

MARAM Identification & Screening Training Module

Participant Guide

Contents

Training Prerequisites	2
Overview	2
Learning Outcomes	3
Evaluation & Certificate of Completion	3
Self-Care	3
Resources	4
1. Glossary	4
2. Prescribed Organisations.....	6
3. Framework Principles.....	8
4. MARAM Responsibilities: Decision Guide	9
5. Power and Control Wheel (Duluth)	10
6. Family Violence Evidence Based Risk Factors	11
7. Observable signs of trauma that may indicate family violence.....	12
8. Screening & Identification Tool	16
9. Screening & Identification Practice Guide (Responsibility 2)	23
10. Identification & Screening flow chart with Risk guidance	30
11. Safety Plan	31
12. Family Violence Referral Services	34
13. Resources List.....	37
14. Activities	38
Activity 1: Foundational Knowledge Poll.....	38
Activity 2: Common Beliefs – Whiteboard Activity	38
Activity 3: Victim self- assessment (Breakout group discussion)	38
Activity 4: Family Violence presentations (Breakout group discussion).....	39
Activity 5: Case Study Family Violence Indicators	39
Activity 6: Applying Validation & Anti-Violence Statements.....	40
Activity 7: Understanding the identification questions	40
Activity 8: Working with children	40
Activity 9: Child focused practice	41
Activity 10: Child focused Case Study	41
Activity 11: Applying Intersectional Practice	41
Activity 12: Key Points to consider for LGBTIQ+	42
Activity 13: Practice Using Identification & Screening Tool (Case Study).....	42
Activity 14: Safety Planning (Case Study)	43
Activity 15: Victim Centred Risk Management.....	44
Activity 16: Collaborative Practice Case Study.....	44

Training Prerequisites

The *MARAM Screening & Identification Training Module* is **suited for practitioners whose role requires them to use the MARAM Identification & Screening assessment tools**.

It is assumed that participants **will have foundational knowledge** through completion of the following training modules:

- DHHS Child and Family Violence Information Sharing Training or
- Information Sharing Training Module 2 (online module).

The resources in this Participant Guide are designed to support the learning of participants attending the MARAM Identification & Screening Module. It includes activities and resources to be used during the training, a resource list and a glossary. It is structured in line with the topics covered in the training.

All participants **MUST** have a copy of the Participant Guide, whether in electronic or paper form, to refer to during the training.

Essential Pre-reading

- Family Violence Multi-Agency Risk Assessment and Management Framework
- MARAM Practice Guides Foundational Knowledge Guide
- MARAM Practice Guides Responsibilities: 1 and 2, 5 and 6, 9 and 10

Overview

The *MARAM Identification & Screening Training Module* is designed to support practitioners who are required to use the MARAM Identification & Screening tools in their role, to develop the skills and knowledge required for their roles. This includes: an applied understanding of the MARAM Framework, practice guidance and tools.

This three module webinar series is one of a series that have been adapted by the Centre for Excellence in Child and Family Welfare and based on the original material designed by the Domestic Violence Resource Centre Victoria (DVRCV). Training is to support the building of capability to prescribed organisations and other agencies that come into contact with individuals and families experiencing family violence. The DVRCV Training approach is underpinned by The Victorian Government [*Responding to Family Violence Capability Framework*](#) (2017).

We would like to formally acknowledge the rich advice and input provided by the following partner organisations: Djirra, inTouch Multicultural Centre Against Family Violence, Centre for Excellence in Child and Family Welfare, No To Violence, University of Melbourne's Department of Social Work, as well as consultants who work and practice in the fields of women with disabilities and LGBTIQ+ communities.

Learning Outcomes

- Ability to engage effectively with those accessing services to enable implementation of the MARAM Framework at an Identification level
- Ability to identify family violence risk utilising the MARAM Framework
- Ability to prioritise the safety of child victim survivors and adult victim survivors of family violence and understand risk management responsibilities at an Identification level under the MARAM Framework
- Ability to provide effective services informed by the MARAM Framework.

Evaluation & Certificate of Completion

Prior to participation in this module, participants will be asked to complete a *Pre-Session Self-Assessment* of their knowledge and skills, and then to complete a similar *Post-Session Self-Assessment* at the completion of the module. The purpose of these self-assessments is to take some measure of the impact of the training session on participants.

In addition, participants will be required to complete a short quiz at the end of each module to receive password access to the next module and to receive a certificate of completion.

