

# PRACTICE GUIDES

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## RESPONSIBILITY 2: IDENTIFICATION OF FAMILY VIOLENCE RISK

# RESPONSIBILITY 2

## Identification of Family Violence Risk

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### NOTE:

Guidance and learning objectives for working with perpetrators is in development and will be available late 2020. Finalised guidance will emphasise that only key/selected professionals and services will be trained/required to provide a service response to perpetrators related to their use of violence.

The learning objective for this **Responsibility 2** will include:

*Ensure staff understand when it might be safe to ask questions of clients who may be a perpetrator, to assist with identification.*



# 2 IDENTIFICATION OF FAMILY VIOLENCE RISK

## 2.1 OVERVIEW

**This chapter should be used when family violence is suspected but not yet confirmed.**

This guidance will enable you to identify if family violence is present and undertake screening for an adult, child or young person to assist you to decide if further action and/or assessment is required. Specific guidance on identifying violence and use of screening tools with children and young people is outlined in **Section 2.7** of this guide.

**Only professionals who have received training to engage with perpetrators about their use of violence should do so. It can increase risk to a victim survivor to engage with a perpetrator when not done safely.**

### KEY CAPABILITIES

**All professionals** should have knowledge of **Responsibility 2**, which includes:

- ... Awareness of the evidence-based family violence risk factors and explanations, outlined in the *Foundation Knowledge Guide*
- ... Being familiar with the questions to identify family violence, observable signs and indicators, using the **Screening and Identification Tool** and how-to-ask identification questions
- ... Using information gathered through engagement with service users and other providers via information sharing to identify signs and indicators of family violence (for adults, children and young people) and potentially identifying victim survivors. Information sharing laws and practice is further described in **Responsibility 6**

### REMEMBER

Guidance which refers to a perpetrator in this guide is relevant if an adolescent is using family violence **for the purposes of risk assessment with a victim survivor about their experience and the impact of violence**. Risk assessment and management for adolescents should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required.

### 2.1.1 Who should use the Screening and Identification Tool?

Appendix 2 contains the Screening and Identification Tool within a table of practice guidance. The Screening and Identification Tool as a standalone template is in Appendix 3.

All professionals should use the **Screening and Identification Tool**, either applied routinely when this is a part of your professional role or service, or only when indicators of family violence are identified.

Screening is not an activity that occurs only once by a single professional or within a service. In service settings where a person has multiple contacts, it is necessary to screen over time and at each contact to ensure any changes in the relationship or use of violence is identified.

Some organisations and workforces will undertake routine screening, asking every person accessing their service questions to screen for family violence (such as in perinatal settings or Youth Justice). Other workforces will only use the **Screening and Identification Tool** when they have identified indicators or signs of family violence risk through their regular service and are seeking to confirm the presence of family violence.

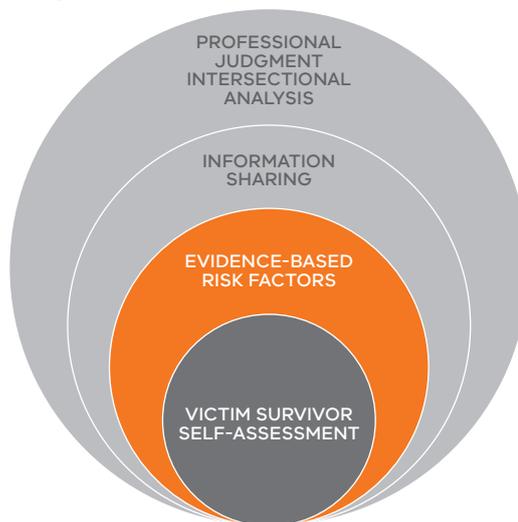
**Identification (including through use of the Screening and Identification Tool) will support professionals to form their professional judgement about how to respond.**

### 2.2 STRUCTURED PROFESSIONAL JUDGEMENT IN IDENTIFICATION AND SCREENING

Reflect on the model of Structured Professional Judgement outlined in **Section 9.1** of the *Foundation Knowledge Guide*.

Identification and screening is the first opportunity to ask a victim survivor about their self-assessment of their risk, fear and safety, as well as some initial questions about family violence risk factors. These can be further informed by risk assessment and information sharing, described in later responsibility guides.

Figure 1: Model of Structured Professional Judgement



Identification and screening is the first step in understanding if family violence risk factors are present, and is informed by a person's assessment of their own level of family violence risk (self-assessment). Observing signs and indicators of risk and asking screening questions about family violence support these two elements of Structured Professional Judgement.

### 2.3 IDENTIFICATION OF AND SCREENING FOR FAMILY VIOLENCE

Identifying and screening for family violence means identifying that family violence risk factors are present. This can be done through observation of signs of trauma that may 'indicate' family violence is occurring, and/or confirming this by undertaking screening.

Screening involves asking questions defined in a 'tool' (provided in **Appendix 3**) to enable a person to disclose whether they are experiencing family violence. The questions are designed to identify information about evidence-based family violence risk factors. The **Screening and Identification Tool** includes some of the high-risk factors associated with an increased likelihood of a person being killed or almost killed.

**All of the questions in the Screening and Identification Tool should be asked, when possible.**

Before beginning, you should discuss the purpose of the **Screening and Identification Tool** (or risk assessment) with the person. You should acknowledge that some of the questions may be confronting and difficult to answer but that they are important for assessing risk and identifying appropriate responses.

### 2.3.1 What are family violence risk factors?

The family violence risk factors are outlined with a short description in the *Foundation Knowledge Guide* at **Section 8**. Family violence risk factors are evidence-based factors that are used to:

- ... Identify if a person is experiencing family violence
- ... Identify the level of risk, and
- ... Identify the likelihood of violence re-occurring.

**Responsibility 3** describes how to assess for risk factors, including determining the level or seriousness of risk.

### 2.3.2 Observable signs of trauma that may indicate that family violence is occurring



Family violence risk factors may be identified through observing signs or 'indicators' related to a person's physical or emotional presentation, behaviour or circumstances. These signs are presentations of possible trauma, which may indicate family violence is occurring and can be expressed differently across a person's lifespan, from infancy, childhood and adolescence<sup>1</sup>, through to adulthood and old age.

**Appendix 1, Tables 1–5, contain a non-exhaustive list of signs of trauma which may indicate that family violence is occurring for adults and children.**

<sup>1</sup> For young people over the age of 18 signs and indicators for adults apply.

**These signs of trauma do not by themselves determine that family violence is occurring, they are 'indicators' only at this stage.**

These signs may also indicate that another form of trauma has occurred. If you suspect someone is experiencing family violence, it is important to ask the person screening questions about family violence.

**Adults and children experiencing family violence may also not exhibit any of these signs and indicators.** If you don't observe any signs or indicators but think that something is 'not quite right', you should use prompting questions or the **Screening and Identification Tool** to explore whether family violence might be occurring.

### 2.3.2.1 Signs and indicators relating to age for children and young people<sup>2</sup>

Signs of trauma in a child or young person may indicate family violence or another form of trauma. Signs may be observed through the presentation, behaviour or circumstances of a child or young person. Some signs may relate to trauma from specific forms of family violence, including sexual abuse (indicated by \*) or emotional abuse (indicated by \*).

Some signs may indicate a child's experience of trauma or other circumstances outside of the family or home environment. Consider the wellbeing and safety of a child within and outside of the family context when observing these indicators.

Children's behaviours may be driven by a range of underlying factors, including disability, developmental issues, and non-family violence related trauma and you will need to consider how these factors may be affecting or reinforcing each other. Significant changes in behaviour can indicate the presence of family violence and/or increased risk.

<sup>2</sup> For further information of indicators of family violence in children and young people, see the practice resource by the Department of Health and Human Services, [Assessing children and young people experiencing family violence: a practice guide for family violence practitioners](#).

