **Safe time to call:** |  | | | | | | | | |
| **Additional risk factors**  (e.g. victim has additional needs as a result of disability or cognitive impairment or mental health or alcohol and/or drug issues) Are they in treatment? |  | | | | | | | | |
| **Is the young person a looked after Child or open to EXIT** |  | | | | | | | | |
| **Do you consider that there are grounds for referring the young person to Safeguarding?** |  | | | | | | | | |
| **Has a written referral to Safeguarding been made?** |  | | | | | | | | |
| **Has the young person been referred to any other MARAC previously?** |  | | | | | | | | |
| **Other relevant factors which may increase risk eg: arson?** |  | | | | | | | | |
| **If arson is a risk, has a referral been made to GM Fire Service?** |  | | | | | | | | |
| **Can you explain why you feel this young person is at high risk of experiencing further domestic abuse?** |  | | | | | | | | |
| **What are the victim's greatest priorities to address their safety?** |  | | | | | | | | |
| **Consent** | | | | | | | | | |
| **Has the young person’s consent been obtained to share information?** | Yes  No | | | **If ‘no’, are there grounds to share information without consent?** | | | | Yes  No | |
| **Immigration Status** (eg: asylum seeker, refugee, spousal visa with NRPF, ILR) |  | | | | | | | | |
| **What type of passport does the young person have eg: British, other** (if other, please state which) |  | | | | | | | | |
| **Nationality** |  | | | | | | | | |
| **Alleged Perpetrator** | | | | | | | | | |
| **Name:** |  | | | | | | | | |
| **Alias (known as)** |  | | | | | | | | |
| **DOB** |  | | | | | | | | |
| **Ethnicity:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **Relationships to young person:** |  | | | | | | | | |
| **Alcohol or drugs involved?** | Alcohol  Drugs  Details:(in treatment or not) | | | | | | | | |
| **If so, name/details of Case Manager** |  | | | | | | | | |
| **Any additional health or care needs?**  **E.g. dementia, learning disability or mental health problems** |  | | | | | | | | |
| **Is the perpetrator currently employed?**  (If yes, provide details) |  | | | | | | | | |
| **Has a referral been made to MAPPA** (if yes, provide details) |  | | | | | | | | |
| **Child**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Children: Name | DOB | Sex | Ethnicity | Relationship to victim | Relationship to perpetrator | Address | GP details | School | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | | |

|  |  |
| --- | --- |
| **Which of the children listed above permanently reside at the young person’s address:** |  |
| **Details of other children having contact or potential contact with the young person and/or perpetrator on a regular basis but not normally living in the household:** |  |
| **Was the child/children present at the incident?**  (if yes, names of children): |  |
| **Did the child/children witness the incident?** (if yes, name of children): |  |
| **What impact did witnessing the incident have on the child?** |  |
| **Injuries sustained by child/children? Give details** (physical and/or psychological eg: neglect): |  |
| **Children’s first language:** |  |
| **Disabilities: if so who?** |  |
| **Disability details:** |  |
| **Has Early Help/Safeguarding started?** | Yes  No  **If no, state reason:** |
| **Is there an Early Help Form already opened? If so, who is the Lead Professional** (to find out, ring 01204 331394) |  |
| **Action proposed/taken**  (eg: safeguarding referral) |  |
| **Additional information:** |  |
| **Court orders relating to children:** |  |
| **Who has parental responsibility for each of the above children?** |  |
|  | |
| **Other associated adults with additional needs**  (People who may be in need of specialist support by reason of mental or other disability, age or illness) | |
| **Name:** |  |
| **DOB:** |  |
| **Is this adult also living at the same address?** If not, where are they living and are they being affected by the abuse? Give details |  |
| **Did the adult witness the incident?** |  |
| **Injuries sustained?** Give details |  |
| **Action proposed / taken?**  (e.g. safeguarding referral) |  |

**Domestic abuse risk indicator checklist**

The risk information gathered from the following checklist will help you and the person form a clearer idea about the risks posed to the victim from the domestic abuse that they have, or are currently experiencing.

Use this information to help you and the person decide if a referral to a specialist service is appropriate or necessary.

|  |
| --- |
| **Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Always be sure that the young person can talk safely, and always ensure that any interview that takes place is in the absence of the alleged perpetrator. Never use children or family members as interpreters. Familiarise yourself with the questions before you ask them; it is good practice to answer the questions from a general discussion with the young person, rather than just formally asking the questions from numbers 1 – 24.**  **Please add comments where indicated. It is assumed that your main source of information is the young person. If this is not the case please provide details in the column on the far right-hand side.**  **The boxes will expand as you type text into them and there is space at the end of the form for additional information, where appropriate.** |

1. **Visible High Risk’:** the number of ‘ticks’ on this checklist. If you have ticked 14 or more ‘yes’ boxes, and there has been a recent incident (within approximately the last 3 months), the case would normally meet the MARAC referral criteria – refer to the domestic abuse flowchart on the front of this document.
2. **Professional judgement:** if a professional believes that a victim or their family is at significant risk of harm, then they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the young person has been unable to disclose the information that might highlight their risk more clearly. **This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence.** This judgement would be based on the professional’s experience and/or the young person’s perception of their risk even if they do not meet the criteria in point 1 above. Professional judgement could also include cases where there hasn’t been a recent incident, for example because the perpetrator has been in prison or out of the country, but where there is a serious threat to the young person.

This form is not a full risk assessment for either children or vulnerable adults although it will provide valuable information about the risks that both of these groups are living with.

The presence of children or vulnerable adults increases the wider risks of domestic violence and stepchildren are particularly at risk.

If risk towards a child or a vulnerable adult is highlighted you should consider what action you need to take to obtain a full assessment of the child’s situation – Contact details of Adult Safeguarding and Early Help for Children are on the flow chart on the front page of this form.

