# 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[[1]](#footnote-1) are indicated in orange shading.

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

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| 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?) | Why is it important to ask this question? 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).  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. What should you keep in mind when asking this question? 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.  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.  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:  “Has anyone done something that made you or your children feel unsafe or afraid?”  You could follow this up with:  “Who is making you feel unsafe?” and ask the person what relationship they have with the person identified.  There may be more than one perpetrator. You can also ask a follow-up question:  “Is there more than one person in your family that is making you or your children feel unsafe or afraid?”  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. Explain that if this occurs in future to seek assistance. Be open to people choosing not to disclose, even if risk is present.  If the answer to this question is ‘yes’, follow up with these questions:  “Who is making you feel unsafe or afraid?” (there may be one or multiple perpetrators)  **“Has the frequency changed, or the experience increased in severity?”**  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. |

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

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| Question | | Practice Guidance |
| 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?” |

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| 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 riskpresent 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?”** |

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| Question | | Practice Guidance |
| 4 | Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you) | 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

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| Question | | Practice guidance |
| 5 | Do you have any immediate concerns about the safety of your children or someone else in your family? | Risk factor:  This question is asking about:  Imminence Why is it important to ask this question? 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.  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.  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.  Some perpetrators use violence, including threats, against other family members or third parties as a method of control over victim survivors.  What should you keep in mind when asking this question?  You need to establish if there are children or someone else who may also be at risk of family violence:   * “Are there children in your family?” * “Are there children in your home?” * “Is there anyone else in the family, or connected to you or your family that you are worried about?”   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?”  Children’s and young people’s risk and needs are different to the adult victim survivor. These could be explored through further assessment.  Parent/carers, older siblings who are protective of children:   * Can blame themselves and feel shame for the impact of the violence on children. * Are more likely to seek formal support when children are experiencing family violence. This action should be affirmed and supported with appropriate responses.   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.  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 **Responsibility 5**). 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.  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.  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. |

| Question | | Practice guidance |
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| 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. |

1. 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’. [↑](#footnote-ref-1)