Observable 'general' signs of trauma for a child or young person of any age are listed in **Appendix 1**, Table 2. Signs can also vary considerably according to the age and stage of a child or young person's development, and are listed in **Appendix 1**, Tables 3 and 4.

Sometimes the presence of family violence may be observed from a child's circumstances and may relate to neglect due to the experience of family violence. Some signs or indicators of neglect are listed in **Appendix 1**, Table 5.

Guidance on whether to assess children and young people directly, or through asking questions of a parent/carer who is not using violence, is outlined at **Section 2.7**.

## 2.4 USING PROMPTING QUESTIONS WITH AN ADULT TO SUPPORT SCREENING

You can use broad, prompting questions that lead into screening questions to begin the conversation. You can use your judgement on how to use these example questions or other prompting questions appropriate to the individual or their circumstances.

You can begin by asking open-ended, rapport-building questions about their wellbeing, for example:

- ... *"I'm pleased to see you today — how are things going?"* [if Aboriginal — *"Can I ask who are your mob?"*]
- ... *"What has brought you here today?"*
- ... *"Can you tell me what has been happening for you lately?"*
- ... *"Tell me a bit about your family / home life / relationship with X?"*

You can also frame prompting questions as part of routine or formal process used in your service to identify and screen for family violence risk. You can have a scripted question, such as:

- ... *"In our organisation it is common that we ask questions about family violence so we can connect people with appropriate support. Is it ok if I ask you a few questions about how things are going at home/in your relationship?"*

- ... *"When we are concerned about someone, we always ask a set of questions to find out if they are experiencing violence or being mistreated in any of their relationships"*
- ... *"You have just let me know X (i.e. that you have recently separated). When any of our clients tell us this we ask a question about your experience at home and safety"*
- ... *"Is there anyone else in the family who is experiencing, seeing, overhearing, or being exposed to or aware of these things?"*

You can also start by linking some of the observable indicators (**Appendix 1**) in to the conversation.

- ... *"I noticed that you appear to be experiencing X, is there something worrying you/you would like to talk about?"*

You could use simple statements such as:

- ... *"Many people experience problems in their relationships"*
- ... *"I have seen people with problems like yours who have been experiencing trouble at home."<sup>3</sup>*

If an adult, child or young person responds to your prompting questions, you can ask the direct screening questions in the **Screening and Identification Tool**. These are purposely direct, because research indicates that victim survivors are more likely to accurately answer direct questions.

3 Adapted from World Health Organization, 2014, *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*, pp 10–11.

## 2.5 WHEN TO USE THE SCREENING AND IDENTIFICATION TOOL

The **Screening and Identification Tool** as a standalone template is at Appendix 3.

Guidance on each question in the tool is at Appendix 2.

It is important to note that the **Screening and Identification Tool** has been developed to be used with adult victim survivors to identify family violence for both adult and child victim survivors.

The purpose of the **Screening and Identification Tool** is to identify:

- ... If family violence is occurring
- ... The victim survivor's level of fear for themselves or another person
- ... The person using violence/perpetrator.

The outcome of the **Screening and Identification Tool** will guide you on what to do next, that is, whether immediate action, further assessment and/or risk management is required.

**If someone isn't ready to respond to your questions about family violence, you need to respect this and let them know that if they are ready in future to talk about any experience, you are open to doing this.**

The **Screening and Identification Tool** should be used:

- ... When you suspect that someone may be experiencing family violence and have observed signs/indicators of family violence
- ... To start the conversation if someone **discloses** they are experiencing family violence, or
- ... If your workplace requires you to **screen all** individuals you work with for family violence (that is, 'routine screening' such as in antenatal/maternal child health settings).

At times, a victim survivor may want to give detailed answers about their experiences. The priority in this identification and screening stage is to identify the presence of risk and any immediate risk. This may mean you need to refocus or guide them back to a question. You can say you want to give them space and time to share their experience. However, if risk is identified as present and it is the role of another professional within your service or another service to continue to undertake intermediate or comprehensive assessment, you can sensitively contain the conversation around screening to ensure they do not have to tell their story multiple times (which can increase trauma).

**Screening and identification should not be undertaken if the person suspected of using violence is present.**

Your objective is to encourage the person to tell their story in their own words. You could lead into the questions by describing how the questions are structured, with a statement such as:

... *"I would like to ask you a series of questions that have 'yes', 'no' or 'don't know' answers. They will help us work out what to do next together"*

... *"We will start with questions about the person making you feel unsafe or afraid and then ask some questions about your level of fear and questions about children (if relevant)."*

It is important to ask direct questions about family violence. Questions 1–4 support you to understand if family violence risk is occurring, the victim survivor's level of fear for themselves or another person and the identity of the person using violence (the perpetrator).

Risk factors may change over time and some may increase in severity. A perpetrator may change their behaviours and their impact on the victim survivor may become more severe. **If a risk factor has increased in severity, recently or over time, this should be noted as indicating an escalation in violence and a serious risk.**



Frequency by itself is *not always* the indicator of the level of risk you should be asking further questions to understand if frequency has **changed or escalated**. This is particularly important for some high-risk factors and provides important information when considering if someone is at immediate risk.

Some key considerations when asking screening questions 1–4 is to look out for information about changes in frequency or severity which may indicate escalation and imminence of risk, particularly if change or escalation has occurred recently (further explored in questions 5–7).

**How to move through the risk assessment questions:**

- ... If the answer to a question indicates that family violence is not occurring no action is required relating to that risk factor/question. Advise the individual that if this occurs in future to seek assistance
- ... If the answer to a question indicates family violence is occurring, proceed to the next question(s) **as outlined below**.

**REMEMBER**

Screening questions are designed to be asked to an adult victim survivor about their risk or risk to any children and/or young people. The risk for children and/or young people correlates to the level of risk for the adult.

Risk to children and young people should be identified independently and informed by risk identified as present for the adult victim survivor (for example, who may be a parent/carer).

**2.6 WHY SOMEONE MIGHT NOT DISCLOSE FAMILY VIOLENCE, EVEN IF ASKED**

There are many reasons why people do not feel comfortable or ready to disclose family violence. For example, a person might:

- ... Not be ready
- ... Not identify their experience as family violence
- ... Have had negative experiences when disclosing it in the past
- ... Be scared that the perpetrator will find out that they have talked to you and the potential repercussions for their safety
- ... Be concerned about cultural profiling or not feeling culturally safe
- ... Be concerned about their visa or residency status
- ... Be worried that they don't meet family or community expectations
- ... Be worried that their primary carer will be taken away
- ... Be worried that their children will be taken away
- ... Be worried about judgement if they are in a same-sex relationship
- ... Be worried about judgement if they are not ready to end their relationship
- ... Be worried about judgement for their life circumstances or lifestyle choices
- ... Be worried that a disclosure is interpreted as evidence of mental illness
- ... Be worried about the perpetrator harming themselves or their children if they report family violence and/or end the relationship
- ... Be concerned about the impact of disclosure on the family unit, a perpetrator or adolescent using family violence, such as on their development or involvement of justice responses
- ... Be worried that professionals won't believe them.

To address barriers to disclosure and provide a safe opportunity to disclose, you can take a partnership approach by explaining processes, active listening, normalising anxieties and fear of disclosure, and setting realistic expectations to strengthen your rapport and engagement.

Some issues identified above can be mitigated by reassuring the person (adult or child) how your service will not share their disclosure of family violence with the person who may be using violence. For example, if information is shared with other sources it can be conveyed as sensitive and should not be made known to the perpetrator.

If a perpetrator becomes aware information was shared, it should be presented as being based on other sources or reports rather than by the victim. For example, family violence safety notices or intervention orders which they would already be aware of.