YOUNG PEOPLE’S VERSION

CAADA-DASH RISK IDENTIFICATION CHECKLISTfor the identification of risk in cases of domestic abuse, stalking and ‘honour’-based violence



**This form is suitable for use with young people aged between 13 and 17.[[4]](#footnote-4)**

This Young People’s Checklist is split into questions that require yes/no responses, and areas where you are required to make observations. Please use the comment boxes provided throughout the form to record your professional judgement about how the young person’s specific situation affects their risk.

At the end of the Checklist, consider the number of questions the young person has answered yes to and your professional judgement in combination, and offer risk management options based on this. You have a responsibility and a safeguarding duty to respond to young people at the earliest point possible to prevent exposure to and escalation of abuse. **It is assumed that your main source of information is the young person who has been harmed. If this is not the case please indicate in the right hand column.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **State source of info** if not the young person who has been harmed (eg police officer) |
| **Your feelings** | **Yes** | **No** | **Don’t know** |
| 1. Are you frightened?   Comment: |  |  |  |  |
| 1. What are you afraid of? Is it further violence?   Comment: |  |  |  |  |
| 1. Are you feeling low or finding your emotions hard to cope with?   Are you having suicidal thoughts? |  |  |  |  |
| **Consideration as part of your professional judgement** | | | | |
| * Does the young person recognise what a dangerous situation might be and their own vulnerability? * Are they exploring risk-taking behaviour as part of their development? How might this affect their safety? * Would this young person involve the police if they were to be hurt again?   **Comment:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is happening to you now** | **Yes** | **No** | **Don’t know** | **Source** |
| 1. Has the current incident resulted in injury?   Please state what and whether this is the first injury: |  |  |  |  |
| 1. Does [INSERT NAME OF INDIVIDUAL WHO IS HARMING THE YOUNG PERSON] constantly text, contact, follow, stalk or harass you, either in person, online or by phone? |  |  |  |  |
| 1. Does […] try to control everything you do? (For example, who you see, or what you wear?)   Do they get jealous about anything you do? |  |  |  |  |
| 1. Is the abuse happening more often? |  |  |  |  |
| 1. Is the abuse getting worse? |  |  |  |  |
| **Consideration as part of your professional judgement** | | | | |
| * How old is the young person? Where are they within the formal education system? * Is there any evidence that the young person may be minimising or exaggerating their experience?   **Comment:** | | | | |
| **Your life and relationship** | **Yes** | **No** | **Don’t know** | **Source** |
| 1. Do you see your family/friends as much as you would like? Does […] stop you from seeing friends and family or professionals?   Comment: |  |  |  |  |
| 1. Are you pregnant or do you have a baby? |  |  |  |  |
| 1. Are there any financial issues?   For example, is […] experiencing difficulties with money (debts or loans) or are you dependent on […] for money or do they take money from you? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consideration as part of your professional judgement** | | | | | |
| * Is this the first relationship the young person has been in? How is this impacting on their friendship group/understanding of acceptable behaviour? * Has the young person experienced abuse and violence within their family and has this affected their understanding of effective conflict resolution or normalised the experience of violence? Does it also limit the safe places they can be? * Is the young person involved or affiliated to any gangs and does this mean that there are additional risks posed by other people? * Is the young person at risk of sexual exploitation? Specific risk factors may include being reported missing from care, being missing from home, being in the care of the local authority and living in a residential home. Are you or colleagues aware of specific risks within the community from known perpetrators? * Does the young person have any specific needs or vulnerabilities in relation to disability and learning difficulties, substance misuse, mental health issues, cultural/language barriers, ‘honour’-based systems or geographic isolation?   **Comment:** | | | | | |
| **Things that might have happened to you in the past** | | **Yes** | **No** | **Don’t know** | **Source** |
| 1. Have you broken up with or tried to break up with the person who is hurting you? | |  |  |  |  |
| 1. If you have children, is there conflict between you and the person who is hurting you over seeing the children? | |  |  |  |  |
| 1. Has […] ever used weapons or objects (such as a phone or household item) to hurt you? | |  |  |  |  |
| 1. Has […] ever threatened to kill you or someone else?   If yes, please specify:  You 🞎 Children 🞎 A member of your family 🞎  Other (please specify) 🞎 | |  |  |  |  |
| 1. Has […] ever attempted to strangle/choke/suffocate/drown you? | |  |  |  |  |
| 1. Does […] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?   If someone else, specify who. | |  |  |  |  |
| 1. Is there any other person who has threatened you or who you are afraid of? | |  |  |  |  |
| 1. Do you know if […] has hurt anyone else?   If yes, please specify:  Children 🞎 Another family member 🞎  Someone from a previous relationship 🞎  Other (please specify) 🞎 | |  |  |  |  |
| 1. Has […] ever mistreated an animal or their family pet? | |  |  |  |  |
| **The person who harms you** | | **Yes** | **No** | **Don’t know** | **Source** |
| 1. Has […] had problems in the past year with drugs (prescription or other), alcohol or mental health, leading to problems in leading a normal life?   If yes, please specify which and give relevant details if known:  Drugs 🞎 Alcohol 🞎 Mental Health 🞎 | |  |  |  |  |
| 1. Has […] ever threatened or attempted suicide? | |  |  |  |  |
| 1. Has […] ever breached their bail conditions or not followed an order by the police or a judge in court?   Bail conditions 🞎 Child contact arrangements 🞎  Forced Marriage Protection Order 🞎 Other 🞎 | |  |  |  |  |
| 1. Do you know if […] has ever been in trouble with the police or has a criminal history?   If yes, please specify:  DV 🞎 Sexual violence 🞎 Other violence 🞎 Other 🞎 | |  |  |  |  |
| **Consideration as part of your professional judgement** | | | | | |
| * Is the person who hurts your client older than them? By how many years? * Is the person who hurts your client gang involved or affiliated? Does this place your client or additional potential victims (consider all family members) at additional risk?   **Comments:** | | | | | |
|  | **TOTAL ‘YES’ RESPONSES** |  |  | | |

|  |
| --- |
| **What additional concerns do you have, based on your professional judgement/escalation?** |
| **Comments:** |
| **Is the young person willing to engage with your service?** |
| **Describe:** |

|  |
| --- |
| **Consider the person causing harm’s occupation/interests** |
| * Could this give them unique access to weapons? * How involved is your client in relation to any illegal weapons and how might this affect their safety and help seeking?   **Describe:** |
| **What are the young person’s greatest priorities to address their safety?** |
| **Describe:** |

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

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Name:** |  |

# Accompanying guidance to the Young People’s Checklist

**The information below is set out to follow the order of the questions in the Checklist.** It explains the significance of each question, additional questions that might be posed and, where relevant, the research that is linked to the specific risk factor.