Self-Care

It is normal for family violence content to have an impact, even on experienced workers. Do what you need to do to look after yourself during and after training and take a break if you need one. Please remember that victim/survivor voices have directly informed the Framework. If you, or someone you know, needs support, 1800 Respect is a 24-hour family violence and sexual assault support line, both for victim survivors as well as their friends and professionals.

Lifeline Australia is also available to you 24 hours a day, 13 11 14.

Resources

1. Glossary

Agency	Individual agency is the freedom to act independently and based on one’s own choices.
CISS	Child Information Sharing Scheme Refer to CISS Guidelines for more detail
Family Violence	<p>The Family Violence Protection Act (2008) defines family violence as:</p> <ol style="list-style-type: none"> 1) Behaviour that is: <ul style="list-style-type: none"> • Physically, sexually, emotionally psychologically or economically abusive; • Threatening or coercive; • Controls or dominates the family member and causes that family member to feel fear for the safety or well-being of that family member or another person. 2) Behaviour that causes a child to hear, witness or otherwise be exposed to the effects of any behaviour referred to above. <p>Aboriginal definition of family violence:</p> <p>Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families defines family violence as ‘an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’</p> <p>Footnote: <i>Dhelk Dja Safe Our Way – Strong Culture, Strong Peoples, Strong Families</i> State of Victoria, Department of Health and Human Services, October 2018, p. 51.</p>
Diverse	The language of diverse refers to individual and communities and to acknowledge diverse experiences of family violence and how these

	experiences are compounded by multiple forms of discrimination and disadvantage, and as described in intersectionality.
FSV	Family Safety Victoria
FVISS	Family Violence Information Sharing Scheme Refer to FVISS Guidelines for more detail
Gender Inequality	Gender inequality can be defined as the legal, social and cultural context which allows people different opportunities and access to or enjoyment of rights due to perceived differences based solely on issues of gender.
Heteronormativity	An assumption that heterosexuality is the default, preferred, normal state for a person. It is underpinned by a belief that someone's biological sex, sexuality, gender identity and gender roles are aligned.
Intersectionality	Refers to the structural inequality and discrimination experienced by different individuals and communities, and the impact of these creating barriers to service access and further marginalisation. Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism and classism) combine, overlap or intersect, in the experiences of individuals or communities. These aspects of identity can include gender, ethnicity and cultural background, language, socioeconomic status, disability, sexual orientation, gender identity, religion, age, geographic location or visa status.
ISE	Information Sharing Entity – prescribed under part 5A of the Family Violence Protection Act . An ISE can request and share information relevant to a family violence risk. All ISEs can share information for a protection purpose. Refer to the Family Violence Information Sharing Scheme Guidelines for more information.
MARAM	Multi Agency Risk Assessment and Management
RAE	Risk Assessment Entity – prescribed under part 5A of the Family Violence Protection Act . A RAE can request and share information relevant to family violence risk for risk assessment and protection

	purposes. Please refer to the Family Violence Information Sharing Scheme Guidelines for more information.
Risk Assessment	The process of applying Structured Professional Judgement to determine the level of family violence risk.
Risk Identification	Recognising through observation or enquiry that family violence risk factors are present, and then taking appropriate actions to refer or manage the risk.
Risk Management	Any action or intervention taken to reduce the level of risk posed to a victim and hold perpetrators to account. Actions taken and interventions that are implemented appropriate to the level of risk identified in the risk assessment stage.
Safety Planning	Process of implementing a strategy or identifying steps to be taken, subject to timelines agreed with relevant parties, to reduce the likelihood of further family violence occurring and ensure safety for the victim/s.

2. Prescribed Organisations

Organisations prescribed under MARAM, the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme. Current at 17th April 2019.

- State-funded specialist family violence services including family violence counselling, therapeutic programs and perpetrator intervention
- State-funded sexual assault services and sexually abusive behaviour treatment services
- The Orange Door (Support and Safety Hubs)
- Risk Assessment and Management Panels
- Child Protection
- Registered community-based child and family services
- Out-of-home care services
- Designated mental health services
- State-funded alcohol and other drugs services
- Department of Health and Human Services Housing
- State-funded homelessness accommodation or homelessness support services (providing access point, outreach and accommodation services)
- Maternal and Child Health Services

- Youth Justice and funded programs, including the Youth Parole Board (Secretariat)
- Perpetrator intervention trials
- Justice Health and funded programs (for children)
- Victoria Police
- Victims of Crime Helpline
- Victims Assistance Program-funded services
- Multi-Agency Panels to Prevent Youth Offending

