

## Leeway Domestic Violence and Abuse Services:

### Adolescent to Parent Abuse (APV) Referral Form

This service is for young people who have witnessed abuse in the home as a young child/person and their behaviour is escalating towards their non-abusive parent/carer.

**For Leeway to be able to offer this service:**

**The young person is:**

- Aged between 13 and 17 and they and the parent/carer have agreed to this referral.
- The young person is presently or has recently had Children's Services or Police involvement because of young person's behaviour and the incident/s is/are not being pursued through criminal justice.  
or
- The parent/carer of the young person has recently contacted Children's Services/Police because of young person's behaviour and the behaviour /incident is not being pursued through criminal justice.

<b>Date:</b>	
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#### Referrer's Information

<b>Organisation</b>		<b>Phone number</b>	
<b>Contact Name</b>		<b>Contact Address</b>	

<b>Name of young person</b>					
<b>Address</b>					
<b>DOB</b>		<b>Sex</b>		<b>Age</b>	
<b>Religion</b>		<b>Language</b>		<b>Ethnicity</b>	

#### Safe Contact

<b>Is the parent(s) aware of this referral?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can we contact the parent?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#### Phone numbers to contact them on:

<b>Number</b>	<b>Please indicate whether safe to ring</b>	<b>Best time to ring</b>
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**Who else lives at home?**

Name	Relationship to Child	Date of Birth

**Information regarding adult perpetrator of domestic abuse:**

<b>Name of perpetrator</b>			
<b>Relationship to young person</b>			
<b>Please give a description of perpetrator</b>			
<b>Does the perpetrator still live with the young person?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If no does contact take place?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If contact takes place please give details of contact. (please include frequency, if supervised and where)</b>			

<b>Are there any individual issues i.e. disability, culture, language etc.</b>

<b>School attended and name of contact</b>

**What is your involvement with the family? What work has been completed for the young person or non-abusing parent/carer in your role?**

**Please describe the abusive behaviours from the young person that are causing concern, giving specific incidents if possible; and any reported incidents to the Police/Children's Services.**

**Please explain the domestic abuse that the young person has witnessed in the home around controlling, verbal, emotional, aggressive and physically abusive behaviour?**

**Agencies /Services involved past and current – mark current services with (C)**

Agency/Service	Contact name and details	Phone number

Allocated Social Worker (Contact name and details)

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STATUS OF CHILD:  S47  S17  FSP

If FSP, who is lead professional?

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**Are there presently any substance misuse; mental health issues for young person or non-abusing parent/carer**

**Are there any safety factors which would compromise the safety of staff working with this young person?**

**Thank you for providing this information**

**Please post or fax this form to Leeway, Domestic Violence and Abuse Services, PO Box Leeway, City Hall, Norwich, NR2 1NH. Fax. 01603 623772. For more information please contact Children's Outreach on 0335610077**

*Office use only*

*Date received:*

*Signed by Coordinator:*