**We highly recommend that those who use the form in practice familiarise themselves with this guidance before they begin work with their clients.**

**Your feelings**

**Q1. Are you frightened?**

**Q2. What are you afraid of? Is it further violence?**

Research from CAADA’s Insights service indicates that young people experiencing relationship abuse do so at least the same level of violence as adult victims, and many are at risk of serious harm or death.[[5]](#footnote-5)

It is important to listen carefully to the young person’s perception of their safety and what it is the person who is harming them may actually do. Research in relation to adult victims of domestic abuse suggests that people are significantly more likely to experience additional violence, threats and emotional abuse when they report that they are very frightened, afraid of further injury, violence or of being killed, and when they are afraid of their children being harmed (Robinson, 2006).

If you are concerned about a young person’s immediate safety you must report this as a safeguarding concern. It is important that you are open and honest about your concerns and that you inform the young person what action you will need to take.

**Practice point**

The importance of this question is to understand the fears of the young person who has been harmed in relation to what the person who is hurting them may do. It is important to understand:

* Who the young person is frightened of. There may be more than one person who harms them, living within the home or within the community.
* Who they are fearful for (eg themself/children/siblings/partners/parents).
* What they think the person who harms them could do. This could be physical or sexual abuse, or murder of them/children/siblings/partners/parents. It might include fear of being forced into an engagement or marriage, or being abducted to another country. It is important to note if they are fearful as a result of persistent stalking and harassment from the person who harms them/their associates, as this can be associated with homicide.
* A young person who is being sexually exploited may be frightened that things that they have done will be used against them: for example, that intimate pictures of them will be shared via the internet.
* LGBT clients may fear that the person who harms them will disclose their gender identity or sexual orientation to their friends, family and colleagues.

**Q3. Are you feeling low or finding your emotions hard to cope with? Are you having suicidal thoughts?**

CAADA data suggests that 27% of young people who have been harmed have previously self-harmed; 25% of young people who has been harmed have experienced mental health issues; and 21% have previously threatened or attempted suicide. An integrated response for the young person should include agencies that provide relevant expertise, including Child and Adolescent Mental Health Services (CAMHS), the Youth Offending Services and child safeguarding.

When working with suicidal clients we need to be able to assess the seriousness of their intent. Medical staff will talk about the difference between ‘suicidal ideas’ and ‘suicidal intention’.

**Practice point**

Below are examples of important information you should consider gathering if the young person who has been harmed is feeling depressed and/or suicidal:

* Has there been a previous suicide attempt?
* Has the young person self-harmed?
* Is there is a history of self-harm or suicidal attempts?
* Has the young person previously been referred to CAMHS?
* Is there sleep disruption?
* How definite does the young person’s plan of suicide appear?
* Does the young person who has been harmed have a support network?
* Is there a history of alcohol or drug abuse? NB: drug and alcohol misuse in a young person is a safeguarding issue.
* Is there a history of previous psychiatric treatment or hospitalisation?
* Is the young person being assessed for or do they have a mental health worker/psychiatrist?
* Is there an unwillingness to use resources and support systems?

Any young person expressing suicidal ideas has to be taken very seriously. As the practitioner involved in the disclosures it will ultimately be your responsibility to share this information within your agency, with your local safeguarding children team, at your MARAC and/or to a member of the primary health care team. You should encourage and support the young person who has been harmed to take the initiative and engage with support services and to explain the importance of their engagement with the information sharing process.

It is important to ensure that you are clear about your own agency’s crisis/safety plan which incorporates advice for working with suicidal clients. Do not wait until an emergency arises: familiarise yourself with the procedure beforehand and the resources or referral routes available to your client.

**For consideration by the professional**

The young person who has been harmed will have intimate knowledge of the person harming them and their capacity to harm her/him and significant others. In cases of ‘honour’-based violence, they will understand the family dynamic and view of ‘honour’-based systems.

Minimising the abuse and blaming the abuse on themself is common amongst young people who have been harmed, and practitioners should be aware that sometimes a young person who has been harmed may not acknowledge current threats or actions as cause for concern. It is also common for young people to exaggerate their experiences of abuse in order to draw attention to situations that are uncomfortable for them or to draw attention from other situations that concern them. This is not a reason to downgrade their risk assessment but it is important as you try to understand where the young person is coming from. Partnership with other agencies will be crucial in understanding this best.

**What is happening to you now?**

**Q4. Has the current incident resulted in injury?**

If the young person is injured at the time that you complete the Checklist, establish whether they need urgent medical attention.

It is important not to assume that the experience of abuse is less harmful if it is perpetrated or experienced by a young person: CAADA’s data indicates that 67% of teenagers engaged with IDVA services experienced strangulation, rape, and broken bones.

**Practice point**

Understand the level of injury to identify if any current action needs to be taken:

* When did the incident occur?
* What injuries have been sustained?
* How does this compare to previous injuries? Establish what the worst injury and incidents were.
* How long have they been in the relationship? When was the first incident of abuse?
* Has this incident been reported to the police?

**Q5. Does […] constantly text, call, contact, follow, stalk or harass you?**

Stalking by young people tends to be more violent than that carried out by adults and many young people will also be targeted online. CAADA’s data suggests that 53% were experiencing harassment and stalking such as obsessive texts, constant phone calls and threats before they accessed services.

**Practice point**

Ensure that you ask the young person who has been harmed about the behaviour of the person who is hurting them (remembering that this may be more than one person); if the young person feels they are being stalked, ask them to clearly describe what happens. Does this make them feel uncomfortable? Do they believe it is done deliberately to intimidate them?

