MASH Domestic Abuse Pathway Matrix

This tool is intended to guide decision making on all cases referred into the MASH where domestic abuse is a factor. If a Risk Identification Checklist (RIC) has not been completed prior to referral it is the role of the MASH to ensure this is actioned as a priority before any decision is made regarding further action.

Stage	Indicators	Protective	RAG	Response
		Factors		
1 Moderate Multi-agency CIN	The expectant mother / parent / carer is a victim of occasional or low level non-physical abuse. (i.e. Intense verbal abuse) There are isolated incidents of physical and/or emotional violence in the family. (i.e. 1-3 minor incidents of physical violence which were short in duration and victim did not require medical attention) The harmful impact of such incidents is mitigated by other protective factors within the family such as supportive grandparents who are able to look after the child when there are arguments / disputes in the family home.		RAG	Safety Planning Identify Lead Professional Implement TAC (provided this does not increase risk) Child's Plan / Single assessment Targeted support – consider family support Consider referral to Refuge /outreach Consider referral to Youth
		 Victim sought/willing to accept help from agencies 		Commission Refer to Kidva
				Consider referral to Convenor as compulsory intervention may be required
				Consider referral to Caring Dads group

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2 Moderate to serious

Complex needs

The expectant mother /parent / carer has previously been a victim of domestic abuse and is a victim of low-level non-physical abuse.

One or more adult members of the family are physically and emotionally abusive to another adult member /s of the family. The perpetrator/s show limited or no commitment to changing their behaviour and little or no understanding of the impact their violence has on the child. The perpetrator is emotionally harming the child who witnesses or is otherwise aware of the violence.

The child has or continues to witness an adult in their household being physically or emotionally abused by another member of the household and is suffering emotional harm as a result. They are starting to exhibit behaviours that suggest they are at risk of becoming perpetrators or victims of abuse including CSE.

- History of minor / moderate incidents of physical violence – short duration
- Victim received minor injuries / medical attention not sought
- Intimidation / bullying / finger poking / shoving but not to children
- Destruction of property
- Verbal abuse / derogatory language
- Coercive control
- Victim is resistant to accessing support services

- Nurturing, stable, protective relationship between child and non-abusive parent
- Victim not prevented from seeing needs of children despite abuse
- Significant other positive and nurturing relationship in child's life
- Older child/ren used protective / coping strategies
- Victim attempted to use coping strategies with older children
- Victim prepared to take advice on safety issues
- Victim has insight into risks to children posed by the abuse
- Positive support for victim from family/friends/community
- Abuser willing to engage with services to address abusive behaviour

Referral to Locality Teams.

Implement TAC (provided this does not increase risk)

Lead Professional – social worker

Integrated support coordinated by Lead Professional

Safety Planning

Child's Plan / Single assessment

Refer to Perpetrator Programme

Consider referral to Convenor as compulsory intervention may be required

Consider referral to Caring Dads group

Consider referral to youth Commission

Refer to KIDVA

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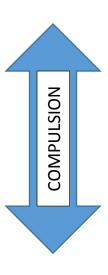
	 Incidents of serious and/or persistent physical violence or coercive control in family Repeated (more than 1) incidents/referrals History of previous assaults High levels of coercive control Victim and/or children indicate fear of abuser Recent separation / repeated separation / reconciliation Stalking / harassment Breach of bail conditions / protective orders / non-contact orders Medical treatment required but not sought / implausible explanations for injuries Recurring / frequent requests for police intervention Escalation of violence Incidents in presence of children Threats of harm to non-abusive parent / children Using the child as a weapon against the non-abusive parent Excessive jealousy / possessiveness Financial control Abuser has history of domestic abuse in previous relationships 	 Older children use protective strategies Victim will seek support form significant other Victim attempted to use protective strategies but abusers violence and control is intense Victim will engage with supportive services and seek safety advice but abusers control interferes with level of commitment to engage Limited protective factors present —serious level of violence /coercive control of victim, emotional abuse of children and domestic abuse factors predict recidivism Use of kinship placements — but be alert to domestic abuse having occurred or occurring within extended families 	Referral to Locality Team for social work assessment. Consider if CP threshold of significant harm is met: CP procedures MARAC process if RIC score of 14 or above, on professional judgement or 3 or more incidents — where child is present Refer to perpetrator programme Refer to KIDVA Consider referral to Convenor as compulsory intervention may be required. Consider referral to Caring Dads group.
4 Acute Risk of death or serious harm	The expectant mother / parent carer is a victim of domestic abuse which has taken place on a number of occasions (i.e. Repeated serious and/or severe physical violence and/or coercive control) One or more adult members of the family is a	 Limited protective factors present - serious level of violence /coercive control of victim, emotional abuse of children and domestic abuse factors predict recidivism Use of kinship placements – but be alert to domestic abuse having 	Referral to Locality Team for social work assessment MARAC process with score of 14 or above, on professional judgement or 3 or more incidents – where child is

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incidences

• Children have been physical assaulted /

perpetrator of persistent / and or serious physical occurred or occurring within present violence which may also be increasing in severity, extended families frequency or duration. The perpetrator is CP Strategy discussion / initiate emotionally harming the child who witnesses or **CP Procedures** is otherwise aware of the abuse. The children may also be at risk of physical violence if, for Social work assessment to be example they seek to protect the victim. completed. Consider referral to MAPPA The child is at high risk of or is already either a perpetrator or victim of serious abusive behaviour including sexual exploitation. Referral to Perpetrator Programme • Life threatening violence Legal intervention / emergency • Lethal behaviours such as strangulation, sexual violence, use of weapons protection • Abuser's violation of protective orders and/or Refer to Convenor as child contact and non-contact orders compulsory intervention may • Criminal history of abuser – assault of exbe required. partners/others/use of violence Intense stalking / harassment • Recurring / frequent requests for police intervention • Victim requires treatment for injuries sustained Medical attention required but not sought Threats to kill or seriously injure Victim very frightened • High levels of coercive control • Victim is pregnant / mother abused post-natal • Children have directly intervened in



abused		
 Emotional abuse of children 		
 Suspected / confirmed sexual abuse of children 		
 Cultural issues – language barriers, housing control/immigration/honour based violence/forced marriage 		