## 2.7 IDENTIFICATION AND SCREENING FOR CHILDREN AND YOUNG PEOPLE



Children and young people can be affected by family violence even if they do not hear or see it. Whilst there can be many causes of trauma, signs of trauma can be an indicator that the cause of that trauma is from family violence. If you observe one or more of the signs of trauma listed in Tables 2–4, **Appendix 1**, this may indicate that a child is experiencing direct family violence or being exposed to family violence and its impacts. Consider any observable signs of trauma with other information about the child's circumstances.

If you see signs of trauma, this should prompt you to screen for family violence. For children and young people you can screen for family violence by asking:

- ... The child or young person prompting questions at **Section 2.7.3** to provide you with more information about what may be causing the signs of trauma
- ... A parent/carer who is not using violence questions in the **Adult Screening and Identification Tool (Appendix 3)** which includes questions about risk to children.

Making a decision on whether to screen directly with a child or young person, or through assessment with a parent/carer is outlined further in **Responsibility 3**, including considerations about whether it is **safe, appropriate and reasonable to do so**, with reflection of your professional role and experience or training in working directly with children or young people.

You should also consider assessing for wellbeing and general safety, guided by your organisation's policies and procedures and any existing child wellbeing frameworks that apply to your role.

### 2.7.1 Speaking with adults about violence their child might be experiencing

You should always ask the parent/carer about what their child/ren might be experiencing directly or exposed to from a person who may be using violence (even if the person does not live with them). This includes if a child is being exposed to the aftermath of family violence (for example, broken furniture or an upset or injured victim survivor).

Explain to the parent/carer that they may be experiencing family violence and that it may be impacting their children. It is important for you to ask:

- ... *"What are your worries for each of your children?"*
- ... *"What have you noticed about how this is affecting the children?"*

Explain to the parent/carer:

- ... That you may speak to their child directly
- ... What kind of questions you will ask their child (even if they will be present)
- ... Why you need to ask the questions.

If the parent/carer is not present, ask the child or young person:

- ... To identify a parent/carer (who might also be a victim survivor) or safe person who is not using violence
- ... For their views about sharing information about what they have told you with that parent/carer.



Reassure both adult and/or child victim survivor(s) that they will not be identified as the source of any information to the perpetrator.

When asking these questions, you should be sensitive to the impacts of perpetration of family violence on women (and other caregivers, kin or guardians) as parents. Perpetrators often use various harmful tactics to deliberately undermine, manipulate and damage the mother-child relationship. This can cause women to lose confidence in their parenting and affect their ability to be as engaged with their children as they want to be. In this context, questions touching on parenting may be seen as intrusive and undermining.

You should be aware of these dynamics and tactics to avoid making judgments about women's parenting when asking the questions above. See **Section 10.2** of the *Foundation Knowledge Guide* for detail about the impacts of perpetrator behaviours on parenting.

## 2.7.2 Deciding when to talk with a child or young person directly

If you or another professional has expertise and training in working with children, and it is safe, appropriate and reasonable in the circumstances, you can speak with the child or young person directly about the signs you have observed. Assess all children and young people in ways that are appropriate to their stage of development:

- ... When talking to younger children it is useful to physically get down to their level, consider your tone of voice, and speak gently and reassuringly. You might start your conversation by acknowledging that they may be nervous or confused about speaking to an adult they don't know, or don't know very well. Reassure them that they will not be in trouble and you won't judge them, no matter what they tell you
- ... In addition to above information, primary school-aged children can be asked the simple direct prompting questions suggested below
- ... For young people, a mix of the questions for adults and children might be suitable. Young people, especially young women, might experience violence in the family home and/or from a partner outside the home so it is important to obtain the name of the suspected perpetrator or adolescent who may be using violence and their relationship to the victim survivor.

Further information on assessing risk for children and young people can be found in the *Assessing Children and Young People Experiencing Family Violence Practice Guide*.

You can screen for family violence with children and young people by asking the prompting questions below.

### 2.7.3 Using prompting questions with children and young people

For children and young people, use prompting questions that may relate to observations you have made about their manner or situation. If you have identified signs or indicators of trauma, including those that may relate to neglect, you can start by asking questions based on things you have observed. For example:

... *"You appear to be really tired today. Is there a reason you're maybe not getting enough sleep?"*

You can also ask general prompting questions about their home life or family relationships:

... *"Have things changed at home recently?"*

... *"Tell me about the good things at home"*

... *"Is there someone at home that makes you feel safe?"*

... *"Can you talk to them if you had a problem or were worried about something?"*

... *(If the answer to the above question is no) "Are their other adults who make you feel safe that you might be able to talk to?"*

... *"Are there things at home you wish you could change?"*

... *"What don't you like about home?"*

... *"Does anyone living in your home do things that make you feel unsafe or scared?"*

... *"Tell me about the ways mum/dad/family member or carer look after you"*

... *"What happens in your house if people have a fight?"*

... *"Do you worry about your mum/dad/ brothers/sisters for any reason?"*

When using these prompting questions, you should keep the following practice considerations in mind:

... Ask questions in an empathic, non-judgemental manner

... Remember to validate a child who provides you information or expresses their feelings about their family or circumstances

... Do not ask questions in a way that feels like a list

... Use language that is age and developmentally appropriate, as well as relevant to the culture and community that the child is part of. Some children and young people may not like the words 'violence' and 'abuse'. Some cultures and communities have other words that they use with the same meaning

... It is important to use words that adults and children themselves use

... If a child is experiencing family violence their trust in adults may already be damaged.

## 2.8 GUIDANCE ON USING THE SCREENING AND IDENTIFICATION TOOL

Appendix 2 contains the **Screening and Identification Tool** questions, and relevant practice guidance information.

The **Screening and Identification Tool** as a standalone template is in **Appendix 3**.

It is important to note that the **Screening and Identification Tool** has been developed to be used with adult victim survivors to identify family violence for both adult and child victim survivors.

How to move through the risk assessment questions:

... If the answer to a question indicates that family violence is not occurring, no action is required relating to that risk factor/question. Advise the individual that if this occurs in future to seek assistance

... If the answer to a question indicates family violence is occurring, proceed to the next question(s), as outlined below.

## 2.9 IF IT SEEMS FAMILY VIOLENCE IS NOT OCCURRING

If responses to the screening questions indicate that no family violence is occurring, you must respect this. The person might not be ready or not feel comfortable to talk to you about the family violence they are experiencing. They may also not be experiencing family violence.

Thank the person for answering the questions and inform them about the help that is available and that they are able to contact your service in future should they ever experience family violence.

## 2.10 IF FAMILY VIOLENCE IS OCCURRING

If the person's responses indicate that they are experiencing family violence:

- ... Reassure the person that you believe them and state clearly that the violence is not their fault, and that all people have a right to be and feel safe
- ... Acknowledge any challenges and difficulties they have spoken of and validate their efforts to protect themselves and their family members
- ... Let them know that there are different services and options for people who experience family violence
- ... Ask whether they would like your help
- ... If **Responsibilities 3 or 7** are a part of your role:
  - ... Explain that you would like to ask them further questions to assess the level of risk and ask them if they are ok for you to proceed.
- ... If **Responsibilities 3 or 7** are not a part of your role:
  - ... Let the person know you would like to seek secondary consultation or refer them to a trusted professional who can undertake further assessment of the level or seriousness of risk (see **Responsibilities 5 and 6**). Let them know that this will enable you and the specialist professional to determine together what action may be required to support the person to be safe

... You might need to contact several services or authorities in response to a disclosure of family violence for secondary consultation or to respond to immediate risk.

- ... **Appendix 4** outlines a flow diagram of response options and provides a basic safety plan
- ... If children are identified as experiencing family violence, let the person (adult) know that you may have responsibilities to assess or manage children's wellbeing or safety, or under legislation to report any abuse to the relevant authorities.