Consider the context and behaviour of what is being done. You may find it useful to ask whether there are certain patterns to the abuse, and to keep a log of incidents. This may become a useful form of evidence in court proceedings. Stalking frequently occurs at the point of separation, but can also occur within a relationship where the couple are still together. This needs to be carefully considered when creating a safety/risk management plan with young people as they may not recognise the severity of risk or be aware - for example - that they could track, block or change numbers.

The following are additional risk factors which may indicate future violence in cases of harassment and stalking. They are based on the experiences of adults but they could help you to understand the young person’s situation better:

* Pursuit of the young person who has been harmed during/after separation.
* Turning up unannounced and/or loitering around the workplace/home/school.
* Following or loitering near the young person.
* Threatening the young person and/or others with suicide, homicide or sexual violence (eg “If I can’t have you nobody will”).
* Calling/texting/emailing continuously and obsessively.
* Sending letters/notes/items/‘gifts’.
* Using friends or peers to monitor the young person.
* Making contact around certain anniversaries’, birthdays or dates.
* Acting violently to anyone else during the stalking incident.

The person who harms your client may obtain information or items from children that could place your client at risk, for example:

* Keys to the property.
* New addresses of work, school and home.

It is also important to ask whether the young person is being stalked and harassed online. Establish which sites this takes place on and explore how their online security can be improved.

**Q6. Does […] try to control everything you do? Do they get jealous about anything you do?**

In the CAADA study, 78% of young people were experiencing controlling behaviour such as threats to kill, threats to expose sexual activity, isolation from family and friends, and being put down in public.

Social networking sites provide those who harm with opportunities for control and online tracking, and can limit a young person’s ability to protect themselves. Young people’s use of new technologies makes them more vulnerable to being controlled: eg through threats to circulate humiliating visual images.

**Practice point**

Research (Regan, Kelly, Morris, & Dibb, 2007) has highlighted the importance of coercive control and jealous surveillance as important indicators of risk in relation to adults, so it is useful to explore what the controlling behaviour includes. For example:

* Being made to account for time and whereabouts.
* Controlling access to online social networks.
* Threats to post private information/pictures online.
* Isolation from friends and family.
* Interception of mail/telephone calls.
* Accusations of infidelity.
* Being prevented from taking medication, including contraception.
* Extreme dominance.
* Being prevented from leaving the house or returning home.
* Making threats that children will be removed if young person who has been harmed reports.
* Extreme jealousy, eg “if I can’t have you, no-one else can.”
* Use of the young person’s religion to control.
* Providing the young person with a mobile phone which the person who harms them controls the use of.
* Using family members or friends to do any of the above.

You should also consider ‘honour’-based violence: a young person may not have ‘usual’ freedom of choice, may be heavily ‘policed’ at home or be unable to leave the home address except under escort. Associated children may also be used to control the young person’s behaviour. There may be certain behaviours that would be deemed unacceptable in a particular community and that could trigger serious harm or homicide. Having a sexual relationship outside of marriage or having an intimate relationship with somebody who is not the choice of the family would be two examples of this.

Consider how the person causing harm may use the young person’s sexual orientation or gender identity to control and abuse them (eg saying they deserve the abuse because they are LGB or T, or that no-one will help them or believe them or that they will disclose their sexual orientation or gender identity to their friends, family, colleagues). They may also question the young person’s gender identity or sexual orientation, and make them feel guilty or ashamed.

If you are a professional who comes into contact with the person who harms, consider how they might try to control you too. Professional boundaries and judgements are integral if working with the couple or the family and generally this work is best done by separate professionals.

Once you have identified the extent of control the person who harms has over the young person you should then move to identify windows of opportunity to talk or meet with the young person who has been harmed in the future.

**Q7. Is the abuse happening more often?**

**Q8. Is the abuse getting worse?**

Abuse in young people’s relationships typically escalates more quickly than adults’ and you should explore this carefully even when other risk factors are not present. There is a high level of normalisation of abuse, violence and controlling behaviour amongst young people. A young client may not recognise the abuse and may minimise the harm they are experiencing, so be prepared to spend time exploring what abuse is with them.

**Practice point**

Previous violence is the most effective indicator that further violence will occur. In cases of ‘honour’-based violence, previous family history including towards siblings can be very relevant. To help your client answer this question you may need to follow this up by asking:

* When was the last incident?
* How many have there been in this relationship? Are they happening more often?
* Is this incident worse than the last incident? If so, how?

These questions may deliver a more specific, tangible answer for you to develop a risk management plan. You might suggest that your client keeps a diary or log of incidents to help document the escalation in frequency and severity (if this can be done safely).

**For consideration by the professional**

A young person who has recently turned 16 is at a high risk trigger point for forced marriage because they have reached the age of consent/legal marriage and their formal schooling ends. They are particularly at risk during the summer holiday after completing school.

This risk is explicitly linked to school leaving and, as the age to which all young people must remain in education or training has recently been raised to 18, it is important to consider this risk for any young person up the age of 18.

**Your life and your relationship**

**Q9. Do you see your family and friends as much as you would like? Does […] stop you from seeing friends and family or professionals?**

**Practice point**

It is common abusive behaviour to isolate a young person who has been harmed from their normal support network of friends, family and professionals and this can make it very difficult to contact the young person.

For young people who are particularly vulnerable or socially isolated you may also consider whether the abuse has a specific cultural or community context, for example:

* You may wish to ask how this is affecting their attendance at school/college/other events. Does the person who they are frightened of stop them from attending outside activities? Are they prevented from engaging in social activity?
* Are they concerned about upholding family ‘honour’? Does the person who harms tell them they have a cultural/religious responsibility to protect their privacy?
* Does the young person feel the extended family and community reinforce the abuse?
* Are there threats to disclose the young person’s sexual orientation/gender identity to friends/family/work?