**Organisations only prescribed under MARAM and the Family Violence Information Sharing Scheme.
Current at 17th April 2019.**

- Court-ordered family violence counselling services
- Corrections Victoria and Corrections funded services
- Adult Parole Board
- Victims Support Agency
- Justice Health and funded services (for adults)
- State-funded financial counselling programs
- Tenancy Advice and Advocacy Program
- Magistrates' Court officials
- Children's Court officials

A database of Information Sharing Entities and Risk Assessment Entities prescribed under the Family Violence Information Sharing Scheme and Child Information Sharing Scheme can be accessed via this link (<https://iselist.www.vic.gov.au/ise/list/>)

Subject to consultation, additional organisations from the health, human services, justice and education sectors are likely to be prescribed under MARAM, the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme in 2021.

3. Framework Principles

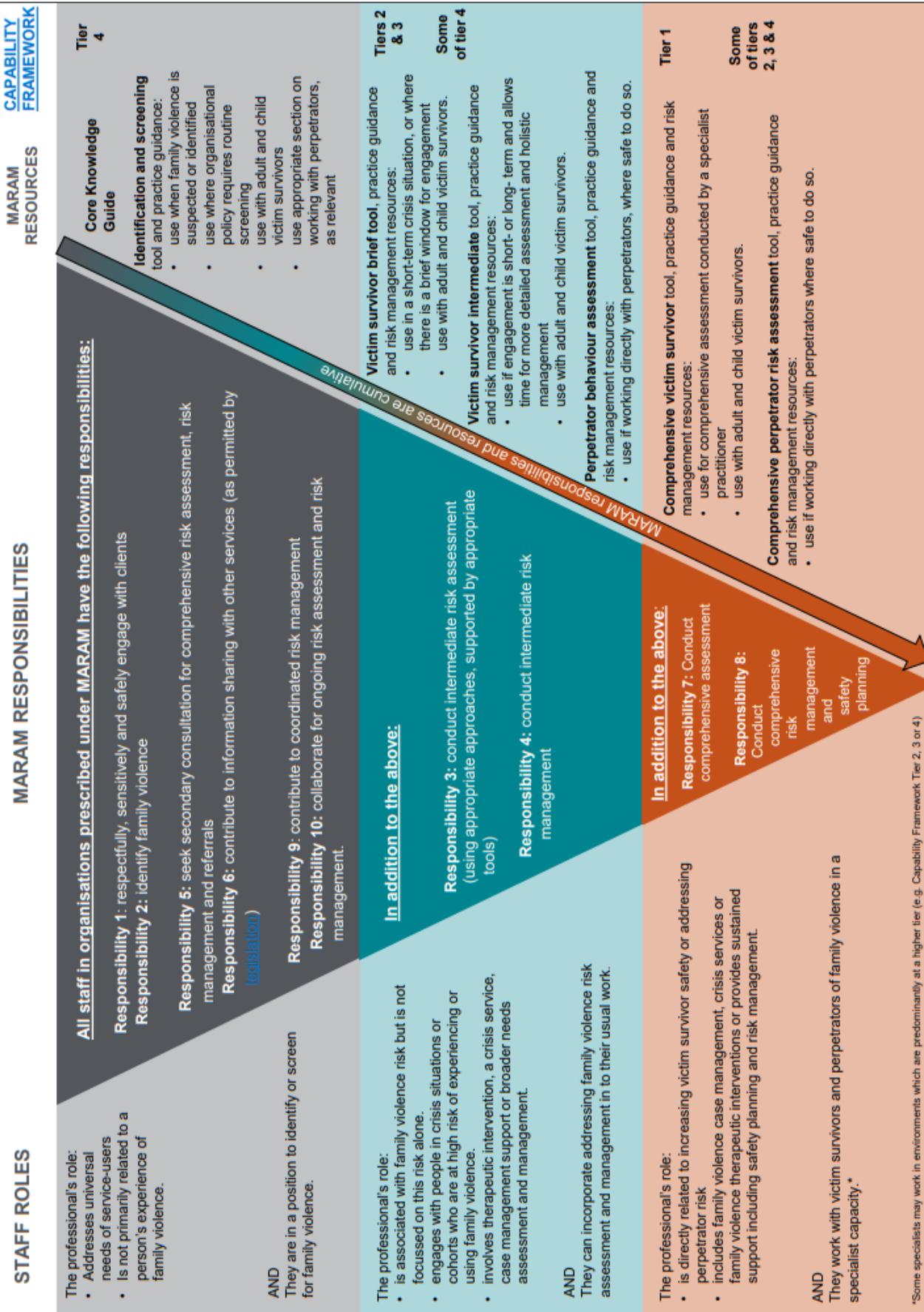
The Framework is based on the belief that to provide consistent, effective and safe responses for people experiencing family violence, services need a shared understanding of family violence and of the responsibilities of the professionals involved.