## 2.11 IF FAMILY VIOLENCE IS OCCURRING AND AN IMMEDIATE RESPONSE IS REQUIRED

If family violence is identified and an immediate risk management response is required (that is, the person has let you know they are experiencing an immediate threat to their life, health, safety or welfare, or you have determined this based on their answers to screening questions):

**Contact the police or ambulance by calling 000, or**

Contact other emergency or crisis services for assistance.

This may be indicated if the person does not feel safe to leave the service. For example, you could say *"I am very concerned about your safety and would like to help you get assistance today. How do you feel about us contacting specialist assistance?"*

You should ask the victim survivor about their views on calling the police or other emergency and crisis services. If there is an immediate threat, calling the police is an appropriate response, however, **if the person indicates that calling police may increase their risk:**

- ... Their experience and views should guide your approach as this can inform you about the level of immediate risk and management responses that may be needed
- ... You should talk to them about the support police and crisis services can provide, and how you can plan with them to keep them safe.

Victoria Police have a range of discretionary response options available to them when responding to reports of family violence. It is important that you are aware of the different types of action police can take when discussing options with a victim survivor. Responses can include, but are not limited to:

- ... Crisis responses and attending a family violence incident in response to a 'triple 0' (000) call
- ... Responding to reports of family violence or criminal offences in person or by contacting local police stations (that is, non-emergency reports)
- ... Laying charges
- ... Issuing a Family Violence Safety Notice
- ... Making an intervention order, which may include conditions such as exclusion of an individual from a property
- ... Removing an individual from a property or location
- ... Referring an individual to a specialist service that works with either victim survivors or perpetrators of family violence, Child Protection or child and family services
- ... Referring the incident to the Victoria Police Family Violence Unit for further action or investigation
- ... Providing individuals with information around next steps.

## 2.12 WHAT'S NEXT?

See the flow chart diagram in **Appendix 4** for how to act based on the outcome of the screening questions.

If risk is present, the diagram will guide you on what to do if there is immediate or non-immediate risk.

**Use the template at Appendix 4 to develop a basic safety plan.**

Professionals with responsibility for family violence risk assessment should use the information outlined in **Responsibility 3**.

If this is not within your role, contact another professional within your service or another service to assist. Professionals who need to make referrals, seek secondary consultation or share information should refer to guidance on **Responsibilities 5 and 6** respectively.

Consider if any statutory responsibilities apply and if you may have to report to authorities in the situation.

### 2.12.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisations record management system:

- ... If you had a conversation about consent and confidentiality, and its limitations (see **Responsibility 6**)
- ... Contact details for the victim survivor, including method of contact (such as text before call) and time it may be safe to make contact
- ... Children's details and if they were present
- ... Emergency contact details of a safe person if the victim survivor cannot be contacted
- ... What signs of trauma indicated to you that family violence may be occurring and led you to complete a screening tool
- ... If an interpreter was used in the conversation
- ... If you completed the **Identification and Screening Tool**
- ... If you spoke with a child or young person directly using prompting questions about their risk
- ... If family violence has been identified as present or not present
- ... The action required, that is, if you go on to undertake a safety plan, referral, secondary consultation or further risk assessment.

## APPENDIX 1: OBSERVABLE SIGNS OF TRAUMA THAT MAY INDICATE FAMILY VIOLENCE

Table 1: Signs of trauma in adult victims

Form	Signs of trauma that may indicate family violence is occurring for adult victims	
Physical	<ul style="list-style-type: none"> <li>... bruising</li> <li>... fractures</li> <li>... chronic pain (neck, back)</li> <li>... fresh scars or minor cuts</li> <li>... terminations of pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>... complications during pregnancy</li> <li>... gastrointestinal disorders</li> <li>... sexually transmitted diseases</li> <li>... strangulation</li> </ul>
Psychological	<ul style="list-style-type: none"> <li>... depression</li> <li>... anxiety</li> <li>... self-harming behaviour</li> <li>... eating disorders</li> <li>... phobias</li> <li>... somatic disorders</li> </ul>	<ul style="list-style-type: none"> <li>... sleep problems</li> <li>... impaired concentration</li> <li>... harmful alcohol use</li> <li>... licit and illicit drug use</li> <li>... physical exhaustion</li> <li>... suicide attempts</li> </ul>
Emotional	<ul style="list-style-type: none"> <li>... fear</li> <li>... shame</li> <li>... anger</li> <li>... no support networks</li> </ul>	<ul style="list-style-type: none"> <li>... feelings of worthlessness and hopelessness</li> <li>... feeling disassociated and emotionally numb</li> </ul>
Social/financial	<ul style="list-style-type: none"> <li>... homelessness</li> <li>... unemployment</li> <li>... financial debt</li> </ul>	<ul style="list-style-type: none"> <li>... no friends or family support</li> <li>... isolation</li> <li>... parenting difficulties</li> </ul>
Demeanour	<ul style="list-style-type: none"> <li>... unconvincing explanations of any injuries</li> <li>... describe a partner as controlling or prone to anger</li> <li>... be accompanied by their partner, who does most of the talking</li> </ul>	<ul style="list-style-type: none"> <li>... anxiety in the presence of a partner</li> <li>... recent separation or divorce</li> <li>... needing to be back home by a certain time and becoming stressed about this</li> <li>... reluctance to follow advice</li> </ul>

**Table 2: General signs of trauma in a child or young person**

**General observable signs of trauma for a child or young person that may indicate family violence is occurring**

Signs of trauma can manifest as either physical, emotional or behavioural and can include:

- ... Being very passive and compliant
- ... Showing wariness or distrust of adults
- ... Demonstrating fear of particular people and places
- ... Poor sleep patterns and emotional dis-regulation
- ... Becoming fearful when other children cry or shout
- ... Developmental regression (i.e. reverting to bed-wetting)
- ... Bruises, burns, sprains, dislocations, bites, cuts
- ... Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- ... Poisoning
- ... Internal injuries
- ... Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury
- ... Being excessively friendly to strangers
- ... Being excessively clingy to certain adults
- ... A strong desire to please or receive validation from certain adults
- ... Excessive washing or bathing
- ... Unclear boundaries and understanding of relationships between adults and children
- ... Excessive sexualised behaviour/advanced sexual knowledge
- ... Violence or sexualised behaviour to other children.

**Table 3: Signs of trauma for a child (unborn to young child)**

**Observable signs of trauma that may indicate family violence for:**

<b>an unborn child</b>	<b>a baby (under 18 months)</b>	<b>a toddler</b>
<ul style="list-style-type: none"> <li>... Poor growth and neural development caused by rushes of maternal adrenalin and cortisol</li> <li>... Injuries sustained via injury to mother or by the perpetrator targeting the unborn child directly (such as inflicting blows to mother's abdominal area).</li> </ul>	<ul style="list-style-type: none"> <li>... Excessive crying</li> <li>... Excessive passivity</li> <li>... Underweight for age</li> <li>... Significant sleep and/or feeding difficulties</li> <li>... Reactions to loud voices or noises</li> <li>... Extreme wariness of new people</li> <li>... No verbal 'play' (such as imitating sounds)</li> <li>... Frequent illness</li> <li>... Anxiety, overly clingy to primary caregiver</li> </ul>	<ul style="list-style-type: none"> <li>... As for baby (under 18 months), and also:</li> <li>... Excessive irritability</li> <li>... Excessive compliance</li> <li>... Poor language development</li> <li>... Delayed mobility</li> <li>... Blood in nappy, underwear</li> </ul>

**Table 4: Age-related signs of trauma that may indicate family violence in a child or young person**

Many indicators may be expressions of trauma that may be observed through the presentation, behaviour or circumstances of a child or young person. Some indicators are related to trauma from specific forms of family violence, including sexual abuse (indicated by #) or emotional abuse (indicated by \*), or indicate signs of neglect.