**Q10. Are you pregnant or do you have a baby?**

CAADA research indicates abuse and violence is disproportionately experienced by young pregnant women and mothers and one in five teenage victims is pregnant. Furthermore, a survey by Bowen (2005) found that the likelihood of experiencing domestic abuse increased shortly after pregnancy, and that fewer women reported domestic abuse during pregnancy and up to two months after the birth.[[6]](#footnote-6) This study also found that the experience of domestic abuse in pregnancy was associated with a range of family adversities, including having a first child at an early age.

Part of the abuse may involve forcing a young person to have a termination or assaulting them when pregnant, potentially with the intention of causing a miscarriage. It will also be important to ascertain whether the individual hurting the young person is the father of the unborn child or whether the pregnancy is a result of gang involvement and/or sexual exploitation. This could involve multiple people.

**Practice point**

Note whether the young person is pregnant or has just given birth. The answers to the following questions will provide useful context:

* What is the estimated due date of the pregnancy?
* Does the person harming them know of the pregnancy? Is it his child? If not, you may need to consider whether there are any risks that the child’s father poses.
* Does the person who harms them target any attacks or abuse towards the young person’s stomach area?
* Does a midwife or other professionals involved know about the pregnancy and the abuse?
* How does the client feel about being pregnant? Was this a planned pregnancy?

In many cases you may find that the young person is unsure about continuing with a pregnancy. You should be prepared to discuss this with your client and be able to refer the young person to pregnancy advisory services so that all of their options can be explored

Using the supplementary information gathered about the pregnancy, you should consider establishing a safety plan for the birth and for after the baby is born.

**Clearly, young children are extremely vulnerable in situations of domestic abuse and consideration must be given both to the risks that they face and the risks to the mother. The London Safeguarding Children Board Procedures state that any single incident of domestic violence towards a mother of a baby under 12 months old (whether the child is present or not) should require a professional to make a referral to the local authority children’s social care.** Other research suggests that children under 18 months of age are the most vulnerable in these situations.

**Violence towards a pregnant woman also represents abuse to an unborn child. Unborn children can become the subject of child protection procedures.** Your service will need to consider when it is appropriate to refer such situations to Children’s Services

**Q11. Are there any financial issues?**

**Practice point**

Exploring this question will also allude to the level of isolation and control the person who harms has over the young person. Consider these additional questions to gain clarity over the financial control and issues:

* Are there any issues regarding the young person’s access to public funds? Young people who have no recourse to public funds may be entirely reliant on their spouse for financial support. To help the young person you may need to help their parents/family, particularly in relation to immigration issues.
* Does the person who harms restrict/withhold/deny access to the young person’s finances?
* Do they buy young person gifts or luxury items, or purchase cigarettes, alcohol or illicit substances? This can be an indicator of sexual exploitation.

Finances will need to be considered by all practitioners when considering safety options. Welfare grants or subsistence allowances may need to be negotiated between agencies to allow the young person who has been harmed access to some funds for accommodation or travel to accommodation. In some situations your client may need advice on benefits and/or debt management.

**For consideration by the professional**

A person is most likely to experience domestic abuse in their first relationship and the majority of these will occur during teenage years. This can be significant: particularly in the case of young women who, unlike young men, develop their identities at the same time as they develop close relationships, through seeing themselves reflected in others. This means that where girls or young women are in a destructive first relationship, a negative life pattern or destructive self-image can also be created.

First same-sex relationships have been identified as a high risk time for domestic abuse to begin as they present a particular set of circumstances in which abuse may occur (Donovan, Holmes, Hester, & McCarry, 2006). This can be particularly harmful for LGBT young people as:

* The victim may lack of confidence in what behaviours are acceptable in intimate same sex relationships.
* They may not have an established LGBT support network in which to air their concerns.
* They may have limited access to role models about healthy and respectful relationships (Ristock, 2002).

Young people with experience of family violence have increased vulnerability to experience abuse in a relationship, and at an earlier age, than young people with no history of family violence. Young victims of sexual abuse are also vulnerable to repeat victimisation.

**Things that might have happened to you in the past**

**Q12. Have you broken up with or tried to break up with the person who is hurting you?**

Young people’s relationships may be short but any abuse can and often does escalate quickly. Post-separation abuse can occur, even when the relationship itself is relatively brief. It is important to validate the seriousness of young people’s experiences in relationships.

Attempts to end a relationship are strongly linked to intimate partner homicide for adults (Websdale, 1999; Regan, Kelly, Morris, & Dibb, 2007) and the abuse often does not end when the relationship does. Research suggests that adult women are particularly at risk within the first two months of leaving an abusive relationship (Wilson & Daly, 1993; ACPO Findings from the Multi-agency Domestic Violence Homicide Review Analysis, 2003).

It is therefore important that work is carried out to ensure that the young person who has been harmed can leave the relationship as safely as possible. You should explore with your client the different options for separation and identify where further contact from the abuser should be expected: do they go to school or college together? Do they share a friendship group? Do they socialise in the same places? Does the person who harms them know where they are likely to spend their time?

In cases of ‘honour’-based violence, separation may be identified by the young person who has been harmed as an attempt to run away.

**Practice point**

You may also want to probe for additional information which is linked to other questions on the Young People’s Checklist, for example:

* If the client has separated from the person harming them, when was this?
* Is the client currently planning to break up with their partner?
* Does the abuser threaten what they may do if the young person leaves them? For example, do they say things like ‘”If you were to ever leave me…”?
* Is the young person frightened by this? Are they prevented from leaving due to family pressure or the threat of dishonour?
* Does the person who harms them have direct links to young person’s family? Eg are they family friends?
* Do the young person’s friends have links with the person who harms them? Eg are they in a relationship with their friend, or are their friends affiliated or associated with the same gang?
* Is the client prevented from separating due to threats of being ‘outed’ to family/employer etc?
* Does the client’s dependence on the person who harms them for physical care prevent escape?

In some cases, you may be approached by different individuals (family/friends etc) to try and find out information that would identify the whereabouts of the young person who has been harmed. It is important to maintain client confidentiality at all times and establish with the young person who it is safe to talk to in order to avoid putting them at greater risk.