To help achieve a shared understanding, the Framework principles support each MARAM **Pillar** and help guide Victoria's family violence system-wide response. The Framework principles are:

1. family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture
2. professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm
3. professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination
4. the agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes
5. family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right
6. services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence
7. services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present-day impacts of historical events, policies and practices
8. services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, client-centred, inclusive and non-discriminatory
9. perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability
10. family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.

4. MARAM Responsibilities: Decision Guide

MARAM Responsibilities: Decision Guide for Organisational Leaders



5. Power and Control Wheel (Duluth)



6. Family Violence Evidence Based Risk Factors

Family violence risk factors



Risk factors relevant to adult victim circumstances

- **Physical assault whilst pregnant/following new birth***
- Self-assessed level of risk #
- **Planning to leave or recent separation***
- **Escalation - increase in severity and/or frequency of violence***
- Financial abuse/difficulties (including property damage)
- Imminence #



Risk factors specific to children caused by perpetrator behaviours

- Exposure to family violence #
- Sexualised behaviours towards a child by the perpetrator #
- Child intervention in violence #
- Behaviour indicating non-return of child #
- Undermining the child-parent relationship #
- Professional and statutory intervention #



Risk factors specific to children's circumstances

- History of professional involvement and/or statutory intervention #
- Change in behaviour not explained by other causes #
- Child as victim in other forms of harm #

Risk factors for adult or child victims caused by perpetrator behaviours

- **Controlling behaviours***
- **Access to weapons***
- **Use of weapon in most recent event***
- Has ever harmed or threatened to harm victim or family members
- **Has ever tried to strangle or choke the victim***
- **Has ever threatened to kill victim***
- **Has ever harmed or threatened to harm or kill pets or other animals***
- **Has ever threatened or tried to self harm or suicide***
- **Stalking of victim***
- **Sexual assault of victim***
- Previous or current breach of court orders/Intervention Order
- History of family violence #
- History of violent behaviour (not family violence)
- **Obsession/jealous behaviour towards victim***
- **Unemployed/ Disengaged from education***
- **Drug and/or alcohol misuse***
- Mental illness/Depression
- Isolation
- Physical harm #
- Emotional abuse #
- Property damage #

Note: **bold and *** increased risk of the victim being killed or almost killed (serious risk factors).

New risk factors not previously included in CRAF

***Bold indicates high risk. The evidence-based risk factors are outlined in the MARAM Foundation Knowledge Guide. The rationale for each risk factor is in the MARAM Framework document.**

7. Observable signs of trauma that may indicate family violence

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

2.2 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.

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

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

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

Observable signs of trauma that may indicate family violence for:		
a pre-schooler	a primary school-aged child	an adolescent
<ul style="list-style-type: none"> • Extreme clinginess • Significant sleep# and/or eating difficulties • Poor concentration in play • Inability to empathise with other people • Frequent illness 	<ul style="list-style-type: none"> • Rebelliousness, defiant behaviour • Limited tolerance and poor impulse control • Temper tantrums or irritability, being aggressive or demanding* • Physical abuse or cruelty of others, including pets • Avoidance of conflict 	<p>As for primary school aged children, and also:</p> <ul style="list-style-type: none"> • School refusal/avoidance (absenteeism/disengagement) • Criminal or antisocial behaviours, including using violence against others • Eating disorders • Substance abuse

- Poor language development and/or significant use of 'baby talk'
- Displaying maladaptive behaviour such as frequent rocking, sucking and biting#
- Aggression towards others
- Adjustment problems (for example, significant difficulties moving from kindergarten to school)
- Anti-social play or lack of interest in engaging with others
- Showing low self-esteem*
- Extremely compliant behaviour, being passive, tearful or withdrawn*
- Excessively oppositional or argumentative behaviour
- Risk-taking behaviours that have severe or life-threatening consequences
- Lack of interest in social activities
- Delayed or poor language skills*
- Experiencing problems with schoolwork#
- Poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)*#
- 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
- Depression
- Suicidal ideation
- Risk-taking behaviours
- Anxiety
- Pregnancy
- Controlling or manipulative behaviour
- Obsessive behaviour
- Homelessness or frequent changes in housing arrangements