**Observable signs of trauma that may indicate family violence for:**

<b>a pre-schooler</b>	<b>a primary school-aged child</b>	<b>an adolescent</b>
... Extreme clinginess	... Rebelliousness, defiant behaviour	... As for primary school aged children, and also:
... Significant sleep# and/or eating difficulties	... Limited tolerance and poor impulse control	... School refusal/avoidance (absenteeism/disengagement)
... Poor concentration in play	... Temper tantrums or irritability, being aggressive or demanding*	... Criminal or antisocial behaviours, including using violence against others
... Inability to empathise with other people	... Physical abuse or cruelty of others, including pets	... Eating disorders
... Frequent illness	... Avoidance of conflict	... Substance abuse
... Poor language development and/or significant use of 'baby talk'	... Showing low self-esteem*	... Depression
... Displaying maladaptive behaviour such as frequent rocking, sucking and biting#	... Extremely compliant behaviour, being passive, tearful or withdrawn*	... Suicidal ideation
... Aggression towards others	... Excessively oppositional or argumentative behaviour	... Risk-taking behaviours
... Adjustment problems (for example, significant difficulties moving from kindergarten to school)	... Risk-taking behaviours that have severe or life-threatening consequences	... Anxiety
... Anti-social play or lack of interest in engaging with others	... Lack of interest in social activities	... Pregnancy
	... Delayed or poor language skills*	... Controlling or manipulative behaviour
	... Experiencing problems with schoolwork#	... Obsessive behaviour
	... Poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)**	... Homelessness or frequent changes in housing arrangements
	... Acting like a much younger child*	
	... Poor school performance	
	... Poor coping skills	
	... Sleep issues#	
	... Bed wetting#	
	... Excessive washing	
	... Frequent illness	
	... Complaining of headaches or stomach pains#	
	... Self-harm	
	... Displaying maladaptive behaviour#	
	... Displaying sexual behaviour or knowledge unusual for the child's age#	
	... Telling someone sexual abuse has occurred#	
	... Complaining of pain going to the toilet	
	... Enacting sexual behaviour with other children	
	... Excessive masturbation	

**Table 5: Signs and indicators of neglect**

**Observable signs and indicators of neglect of a child or young person**

---

... Being frequently hungry	... Being abandoned by their parents
... Being poorly nourished	... Stealing food
... Having poor hygiene	... Staying at school outside school hours
... Wearing inappropriate clothing, for example, wearing summer clothes in winter	... Often being tired and/or falling asleep in class
... Being unsupervised for long periods	... Abusing alcohol or drugs
... Not having their medical needs attended to	... Displaying aggressive behaviour
	... Not getting on well with peers.

---

## APPENDIX 2: GUIDANCE ON USING THE SCREENING AND IDENTIFICATION TOOL

Note: A detailed list of risk factors is in *Foundation Knowledge*, **Table 3**. Serious risk factors<sup>4</sup> are indicated in **orange shading**.

### Question 1: Identifying if family violence is present.

Question	Practice Guidance
1 Has anyone in your family done something that made you or your children feel unsafe or afraid? (Are there multiple perpetrators?)	<p><b>Why is it important to ask this question?</b></p> <p>It is important to find out if the person experiencing family violence is unsafe or afraid for themselves, any children, or anyone else (e.g. new partner or other family members).</p> <p>It is also important to understand whether more than one person is making the person feel unsafe or afraid. For example, an adult perpetrator may support the use of violence by an adolescent (usually a male) against one or more family members.</p> <p><b>What should you keep in mind when asking this question?</b></p> <p>The self-assessed level of fear of a person experiencing family violence is a strong indicator of their level of risk. There are also times when a person may not be able to accurately assess their level of risk or will minimise the level of risk to themselves or their children. For example, if the violence has always been present in the relationship/s, it may have become 'normalised' and the person may be unable to see the risks. The person may also be afraid of repercussions (such as Child Protection involvement, removal of a carer) if they tell you about their experience.</p> <p>As in the wider community, many people who experience violence are unaware of the variety of family violence tactics and behaviours, and often attribute family violence and fear only to physical abuse. For this reason, you should explore their level of fear not only from physical abuse, but general feelings of fear from any abusive behaviours.</p> <p>Some people have a broad concept of family. 'Family-like relationships' such as carer in a family-like relationship and broad definitions of family used by Aboriginal people. These broader definitions are recognised within the context of assessing and responding to family violence risk. LGBTIQ communities refer to 'families of choice'. Some people may not identify or be aware that these relationships are recognised in family violence. For some people, consider asking:</p> <p><i>"Has anyone done something that made you or your children feel unsafe or afraid?"</i></p> <p>You could follow this up with:</p> <p><i>"Who is making you feel unsafe?"</i> and ask the person what relationship they have with the person identified.</p> <p>There may be more than one perpetrator. You can also ask a follow-up question:</p> <p><i>"Is there more than one person in your family that is making you or your children feel unsafe or afraid?"</i></p> <p>The answers to this question are <b>yes, no, not known</b>.</p> <p>If the answer is <b>no/never</b>, no action is required relating to this risk factor. Explain that if this occurs in future to seek assistance. Be open to people choosing not to disclose, even if risk is present.</p> <p>If the answer to this question is <b>'yes'</b>, <b>follow up with these questions:</b></p> <p><i>"Who is making you feel unsafe or afraid?"</i> (there may be one or multiple perpetrators)</p> <p><i>"Has the frequency changed, or the experience increased in severity?"</i></p> <p><b>If more than one person is identified as a perpetrator — undertake screening questions relating to each of them about their behaviours. This is a follow-up question in the tool that does not need to be asked directly of a victim survivor.</b></p>

<sup>4</sup> There are evidence-based risk factors which may indicate an increased risk of the victim being killed or almost killed. These are described as 'serious risk factors'.

## Questions 2–4: Assessing the level of risk of family violence.

### Question

### Practice Guidance

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2 Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?

Risk factor:

This question is asking about:

**Controlling behaviour**

Other risk factors to keep in mind when asking this question include:

**Obsession/jealous behaviour toward victim survivor (as a driver of controlling behaviour)**

Emotional abuse (as an outcome of controlling behaviour)

May be expressed through other risk factors, such as economic abuse and isolation. Relevant to this factor is understanding:

**Escalation — increase in severity and/or frequency**

Imminence

**Why is it important to ask this question?**

Controlling behaviour is an indicator of serious risk.

Controlling behaviours are a manifestation of a perpetrator's beliefs and attitudes to the victim survivor (usually women and children). This can include a stereotypical view of family, their role as a head of the family/ household and the role of women and children within a family, possessive or entitled views that link control of family members to their ego.

Use of controlling behaviours is strongly linked to homicide.

Perpetrators who feel entitled to get their way, irrespective of the views, needs of, or impact on others are more likely to use various forms of violence against the victim survivor, including sexual violence. Perpetrators may express ownership over family members as an articulation of control.

Examples of controlling behaviours include the perpetrator telling the victim survivor how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car.

Perpetrators may also use third parties to monitor and control a victim survivor. Perpetrators may also use systems and services as a form of control of a victim, such as intervention orders and Family Court proceedings. For older children and young people, this is about controlling behaviour outside of normal parenting practices.

**What should you keep in mind when asking this question?**

Understand the common and persistent nature of coercive control in the context of family violence.

Be aware that controlling behaviours are often linked to other risk factors, such as when the perpetrator's social control of the victim survivor results in isolation. Or if the perpetrator's controlling behaviours constitute sexual abuse. This question may result in the identification of numerous risk factors, including high-risk factors.

The answers to this question are **yes, no, not known**.