A young person should be able to choose with whom you make contact within their immediate environment (eg parents, school, extended members of family); however young people cannot choose if you need to share information with children’s services to report safeguarding concerns.

**Q13. If you have children, is there conflict between you and the person who is hurting you over seeing the children?**

**Practice point**

When considering the safety of the young person and their children, it is important to discuss informal contact and family routines in order to identify when a young person and their children may be at risk. Harassment and stalking often continue post-separation and child contact is used by those who harm to do this. You may want to find out:

* How many children they have and whether they are from this or previous relationships.
* If the person who harms them has parental responsibility.
* If there is any formal (via solicitors/children’s services) or informal regulation of child contact.
* Where the children go to school/after-school activities/receive medical attention, and whether the person who hurts the young person knows this.
* If the person who harms them threatens to kidnap or harm the children.
* If they threaten to report the client to children’s services or the family courts as being a ‘bad mother’, or threaten that the children will be removed from the young person’s care.
* If they threaten to send the children overseas or gain custody through other cultural/religious means.
* If they threaten to use the client’s sexual orientation within the courts/children’s services arena as a way to ‘take the children’.

These are important pieces of information for your agency, the safeguarding authorities and the MARAC to include in safety/risk management plans. This is so that they can be built into any criminal or civil sanctions such as bail conditions; restraining orders; non-molestation/occupation orders; and orders under the Children Act.

**Q14. Has […] ever used weapons or objects (such as a phone or household item) to hurt you?**

**Practice point**

Supplementary questions may cover:

* Has this last incident involved the use of any weapons?
* Does the person who harms them have access to weapons through friends/acquaintances/employment?
* Does the person who harms them have military or martial arts training?
* Does this significantly concern either the client or yourself?

It may be useful to include examples of ‘objects’ that can be used as weapons so that clients can relate the question to their situation. Thus, the question aims to cover not just weapons such as knives or guns, but also household objects which may be used as weapons, for example:

* Mobile phones.
* Game controllers or remote controls.
* Ashtrays.
* Children’s toys.
* Family pets.

This information is useful to identify both risks to the young person and risks to other professionals working with the person who is causing harm. You will also need to consider notifying the police and any relevant professionals. If this case is referred to MARAC, prompt professionals to record this within their own agencies for any staff attending the home.

Young women who are affected by or affiliated to gangs may be used to carry or harbour weapons or drugs. Their own safety is risked by being in close proximity to guns and other weapons and this may be increased by the threat that the weapon will be turned on them if they don’t comply or think about disclosing a crime. In addition, the fact that they know or are part of criminal activity means they may be silenced by the gang into revealing the abuse they are experiencing by their partner for fear of police intervention.

**Q15. Has […] ever threatened to kill you or someone else?**

It is possible that some young people may minimise their experience of threats to kill, therefore it is important to explore the context in which they were made: ie during times of violence? In front of others? When weapons were involved? It is also important to assess whether the young person who has been harmed is genuinely frightened by the threats.

If the young person who has been harmed is considering reporting these threats to the police, it is important to manage their expectations about what action the police may be able to take. As a service you may need to discuss with your local Community Safety Unit/Domestic Violence Unit/Public Protection Unit what evidence they may require to substantiate a charge of threats to kill.

**Practice point**

It may be useful to ask additional questions such as:

* Who is threatening to kill the client? The threat may be from many members of the family, extended family or community in ‘honour’ cultures.
* What threats does the person who harms them make? How do they threaten to kill the client or others?
* Who else have they threatened to kill (ie children, parents, siblings, pets etc)?
* Who else have they told that they intend to kill the client or others? Sometimes such threats are made to third parties including police and probation officers.

**Q16. Has […] 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:

* When did they attempt to strangle/choke/suffocate/drown you?
* What did they do? Did they use implements (eg shoe laces) or use their hands?
* How often do they do this?
* Did you/do you lose consciousness?

**Q17. Does […] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?**

This question should consider both acts that the young person believes that they have consented or volunteered to and acts that they did not.

The CAADA study found that 22% of young people were experiencing sexual abuse such as rape, unwanted touching or sexual insults. They were also identified as being vulnerable to exploitation: ranging from apparently ‘consensual’ relationships - which are in fact exchanges of sex for gifts, accommodation or every day necessities - through to organised crime.

Young people may have limited knowledge and understanding around choice and consent and this should be explored. Many young people find it difficult to identify themselves as being exploited, as quite often they have an attachment to the person causing them harm and will attempt to minimise or justify their behaviour. There is also a normalisation of pornography and sexually explicit images amongst some young people which can affect the sort of behaviour perceived as ‘normal’ and acceptable, further increasing vulnerability and, potentially, the severity of the sexual violence being used against them.

Firmin refers to rape as the only ‘weapon’ that cannot be found during police stop and searches and that this has led to its use as a threat and act in relation to gangs, both involving young people directly and, potentially, their family and friends as they may be placed at risk from revenge attacks.

In cases of sexual violence, young women may not know where to go, or of the distinction between enforcement and support. As a result they may think that, if there is criminal involvement, that there is no protection available to them (LEAP, 2011). This should be carefully explored so that you are aware what barriers to reporting to the police and other agencies may exist.

**Practice point**

This may appear a difficult question to ask a young person who has been harmed, especially if this is the first conversation you have had and it may be a point you come back to. However, it is crucial that you ask as it is very important to understand the risk of sexual abuse that a young person faces.

It is important to explore what consent means to the young person and whether they are being exploited in a relationship that they may deem consensual. You may find it helpful to frame the question in the following way:

“Many young people that I have spoken with in the past have talked to me about their partner/ex-partner doing or saying things of a sexual nature that they didn’t feel ready to do, that made them feel bad, or that physically hurt them. Has this ever happened to you?”