2.5 Table 5: Signs and indicators of neglect

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

- Being frequently hungry
- Being poorly nourished
- Having poor hygiene
- Being abandoned by their parents
- Stealing food
- Staying at school outside school hours

- Wearing inappropriate clothing, for example, wearing summer clothes in winter
- Being unsupervised for long periods
- Not having their medical needs attended to
- Often being tired and/or falling asleep in class
- Abusing alcohol or drugs
- Displaying aggressive behaviour
- Not getting on well with peers.

8. Screening & Identification Tool

Victim Survivor Details	
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Older person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Was an interpreter used during this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what language):
Country of origin:	Year of arrival in Australia:
Bridging or Temporary Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what type):
Language spoken at home:	Service provider client ID:

Has anyone in your family done something that made you or your children feel unsafe or afraid?

Perpetrator Details

Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Primary address:	Current Location:
Relationship to victim survivor:	Service provider client ID:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Older person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Further details	

Child 1 Details	*Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer

<input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Child 2 Details*	*Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Primary address:	Current Location:

Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Child 3 Details*	*Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	

Question		Yes	No	Comments (or not known)
Are there multiple perpetrators?				
<i>Have they...</i>				
PERPETRATOR ACTIONS	controlled your day to day activities (e.g. who you see, where you go) or put you down?			
	threatened to hurt you in any way?			
	have they hit, slapped, kicked or otherwise physically hurt you in any way?			
SELF-ASSESSMENT	Do you have any immediate concerns about the safety of your children or someone else in your family?			
	Do you feel safe when you leave here today?			
	Would you engage with police if you felt unsafe?			

NEEDS AND SAFETY	
Needs assessment	

Safety plan has been completed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Child 4 Details* (if applicable)	*Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Transgender: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Sexuality: <input type="checkbox"/> Same sex/gender attracted <input type="checkbox"/> Heterosexual/other gender attracted <input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Child 5 Details* (if applicable)	*Separate risk assessment must be completed
Full Name:	Alias:
Date of Birth:	Also known as:
Gender: <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described <input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown	Intersex: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer

	<input type="checkbox"/> Unknown
<p>Transgender:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer</p> <p><input type="checkbox"/> Unknown</p>	<p>Sexuality:</p> <p><input type="checkbox"/> Same sex/gender attracted</p> <p><input type="checkbox"/> Heterosexual/other gender attracted</p> <p><input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Client declined/chose not to answer</p> <p><input type="checkbox"/> Unknown</p>
Primary address:	Current Location:
Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
<p>Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known</p> <p>CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p>	
<p>Child 6 Details* (if applicable) *Separate risk assessment must be completed</p>	
Full Name:	Alias:
Date of Birth:	Also known as:
<p>Gender:</p> <p><input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Self-described</p> <p><input type="checkbox"/> Client declined/chose not to answer <input type="checkbox"/> Unknown</p>	<p>Intersex:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer</p> <p><input type="checkbox"/> Unknown</p>
<p>Transgender:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client declined/chose not to answer</p> <p><input type="checkbox"/> Unknown</p>	<p>Sexuality:</p> <p><input type="checkbox"/> Same sex/gender attracted</p> <p><input type="checkbox"/> Heterosexual/other gender attracted</p> <p><input type="checkbox"/> Multi-gender attracted <input type="checkbox"/> Asexual <input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Client declined/chose not to answer</p> <p><input type="checkbox"/> Unknown</p>
Primary address:	Current Location:

Contact number:	Comments:
Relationship to victim survivor:	Relationship to perpetrator:
<p>Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> Client preferred not to say <input type="checkbox"/> Neither <input type="checkbox"/> Not known</p> <p>CALD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known LGBTIQ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>People with disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Rural <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p>	

9. Screening & Identification Practice Guide (Responsibility 2)

Guidance on using the Screening and Identification Tool

Note: A detailed list of risk factors is in *Foundation Knowledge, Table 3*. Serious risk factors¹ are indicated in bold/orange shading.

Question 1: Identifying if family violence is present.