If the answer is **no/never**, no action is required relating to this risk factor. Advise that if this occurs in future to seek assistance.

If the answer to this question is 'yes', **follow up with:**

***"Has the frequency changed or the experience increased in severity?"***

---

## Question

## Practice Guidance

---

- 3 Have they threatened to hurt you in any way?

### Risk factor:

#### This question is asking about:

Threats (primary risk factor) which may present in various ways:

**Threat to harm (may relate to adult or child)**

**Threat to kill (may relate to adult or child)**

Has ever harmed or threatened to harm or kill pets or other animals

#### Other risk factors to keep in mind when asking this question include:

Hurt/harm may be defined broadly and relate to other risk factors, such as:

Physical harm (threat may relate to using physical violence)

**Sexual assault (threat may relate to using sexual violence)**

**Controlling behaviours and emotional abuse as outcomes of threats to harm**

Property damage

**Has ever threatened or tried to self-harm or commit suicide (threat may be self-directed)**

Relevant to this risk factor is understanding:

**Escalation — increase in severity and/or frequency**

Imminence

#### **Why is it important to ask this question?**

Threats of violence, harm or to kill should always be taken seriously.

This question is focussed on understanding **escalation** and **imminence** as it relates to the type of **harm threatened**. Answers to this question will guide you on the **level of risk** present and whether a timely response is required.

#### **What should you keep in mind when asking this question?**

You should consider any threats to kill similarly to threats to suicide. Has the perpetrator spoken to others about the threat, do they have a plan, do they have access to weapons/materials to carry through the threat, have they rehearsed the threat (such as attempted strangulation or choking of the victim survivor).

It is critical to keep in mind any risk to children, if these behaviours have been directed toward either the child or to the parent/carer. This question can also be asked of older children/young people to assess both the child/young person's risk and the adult victim survivor's risk.

The victim survivor may report the perpetrator's behaviour has escalated and threats they are using are becoming regular or more serious than in the past.

#### **Threats that are escalating and specific (that is, more detailed in description) are an indicator of serious risk.**

If the answer is **no/never**, no action is required relating to this risk factor. Advise that if this occurs in future to seek assistance.

If the answer to this question is **'yes'**, **follow up with questions:**

... *"What have they threatened you with?"* (you can provide examples of related risk factors, above)

... *"How specific in detail are the threats?"*

... *"Has the frequency changed or the experience increased in severity?"*

---

## Question

- 4 Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)

## Practice Guidance

### Risk factor:

#### This question is asking about:

Physical harm (primary risk factor)

Physical harm may be experienced as:

**Sexual assault**

**Has ever tried to strangle or choke the victim survivor**

#### Other risk factors to keep in mind when asking this question include:

**Escalation** — increase in severity and/or frequency

Imminence

#### Why is it important to ask this question?

Physical harm is broadly defined and includes the presentations listed in the question, as well as the high-risk factors of sexual assault and strangulation or choking which indicate serious risk.

You need to understand the frequency and severity of physical (including sexual) violence, as they are indicators of risk of serious harm or death. Frequency and severity are very important ways of understanding the risk level and deciding on risk management strategies.

Physical harm resulting in traumatic brain injury is a leading cause of death and disability. For children, this may present through harm such as 'shaken baby syndrome'.

#### What should you keep in mind when asking this question?

It is important to understand if the physical violence is getting worse or more frequent as this can indicate that there is increasing risk of serious harm or death. Whilst physical assault is a predictor of future physical assault, no physical assault is not a predictor that physical assault will not occur in the future.

It is critical to keep in mind any risk to children/young people if these questions have been directed toward either the child/young person or to the parent/carer. This question can also be asked of children and can be used in assessing both the child/young person's risk and the adult victim survivor's risk.

If the answer is **no/never**, no action is required relating to this risk factor. Advise that if this occurs in future to seek assistance.

If the answer to this question is **'yes'**, ask the following questions:

... *"How have they physically harmed you?"* (you can provide examples of other risk factors listed above)

... *"Has the frequency changed or the experience increased in severity?"*

If the physical harm was to the head, face or neck, ask the following questions:

... *"Have you ever been hit in the head or face?"*

... *"Have you ever been pushed or shoved and banged your head against something?"*

... *"Have you ever lost consciousness?"*

Note: if the answer to loss of consciousness is 'yes', follow up with questions in the Intermediate Assessment relating to 'serious harm' and loss of consciousness.

---

## Determining immediate risk to adults, children and young people

If responses to the above screening questions 1–4 are 'often' and you have identified escalation in controlling behaviours, threats (particularly in detail or specificity) or physical harm, this indicates serious risk.

In addition to identifying serious risk, the following questions will support you to understand if risk is also immediate and inform your decision on how to respond.

## Questions 5–6: Focus on identifying if there is immediate risk

Question	Practice guidance
5 Do you have any immediate concerns about the safety of your children or someone else in your family?	<p><b>Risk factor:</b></p> <p><b><u>This question is asking about:</u></b> Imminence</p> <p><b>Why is it important to ask this question?</b></p> <p>Children can be affected by family violence, even if they do not hear or see it. You should always ask the person experiencing family violence about what any children or young people who reside with them (or have contact with the person suspected of using family violence) are experiencing.</p> <p>The evidence supports that where there is family violence, you should ask about the direct abuse of children, and where you see the direct abuse of children, you should ask about family violence.</p> <p>Evidence also supports that where an adult victim survivor is at immediate risk, children are also at immediate risk even if there has been no direct abuse of the children. Children experience detrimental effects from family violence whether there is direct abuse, exposure or indirect exposure to family violence.</p> <p>Some perpetrators use violence, including threats, against other family members or third parties as a method of control over victim survivors.</p> <p>What should you keep in mind when asking this question?</p> <p>You need to establish if there are children or someone else who may also be at risk of family violence:</p> <ul style="list-style-type: none"><li>... <i>“Are there children in your family?”</i></li><li>... <i>“Are there children in your home?”</i></li><li>... <i>“Is there anyone else in the family, or connected to you or your family that you are worried about?”</i></li></ul> <p>Be clear about what you mean i.e. “do you think there is any chance that your children/other family member or third party will be threatened or harmed today?”</p> <p>Children’s and young people’s risk and needs are different to the adult victim survivor. These could be explored through further assessment.</p> <p>Parent/carers, older siblings who are protective of children:</p> <ul style="list-style-type: none"><li>... Can blame themselves and feel shame for the impact of the violence on children.</li><li>... Are more likely to seek formal support when children are experiencing family violence. This action should be affirmed and supported with appropriate responses.</li></ul> <p>People from some communities may have experienced current or historic trauma related to child removal, barriers to service responses, structural inequality or discrimination, and may be reluctant to report violence experienced by themselves or their children.</p> <p>You should explain to the adult you are assessing the limits of your confidentiality in regard to children. This is critical to enable them to make informed decisions about what information they share with you (see <b>Responsibility 5</b>). If you are mandated to report abuse to Child Protection, this must be communicated. It is best practice to, wherever safe, appropriate and reasonable, be transparent with parents/carers who are not a perpetrator about any information sharing to Child Protection or other services.</p> <p>Recognise that they may be afraid to disclose risk to children and reassure them that you are seeking this information to support them, including through connecting them to follow-up service responses. Building empathy and rapport, supporting agency of adult victim survivors, and avoiding victim-blaming can support a victim survivor’s connection to support and effective risk management responses.</p> <p>Other family members may also be subject to threat or risk from the perpetrator. You should identify if this is occurring and enquire about what relationship the other family member has to both the victim survivor and the perpetrator or adolescent who is using family violence.</p>

## Question

## Practice guidance

6 Do you feel safe to leave here today?

### Risk factor:

#### This question is asking about:

Imminence

#### Why is it important to ask this question?

To identify if the person is **at immediate risk**.