Explore what took place. It is important to be aware that rape, sexual abuse and intimidation are not always identified as such by young people. Thus, it is important as a practitioner that you are able to talk to your client about the range of sexual abuse they may be experiencing. For example:

* Intimidation and pressure to have sexual intercourse including use of weapons.
* Use of sexual insults.
* Unwanted sexual touching including use of objects.
* Inflicting pain during sex.
* Refusal to use contraception or have safe sex.
* Exploiting the young person through the taking of photographs and videos: threatening to expose them to friends/family or to post pictures online; or hijacking social media sites/controlling profiles to post material.
* Forcing the young person to have sexual intercourse with other people.
* Sexual abuse of children.
* Exposing children and/or the young person to pornographic material.

Once you have identified what type of sexual abuse is being perpetrated against the young person, it is useful to know:

* When did this happen? How often does this happen and who with?
* What did they do?
* Did you talk to anyone, report this to the police or seek medical attention?
* Have they done this to anyone else before? Eg children or a previous partner.
* Is the client concerned about any sexually transmitted diseases or pregnancy as a result of the attacks?

If there has been a recent attack, you can offer the services of the local Sexual Assault Referral Centre (SARC), A&E or police for further medical or legal investigation. Even where the attack happened too long ago to collect evidence, SARCs can offer longer term support.

**Q18. Is there any other person who has threatened you or who you are afraid of?**

Young people are more likely than adult victims to be abused by more than one person, and this may have links to ‘honour’-based abuse and gang affiliation. Encourage the young person to specify who they are afraid of, and why. Consider extended family if HBV, or other gang members in the case of a gang affected or affiliated young person.

**Practice point**

**‘Honour’-based abuse**

In cases where the concept of ‘honour’ is at stake, the potential for multiple perpetrators is significantly increased and may include family or community members. It has also been known for families to hire someone to perpetrate violence against the person they believe has shamed the family. The client may have been threatened by someone, or may cite instances of behaviour that would be quite acceptable in one culture, but is not perceived so in theirs. Examples of this in relation to ‘honour’-based violence might include:

* Smoking in public.
* Inappropriate make up or dress.
* Truanting.
* A relationship not being approved of by family and/or community.
* Rejection of religion or religious instruction.
* Rejection of an arranged marriage.
* Pre-marital conflict or pre-marital or extra marital affair.
* Reporting abuse.
* Running away.
* Sexual conduct - talking, kissing, intimacy - in a public place.
* Pregnancy outside of marriage.
* Being a reluctant immigration sponsor.
* Attempts to separate/divorce.
* Refusal to participate in an arranged marriage.
* Having an intimate relationship outside of marriage.
* Sexual orientation (including being gay, lesbian, bisexual or transgender).

If you do think this is a risk, you will need to establish whether relatives, including female relatives, might conspire, aid, abet or participate in the abuse or - potentially - killing. For example, younger relatives may be selected to avoid senior family members being arrested, often due to the perception that younger offenders may receive a more lenient penalty. **You should consider whether the young person’s partner, children, associates or their siblings are also at risk.**

Professionals should assess the following factors in relation to the nature of the risk, and actions they may take as part of a safety plan:

* The on-going relationship or connection between those causing harm and the young person, as this may enhance vulnerability to future abuse and act as a barrier to help-seeking options.
* Other siblings being subjected to similar issues/abuse.
* The existence of a strong extended family network or strong links within the community.
* The possibility that family may seek to locate and pressurise the young person.
* The possibility that family may seek to remove/abduct the young person, including taking them abroad.
* Any threats to new partner/ex-partner.
* A history of abusing others in a domestic context or of other violent behaviour in the case of the person or people causing the harm.

**Within a gang context**

A lack of sympathy for those who experience sexual violence in gang-related contexts combined with a tendency to blame females in sexually coercive situations can create an extremely isolating environment for young people who have been harmed in this way. It is important to convey complete respect and demonstrate to the young person that they have your full attention. Research suggests that just one positive non-abusive relationship can significantly increase a young woman’s self-esteem.

A gang-associated or affiliated young person may be concerned about their own gang members and rival gang members, as others may be assaulted or killed as punishment for someone else’s ‘dishonourable’ behaviour.

Young women who have gang-involved male family members are particularly vulnerable to sexual assault as revenge. A young person may be sexually exploited in order to receive ‘protection’ from a gang or to gain status within the gang. They may also be involved in initiation rites, particularly sexual acts, with multiple gang members. Threats to disclose this (particularly with images on social media etc) may be used to blackmail the young person into silence about continued abuse. In addition, young women in gangs may bring others into the gang to be raped or kidnapped as a protective strategy (ROTA, 2010).

**Q19. Do you know if […] has hurt anyone else?**

**Practice point**

Adult perpetrators of intimate partner and familial abuse do not tend to discriminate in terms of who they are abusive towards. Research shows that it tends to be part of a pattern of repeated aggression toward other persons persisting over the life course, with a series of victims including siblings, schoolmates, dating partners, strangers, partner and/or work colleagues (Richards, 2004; Fagan, Stewart, & Hansen, 1983; de Becker, 1999).

The information revealed by this question will point you to which other support agencies need to be involved with the family. For example, this may include children and young people’s services or the protection of vulnerable adults team.

It is important to identify the following:

* Who the other victims are.
* If they are children, how and when were they harmed?
* Current whereabouts of the other individuals who have been harmed.
* Dates of birth of the children (for identification purposes).

You should also consider HBV or, in the case of a gang-affected or affiliated young person, other gang members or rival gang members.

**Q20. Has […] ever mistreated an animal or their family pet?**

**Practice point**

Experts increasingly recognise a correlation between cruelty to animals and intimate partner violence (Cohen & Kweller, 2000). The use or threat of abuse against companion animals may be used to keep young people who are being harmed from seeking help or disclosing their experience.

**The person who harms you**

**Q21. Has […] had problems in the past year with drugs (prescription or other), alcohol or mental health, leading to problems in leading a normal life?**

**Practice point**

This includes serious problems in the past year with illicit drugs, alcohol or prescription drugs leading to impairment in social functioning (health, relationships etc). It also includes depression (Regan et al, 2007).

A young person 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 young person 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.