Question	Practice Guidance
<p>1 Has anyone in your family done something that made you or your children feel unsafe or afraid? (Are there multiple perpetrators?)</p>	<p>Why is it important to ask this question?</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). 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>What should you keep in mind when asking this question?</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</p>

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'.

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.

Question	Practice Guidance
2	<p>Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?</p> <p>Risk factor:</p> <p><u>This question is asking about:</u></p> <p>Controlling behaviour</p> <p><u>Other risk factors to keep in mind when asking this question include:</u></p> <p>Obsession/jealous behaviour toward victim survivor (as a driver of controlling behaviour)</p> <p>Emotional abuse (as an outcome of controlling behaviour)</p> <p>May be expressed through other risk factors, such as economic abuse and isolation.</p> <p>Relevant to this factor is understanding:</p> <p>Escalation — increase in severity and/or frequency</p> <p>Imminence</p> <p>Why is it important to ask this question?</p> <p>Controlling behaviour is an indicator of serious risk.</p> <p>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.</p> <p>Use of controlling behaviours is strongly linked to homicide.</p> <p>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.</p> <p>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</p>

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?"

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?"

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.

Question	Practice guidance
5 Do you have any immediate concerns about the safety of your children or someone else in your family?	<p>Risk factor:</p> <p><u>This question is asking about:</u></p> <p>Imminence</p> <p>Why is it important to ask this question?</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"> • <i>“Are there children in your family?”</i> • <i>“Are there children in your home?”</i> • <i>“Is there anyone else in the family, or connected to you or your family that you are worried about?”</i>

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.

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:

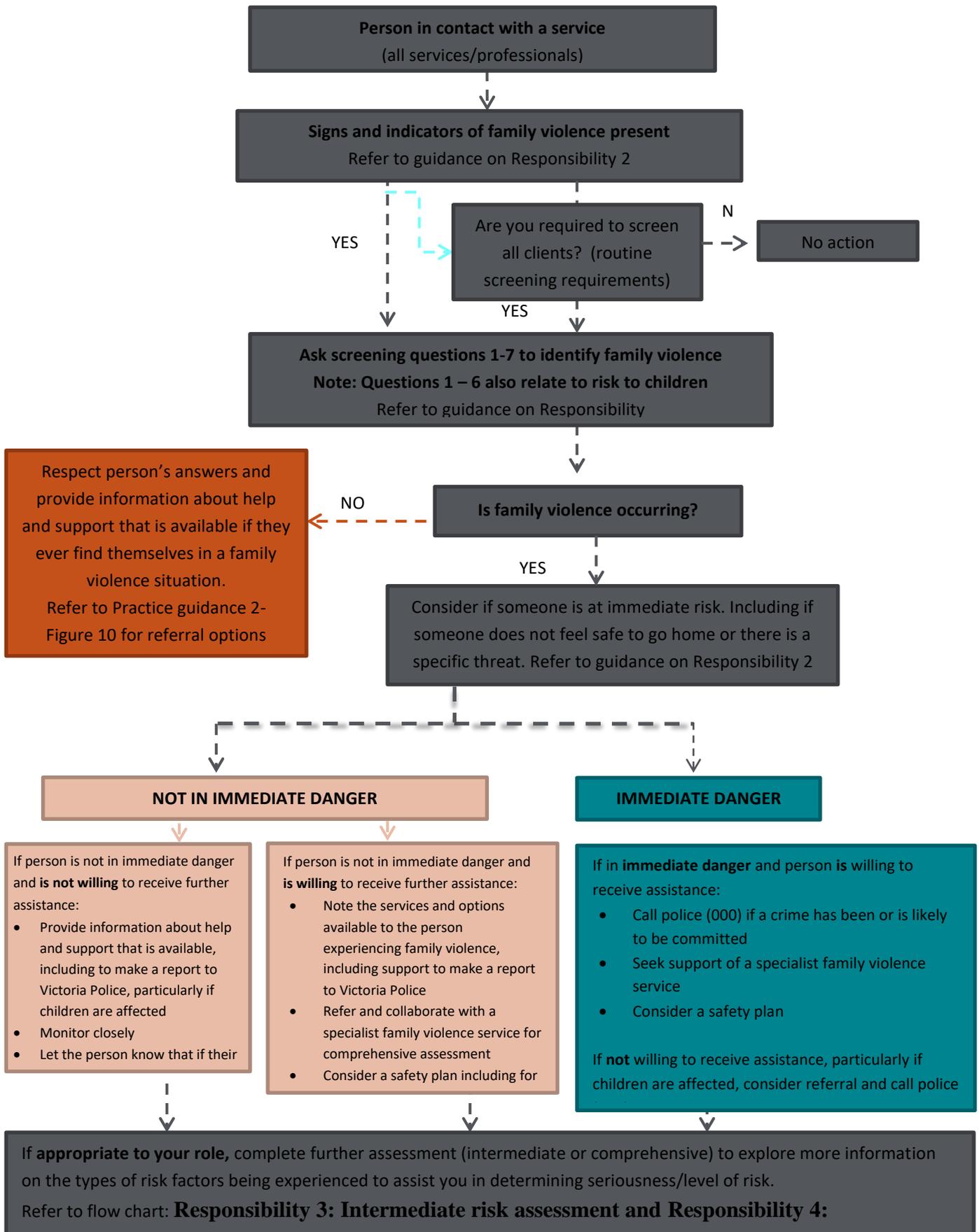
- *“Is there a reason you would not contact or would be hesitant to contact police?”*
- *“Is there something I can do to support you to feel confident in contacting police?”*
- *“Would you contact another support service? Such as a 24-hour crisis family violence service?”*