#### What should you keep in mind when asking this question?

Self-assessed level of fear, risk and safety is a good indicator of seriousness of risk. The person may have a history of serious family violence which means that their experience of risk has become relative and they may not have the same definition of risk that professionals who are trained in family violence have. Be clear about what you mean i.e. **“do you think there is any chance that you or someone in your household will be threatened or harmed today?”**

Where the person is contacting the service by phone, you could rephrase this question to, **“do you feel safe at the moment or to return home?”**

Responses to this question will determine if you should take immediate action to respond. You should determine, based on this and questions 1–4 if the appropriate response is to call police (000) (i.e. if a crime has been or is likely to be committed) and seek support of a specialist family violence service (see flow chart at **Appendix 4**).

You should be guided by the victim survivor if they let you know they are afraid of escalation of risk if you contact police. You should seek support from a specialist family violence service to plan for escalation of risk.

If there are children or young people involved, also consider whether you are required to report to Child Protection.

If appropriate to your role, complete further assessment to determine seriousness/level of risk (see **Responsibility 3 or 7**) and seek secondary consultation from specialist family violence services.

7 Would you engage with a trusted person or police if you felt unsafe or in danger?

### Risk factor

#### This question is asking about:

Imminence

**Escalation** — increase in severity and/or frequency

#### Why is it important to ask this question?

To understand the person's safety and their willingness to engage with support, including emergency services if necessary. If the victim survivor would not engage with police, then they may be unable to seek assistance in an emergency from the primary service that can intervene. Knowledge of this is vital for safety planning and possible referrals.

#### What should you keep in mind when asking this question?

This question is not meant to suggest that police involvement is always required. There may be many instances where the victim survivor can implement a safety plan without involving police. This may include seeking support from another professional or family member/friend if they need assistance.

However, in family violence cases that require emergency assistance or intervention, police are best positioned to respond. In the screening stage it is vital to understand not only whether the victim survivor is at risk, but also understand whether or not the person is willing to engage emergency services if needed.

If the answer is **'yes'**, confirm they know how to contact police by calling 000, or are aware of where their closest police station is.

If the response is **'no'**, follow up with questions including:

... **“Is there a reason you would not contact or would be hesitant to contact police?”**

... **“Is there something I can do to support you to feel confident in contacting police?”**

... **“Would you contact another support service? Such as a 24-hour crisis family violence service?”**

Provide relevant information on how police respond and encourage them to contact police in an emergency.

## APPENDIX 3: SCREENING AND IDENTIFICATION TOOL

### Adult Victim Survivor Screening and Identification Tool

#### Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy  
 Self-described (please specify)  
 Client preferred not to say  
 Unknown

**Intersex:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Transgender:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Sexuality:**

- Same sex/gender attracted  
 Heterosexual/other gender attracted  
 Multi-gender attracted  
 Asexual  
 None of the above  
 Client preferred not to say  
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Client preferred not to say  
 Neither  
 Not known

**CALD**       Yes    No    Not known

**LGBTIQ**       Yes    No    Not known

**People with disabilities**    Yes    No    Not known

**Rural**       Yes    No    Not known

**Older person**    Yes    No    Not known

Was an interpreter used during this assessment?    Yes       No (If yes, what language):

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes       No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

---

## Perpetrator Details

---

Full Name:

Alias:

---

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy  
 Self-described (please specify)  
 Client preferred not to say  Unknown

**Intersex:**

- Yes       No  
 Client preferred not to say  
 Unknown

---

**Transgender:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Sexuality:**

- Same sex/gender attracted  
 Heterosexual/other gender attracted  
 Multi-gender attracted  
 Asexual  
 None of the above  
 Client preferred not to say  
 Unknown

---

Primary address:

Current Location:

---

Relationship to victim survivor:

Service provider client ID:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Client preferred not to say  
 Neither  
 Not known

**CALD**       Yes  No  Not known

**LGBTIQ**       Yes  No  Not known

**People with disabilities**  Yes  No  Not known

**Rural**       Yes  No  Not known

**Older person**  Yes  No  Not known

---

**Further details**

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**Child 1 Details#**

**#Separate risk assessment must be completed**

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy
- Self-described (please specify)
- Client preferred not to say  Unknown

**Intersex:**

- Yes       No
- Client preferred not to say
- Unknown

**Transgender:**

- Yes       No
- Client preferred not to say
- Unknown

**Sexuality:**

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual       None of the above
- Client preferred not to say  Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal     Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither       Not known

**CALD**

- Yes     No     Not known

**LGBTIQ**

- Yes     No     Not known

**People with disabilities**

- Yes     No     Not known

**Rural**

- Yes     No     Not known

**Child 2 Details#**

**#Separate risk assessment must be completed**

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy
- Self-described (please specify)
- Client preferred not to say  Unknown

**Intersex:**

- Yes       No
- Client preferred not to say
- Unknown

**Transgender:**

- Yes       No
- Client preferred not to say
- Unknown

**Sexuality:**

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual       None of the above
- Client preferred not to say  Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal     Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither       Not known

**CALD**

- Yes     No     Not known

**LGBTIQ**

- Yes     No     Not known

**People with disabilities**

- Yes     No     Not known

**Rural**

- Yes     No     Not known

**Child 3 Details#**

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy  
 Self-described (please specify)  
 Client preferred not to say  Unknown

**Intersex:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Transgender:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Sexuality:**

- Same sex/gender attracted  
 Heterosexual/other gender attracted  
 Multi-gender attracted  
 Asexual       None of the above  
 Client preferred not to say  Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal     Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Client preferred not to say  
 Neither       Not known

**CALD**       Yes  No  Not known**LGBTIQ**       Yes  No  Not known**People with disabilities**  Yes  No  Not known**Rural**       Yes  No  Not known**Child 4 Details#**

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy  
 Self-described (please specify)  
 Client preferred not to say  Unknown

**Intersex:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Transgender:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Sexuality:**

- Same sex/gender attracted  
 Heterosexual/other gender attracted  
 Multi-gender attracted  
 Asexual       None of the above  
 Client preferred not to say  Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal     Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Client preferred not to say  
 Neither       Not known

**CALD**       Yes  No  Not known**LGBTIQ**       Yes  No  Not known**People with disabilities**  Yes  No  Not known**Rural**       Yes  No  Not known

Question	Yes	No	Comments (or not known)
Has anyone in your family done something that made you or your children feel unsafe or afraid?	<input type="checkbox"/>	<input type="checkbox"/>	

Is there more than one person in your family that is making you or your children feel unsafe or afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--

The following risk related questions refer to the perpetrator:

PERPETRATOR ACTIONS	Have they...		
	controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>
	threatened to hurt you in any way?	<input type="checkbox"/>	<input type="checkbox"/>
	physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)?	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ASSESSMENT	Do you have any immediate concerns about the safety of your children or someone else in your family?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>
	Would you engage with a trusted person or police if you felt unsafe or in danger? (Note: if lack of trust in police is identified risk management must address this)	<input type="checkbox"/>	<input type="checkbox"/>

#### Further details

---

\*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

## NEEDS AND SAFETY

### Needs assessment

---

Safety plan has been completed? (see separate template)

Yes      No      Not known

**Child 5 Details#**

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy  
 Self-described (please specify)  
 Client preferred not to say  Unknown

**Intersex:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Transgender:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Sexuality:**

- Same sex/gender attracted  
 Heterosexual/other gender attracted  
 Multi-gender attracted  
 Asexual       None of the above  
 Client preferred not to say  Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

**Aboriginal and/or Torres Strait Islander**

- Aboriginal     Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Client preferred not to say  
 Neither       Not known

**CALD**       Yes     No     Not known**LGBTIQ**       Yes     No     Not known**People with disabilities**     Yes     No     Not known**Rural**       Yes     No     Not known**Child 6 Details#**

