**Child to Parent Abuse IDVA Referral Form**

Please return completed forms to idva.referrals@cambridgeshire.gov.uk

**Date of Referral:** Click or tap here to enter text.

**Informed consent for sharing details required for referral?** Y N

**Referrer’s name**: Click or tap here to enter text.

**Agency:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Victim name(s):** Click or tap here to enter text.

**DOB:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Gender:**Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Relationship to child using abusive behaviours:** Click or tap here to enter text.

**Name of child using abusive behaviours:** Click or tap here to enter text.

**DOB:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Name of child using abusive behaviours:** Click or tap here to enter text.

**DOB:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text.

**Ethnicity:** Choose an item.

**Brief description of incident/reason for referral:** Click or tap here to enter text.

**Has there been police involvement?** Y N

**Child to Parent Abuse** *can be perpetrated against mothers, fathers, adult siblings, and carers, by children in their legal care (primarily sons and daughters)*

*There are many reasons why it occurs. These include children witnessing or experiencing family violence or other forms of violence and repeating abuse patterns towards others, parenting styles, in times of conflict, traumatic or stressful situations, mental health or drug and alcohol issues and other contributing factors. Sometimes there is no apparent reason why it happens. Children often use stress, anger, frustration as an excuse for their violent behaviour, or blame others for provoking them. It is important to separate feelings and actions. The person being violent is always responsible for their own behaviour*.

This tool should be used where there is evidence of child to parent abuse involving young people between the ages of 10-17years. This RA tool is deliberately not scored, and the assessor will talk through the form with the victim and determine the nature and intensity of the behaviours and ask relevant questions around current perceptions and safety. The purpose of this task is to consider how the disclosed/ alleged behaviours may still be affecting the victim and allow partners and support agencies to assess the help needed by the family.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child to parent abuse risks** | | | |
| **Child Characteristics** | **Always** | **To some extent** | **Never** |
| The child uses or threatens Violence towards me or other members of the family |  |  |  |
| The child uses or threatens violence outside of the home |  |  |  |
| The child has difficulties at school |  |  |  |
| Arguments within the household can be as a consequence of boundary setting |  |  |  |
| The child has difficulties controlling their temper |  |  |  |
| The child uses alcohol |  |  |  |
| The child uses drugs |  |  |  |
| The child wants to control my movements and my day-to-day activities |  |  |  |
| The child struggles with anxiety |  |  |  |
| The child struggles with depression |  |  |  |
| The child self-harms |  |  |  |
| Any other information (child has ADHD / ASD or is neurodivergent) | Click or tap here to enter text. | | |
| **Family Characteristics** | **Always/Yes** | **To some extent** | **Never/No** |
| Family members have become isolated from friends and family as a consequence of the child’s behaviour |  |  |  |
| Family members relationships have deteriorated as a consequence of the child’s behaviour |  |  |  |
| I am fearful of the child’s behaviour |  |  |  |
| The child reacts badly to changes in the family setting |  |  |  |
| Family members frequently feel depressed or anxious as a consequence of the child’s behaviour |  |  |  |
| Family members have stopped or altered routine activities because of the child’s behaviour |  |  |  |
| There have been previous instances of Domestic abuse in the home: By who and when did they take place, and were they reported to the police. | Click or tap here to enter text. | | |
| How is the child’s behaviour impacting on the rest of the family? | Click or tap here to enter text. | | |
| The child’s behaviour is focused towards one family member. (*Who is this and what safeguarding is in place*). | Click or tap here to enter text. | | |
| Would you like to be referred to support agencies? If yes what specific help do you think your family needs? | Click or tap here to enter text. | | |
| Is the child at risk of CCE or CSE | Click or tap here to enter text. | | |
| Other information | Click or tap here to enter text. | | |
| Exposure to Domestic Current/Previously  (***Please leave blank if there are no instances of Domestic abuse***. This area is for the parent to comment on instances of previous abuse where the child or children may have either witnessed or been exposed to it.) |  | | |
| Previous violence, abuse or criminality in the home | Click or tap here to enter text. | | |
| Was the violence witnessed or heard by the children?*( have the children in the household ever been exposed to or witnessed or been subject to violence in the home)* | Click or tap here to enter text. | | |
| Are you or the children receiving support from Social Care; School Services; MH; or substance misuse agencies.? | Click or tap here to enter text. | | |
| Other than the abuse from the subject, is anyone else in the family experiencing domestic abuse? (*This is a specific question as to whether there is Intimate partner violence by experienced by other family members)* | Click or tap here to enter text. | | |
| Are there any members of the household have an illness or injury where they require additional support? | Click or tap here to enter text. | | |