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

10. Identification & Screening flow chart with Risk guidance

Response options following identification and screening of family violence risk

For adult and child victim/survivors



11. Safety Plan

MARAM Practice Guide Appendix 4: Response options 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	
<i>Where are you right now – are you safe?</i>	Address or name of place:
<i>If you need to leave your home in a hurry, where could you go?</i>	Address of safe place (if different to above):
Emergency contacts	
<i>Would you feel comfortable calling the police (000) in an emergency? (if not - How can we support you to do so?)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Call 000 in an emergency or Safe Steps on 1800 015 188 or local family violence service on _____ [insert]	
<i>Who are your personal emergency contacts?</i>	Name, relationship, contact details
System intervention	
<i>Where is the perpetrator right now?</i>	(provide details)
<i>Is an intervention order in place (and children named)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Support of someone close by	
<i>Is there someone close by you can tell about the violence who can call the police?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Planning for children, older people or people in your care [if applicable]	

<i>What would you need to arrange for people in your care?</i>	(provide details)
If you have children in your care	
<i>How many children do you have in your care?</i>	(provide details)
<i>Where are they right now?</i>	(provide details)
Safe Communication	
<i>Do you have access to a phone or internet?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Transport	
<i>Do you have access to a vehicle or other public transport options?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Items to take with you – escape bag	
<i>What documents, keys, money, clothes, or other things should you take with you when you leave? What is essential?</i>	(provide details)
Financial Access	
<i>Do you have access to money if you need to leave? Where is it kept?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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).....

Worker Signature..... **Date**.....

Worker (print).....

Verbal Consent obtained **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.

12. Family Violence Referral Services

Safe Steps

- Safe Steps is the 24-hour crisis response service in Victoria. Safe Steps is a 24-hour service and is the access point if someone requires refuge or crisis accommodation as a result of not being safe due to family violence.

- It is important to know that Safe Steps cannot remove someone from an unsafe situation – that requires police intervention.
- A victim survivor needs to have access to a temporary safe location (consider a professional service, friend’s house or community space) to make the phone call.
- When calling Safe Steps, a victim survivor should be supported to understand that Safe Steps is a highly busy service and may need to call them back at a later time to conduct an assessment and discuss options.
- It is also important that a victim survivor is provided information about Safe Steps, their eligibility criteria and what support they offer, so the victim survivor can make an informed decision about whether Safe Steps will be part of their safety planning.

Orange Door

- Orange Doors are being established in all areas of Victoria. (Roll out began in 2018).
- The local Orange Door are, or will be, the point of contact either in person or over the phone for adults, children and young people who are experiencing, or have experienced, family violence and families who need extra support with the care and wellbeing of their children.
- The Orange Door incorporates the intake services for specialist family violence services, perpetrator/men’s services, Child FIRST services, and workers from Aboriginal and Torres Strait Islander services.
- The Orange Door will connect people to a wide range of supports across the spectrum of prevention, early intervention and response.
- They can deliver an immediate response for people in crisis by linking people to specialist services, medical treatment and care, accommodation and practical assistance.
- The Orange Door will operate during business hours (9am-5pm) Monday to Friday.
- If there is no Orange Door in your area, victim survivors can contact their local specialist family violence service.