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

**Gender:**

- Woman/Girl       Man/Boy  
 Self-described (please specify)  
 Client preferred not to say  Unknown

**Intersex:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Transgender:**

- Yes       No  
 Client preferred not to say  
 Unknown

**Sexuality:**

- Same sex/gender attracted  
 Heterosexual/other gender attracted  
 Multi-gender attracted  
 Asexual       None of the above  
 Client preferred not to say  Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

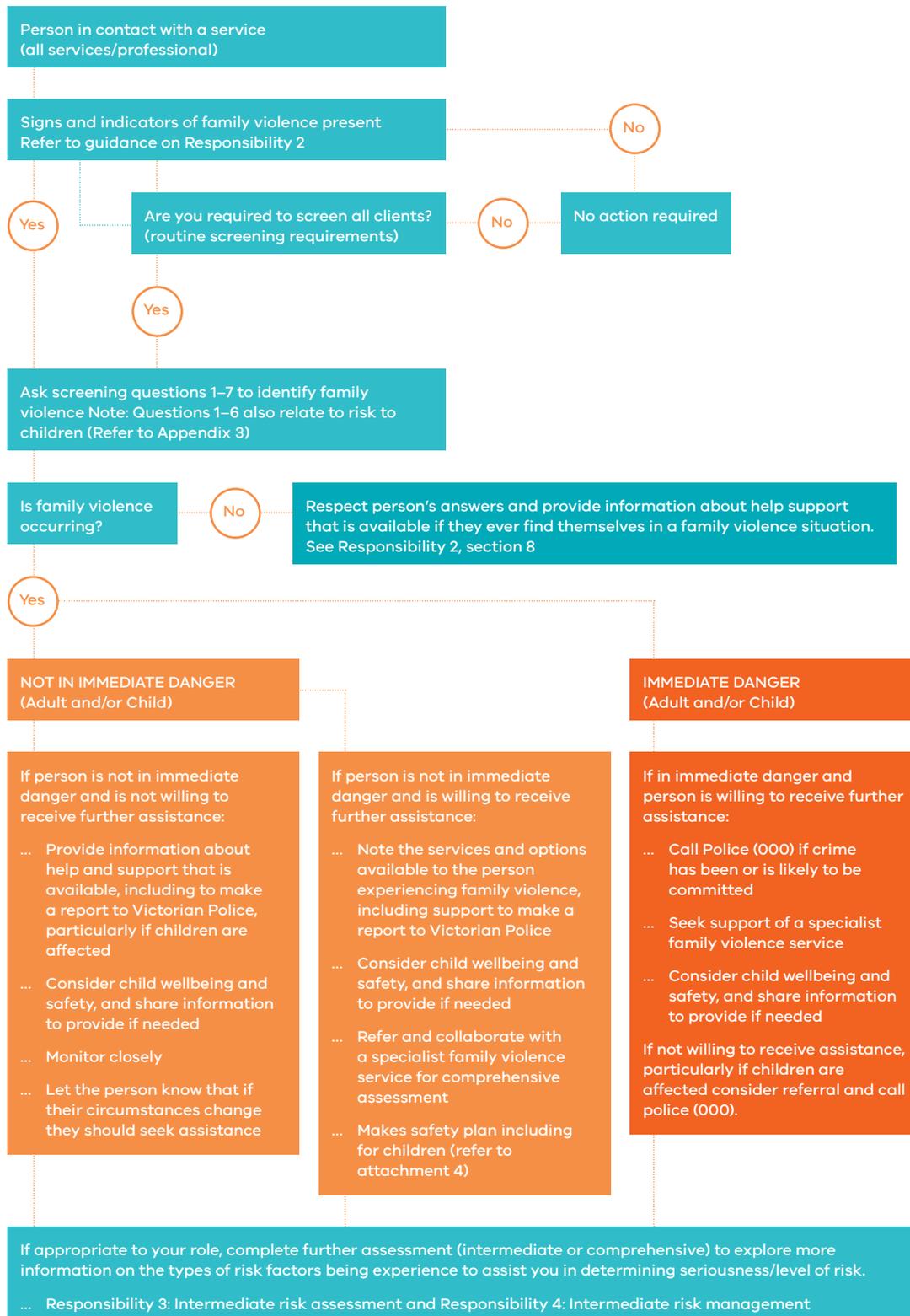
**Aboriginal and/or Torres Strait Islander**

- Aboriginal     Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Client preferred not to say  
 Neither       Not known

**CALD**       Yes     No     Not known**LGBTIQ**       Yes     No     Not known**People with disabilities**     Yes     No     Not known**Rural**       Yes     No     Not known

# APPENDIX 4: RESPONSE OPTIONS FOLLOWING IDENTIFICATION AND SCREENING OF FAMILY VIOLENCE RISK AND BASIC SAFETY PLAN

## Making a Safety Plan



### Safety Planning guide for adults (or older children and young people, if appropriate)

The following are elements of a safety plan and questions you can ask to help the person experiencing family violence make a plan.

**Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by the victim survivor on what is important and safe for them in their safety plan.**

This guide aims to assist you to discuss what planning and actions can be undertaken safely.

### Plan detail and questions to support planning

### Checklist and detail

#### Safe place to go

Where are you right now – are you safe?

Address or name of place:

If you need to leave your home in a hurry, where could you go?

Address of safe place (if different to above):

#### Emergency contacts

Would you feel comfortable calling the police (000) in an emergency? (if not - How can we support you to do so?)

Yes  No  N/A

Call 000 in an emergency or Safe Steps on 1800 015 188 or local family violence service on \_\_\_\_\_ [insert]

Who are your personal emergency contacts?

Name, relationship, contact details

#### System intervention

Where is the perpetrator right now?

(provide details)

Is an intervention order in place (and children named) or are there any other court orders or proceedings?

Yes  No  N/A  
(provide details)

#### Support of someone close by

Is there someone close by you can tell about the violence who can call the police?

Yes  No  N/A

#### Planning for children, older people or people in your care [if applicable]

What would you need to arrange for people in your care?

(provide details)

#### If you have children in your care

How many children do you have in your care?

(provide details)

Where are they right now?

(provide details)

#### Safe Communication

Do you have access to a phone or internet?

Yes  No  N/A  
(provide details)

**Plan detail and questions to support planning**

**Checklist and detail**

**Transport**

*Do you have access to a vehicle or other public transport options?*  Yes  No  N/A  
(provide details)

**Items to take with you – escape bag**

*What documents, keys, money, clothes, or other things should you take with you when you leave? What is essential?* (provide details)

**Financial Access**

*Do you have access to money if you need to leave? Where is it kept?*  Yes  No  N/A  
(provide details)

**Consent to information sharing**

**Consent for information sharing and referral:**

I ..... (name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare.

I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).

**Signature**

**Date**

**Name (print)**

**Date**

**Worker Signature**

**Date**

**Worker (print)**

**Date**

Verbal Consent obtained 'Yes'

**Date**

Please indicate your preferred contact method:

Mail:

Email:

Phone / Text:

Would you prefer to be called from a private number?  Yes  No

What is the best day and time for us to call?

A message left with an authorised/safe person for you to return the call:

Authorised person contact details: (full name, relationship, telephone:)

## Referrals made

Type of organisation	Organisation Name	Contact person	Date of referral	Information sought/shared with
Aboriginal specific service				
Child FIRST				
Child Protection				
Police				
Court (Magistrates' and Children's Court)				
Sexual assault service				
Specialist family violence service for adult victim survivors**				
Specialist family violence service for perpetrators**				
Specialist family violence service for child victim survivors**				
The Orange Door				
Other				
Other				

\*\* Specialist family violence services includes services that provide tailored services for Aboriginal people and people from diverse communities and at-risk age groups.