This question needs to be managed carefully and attention paid as to what the young person’s concerns are around this issue. The young person and the person who harms them may also be using the same or similar substances and therefore be accessing the same services, suppliers and places. You may find it useful to establish:

* How often does the person who harms them drink/use drugs?
* Do they have an addiction?
* Are the drugs prescription or illegal?
* What do they use?
* Is the young person being harmed supplied with alcohol or drugs as part of the abuse?

In relation to any mental health conditions:

* Has the person who harms them been diagnosed with any mental health conditions?
* Are they receiving support or intervention for this? This could be in the form of counselling, prescription drugs etc.
* Has there been a recent change in the person’s mental health?
* Are there other triggers to violent behaviour?

**Q22. Has […] ever threatened or attempted suicide?**

**Practice point**

It may also be useful to ask if they self-harm, as suicidal behaviour is evidenced by a history of suicide attempts, self-harm or suicidal ideation. Homicidal behaviour is evidenced by the same. Thus if person who harms them threatens suicide, one should be alert to the heightened risk of homicide to others (Menzies, Webster, & Sepejak, 1985; Regan et al, 2007).

The young person who has been harmed may indicate that they are frightened that the person who hurts them may kill themselves, kill them (the young person) and the children. If so, this is something that you should highlight within a safeguarding referral and at the MARAC. If you have any concerns about a young person’s wellbeing, this must be reported as a safeguarding issue to children services.

**Q23. Has […] ever breached their bail conditions or not followed an order by the police or a judge in court?**

**Practice point**

Previous violations of criminal or civil orders may be associated with an increased risk of future violence. Similarly, previous violations of contact or non-contact orders may be associated with an increased risk of future violence. As a practitioner, you should consider breaches of court-mandated contact arrangements, agreements with children’s services about contact with children, and breaches of civil or criminal court orders.

The young person may be aware that the person who harms them has breached bail or injunctions in relation to a previous partner. Equally, as a professional, you may be in possession of information on this while the young person remains unaware. Such information will need to be handled delicately and advice sought as to whether it is proportionate for you to disclose this to the young person for their own safety.

**Q24. Do you know if […] has ever been in trouble with the police or has a criminal history?**

It is important to note that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members (Stuart &, Campbell, 1989; Regan et al, 2007). When histories of violent people are examined, a consistency begins to emerge in their approaches to interpersonal relationships (Richards, 2004). The exception to this relates to ‘honour’-based violence, where there will commonly be no other recorded criminal history.

**Practice point**

As with question 23, the young person who has been harmed may not know or not want to disclose the criminal activity of the person who harms them, for fear of further reprisals from them (or other family members), or for fear of incriminating themselves. This should be carefully explored to enable you to establish what the barriers may be to reporting to the police and other agencies.

Additional questions that could follow may include:

* Is the record for domestic abuse? With this partner? Another partner?
* Other violence?
* Is the criminal gang-related?
* Other criminal record?

The young person may be unaware of other criminal behaviour and so you may need to review the answer to this question with your local police Public Protection Unit. Information about other criminal activity can both add to our understanding of the risks a person causing harm might pose, and also potentially give other options to manage their behaviour. There may be situations where your referral has come from the police and you are made aware of the criminal history of the person who harms. If so, you will need to be very sensitive to the fact that the young person may not be aware of this. You should discuss with the police what information they might be able to share with the young person.

**For consideration by the professional**

It is important to gather the age of the person who harms, as research suggests that an age gap of five years should be of particular concern and may present more significant risks of harm and other abuse, eg child sexual exploitation. This may also escalate the priority of immediate actions, such as a child protection referral etc.

## Revealing the results to your client

It is important that this is handled in a sensitive manner. Revealing to a young 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 young person gave to you and by explaining your professional reasoning/judgement.

It is important that you explain what the next steps are to be, eg risk management; 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 young person who has been harmed will need reassurance that there are systems in place to ensure that family members will not be contacted or informed. Such contact could clearly put the young person who has been harmed at much greater risk.

An example of the wording you might use to explain the situation to the young person might be:

“You’ve told me a number of things which, from my experience and the tools I use to assess how dangerous your situation is, tell me that you are at risk of further serious harm.

“You said yourself that you were frightened of X, Y, Z which confirms my concerns. As I explained at the beginning of our conversation [refer to confidentiality and information sharing policy], using the information you have given me, I would like to develop a plan to help increase your safety.

“To do this, you and I will need to [refer to internal safety/risk management processes] and refer your case to our local MARAC and/or children’s social care [explain supportive process of multi-agency risk management].”

Equally, identifying your client is not currently high risk and that, as a 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. Explain that these factors are linked to homicide and serious harm and that if the young person experiences any of these in future, they should get back in touch with your service or with the emergency services in an immediate crisis.

1. This can be downloaded at: [http://www.caada.org.uk/dvservices/Young\_people\_practice\_briefing\_for\_IDVAs\_April\_2013\_FINAL.p  
   df](http://www.caada.org.uk/dvservices/Young_people_practice_briefing_for_IDVAs_April_2013_FINAL.pdf) [↑](#footnote-ref-1)
2. For further information about MARAC please refer to the 10 principles of an effective MARAC [http://www.caada.org.uk/marac/10\_  
   Principles\_Oct\_2011\_full.doc](http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc) [↑](#footnote-ref-2)
3. Over the coming months, through YPVA feedback and data collection (from both YPVAs who are case working and through an additional pilot), CAADA will work to assess whether a similar score describes the experience of young people appropriately, or whether a different threshold/tool is required. [↑](#footnote-ref-3)
4. The transitional stage of adolescence can vary between young people, therefore this form may be suitable for use with young people up to the age of 25. [↑](#footnote-ref-4)
5. The CAADA research included in this document is taken from a sample of 183 young people aged under 18 years old who were supported by specialist domestic violence services during a two year period (1st July 2010 to 30th June 2012). This research is available to view in full at: http://www.caada.org.uk/policy/CAADA-Insights-Factsheet-Teenage-Domestic-Abuse-FINAL.pdf [↑](#footnote-ref-5)
6. Survey of 7,591 women enrolled in the Avon Longitudinal Study of Parents and Children (ALSPAC) [↑](#footnote-ref-6)