Specialist Family Violence services

- Are the point of contact for victim survivors when there is no Orange Door in their region.
- All the Specialist Family Violence Services in Victoria operate slightly differently, so it will be important for you to make contact with your local service to speak to them about what services they provide, their intake process and how referrals can be made.
- Most Specialist Family Violence services provide intake, crisis response and case management services and support for victim survivors who are attending court for an intervention order hearing.
- Most Specialist Family Violence services are open 9am-5pm Monday to Friday.

Local Aboriginal and Torres Strait Islander Family Violence services

- Provide a culturally safe service that assists Aboriginal and Torres Strait Islander people from the local area in their healing journey to address the impacts of family violence by providing opportunities to become strong individuals and families; live in safe communities and have healthy lives where pathways to recovery can be achieved.
- Contact your local service to find out what programs and services they offer.

Elizabeth Morgan House

- EMH is the peak body in Victoria for Aboriginal women and responding to family violence. The service is a community-controlled organisation and provides specialist family violence support to Aboriginal women and their children who are currently experiencing or have experienced family violence.

InTouch

- InTouch Multicultural Centre Against Family Violence is a state-wide service that works with women and children from culturally and linguistically diverse (CALD) backgrounds who are victim survivors of domestic violence.
- The service has a pool of bilingual and bi-cultural workers who provide assistance and information for women and children escaping domestic violence. InTouch employs a registered migration agent who uses her knowledge of Australia's migration procedures to offer advice or assistance to women wishing to obtain a visa or remain in Australia.

w/respect

- w/respect is a new specialist LGBTIQ family violence service funded by the Victorian Government.
- w/respect supports people in LGBTIQ+ communities and their families affected by family violence. It also builds the capacity of the integrated family services and specialist family violence system.
- w/respect is a partnership of four LGBTIQ specialist organisations:
 - Queerspace (supported by Drummond St services)
 - Thorne Harbour Health (formerly Victorian AIDS council)
 - Switchboard
 - Transgender Victoria

Seniors Rights Victoria

- Seniors Rights Victoria provides information, support, advice and education to help prevent elder abuse and safeguard the rights, dignity and independence of older people.
- Seniors Rights Victoria can help any Victorian aged 60 and above, or any Indigenous Victorian aged 45 and above, on matters relating to elder abuse and ageing.
- Services include a helpline, specialist legal services, short-term support and advocacy for individuals and education.

No to Violence

- No to Violence (NTV) provides the Men's Referral Service: an anonymous and confidential telephone service for men.
- It provides a central point of contact for men who are wanting to stop their violent or abusive behaviour towards their family members but are not sure how or where to go for advice.

- Many women also call the Men's Referral Service seeking information and help for their male partner, husband, relative or friend.
- NTV is the Victorian state-wide peak organisation of individuals and agencies working toward the prevention of male family violence. The specific focus is work with men to assist them to change and end their violent behaviour. Their website includes self-help information for men who are abusive.

Victims of Crime

- Provides support for people affected by crime and guidance through legal processes.
- Male victims of family violence can contact the Victims of Crime Helpline for information, advice, support, and access to the Victims Assistance Program.

MensLine

- Is a national 24-hour telephone and online support, information and referral service for men with family and relationship concerns.
- Male victim survivors can contact MensLine for support, information and referral.

Current contact details for the services above, and further information about services in your local area can be found on The Lookout website: <http://www.thelookout.org.au/service-directory>

13. Resources List

The following resource list is not exhaustive. It includes key resources referred to in the training module, and resources to support further learning.

- [MARAM Website](#)
- [Family Violence Multi-Agency Risk Assessment and Management Framework](#)
- [The MARAM Framework on a page](#)
- [Decision Guide for MARAM Responsibilities](#)
- MARAM practice guidance – see [MARAM Resource Page](#)
- Family Violence Information Sharing Scheme – see [MARAM Resource Page](#)
- Child Information Sharing Scheme – see [MARAM Resource Page](#)
- [Our Watch 'Change The Story' Framework \(2015\)](#)
- [Our Watch 'Changing the Picture' \(2018\)](#)
Resource looking at how gender inequality interacts with other forms of structural discrimination including colonisation to drive violence against Aboriginal and Torres Strait Islander people.
- [Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families \(2018\)](#) This document is the Aboriginal 10-year family violence agreement for 2018-2028, and is a community-led Aboriginal agreement to address family violence.
- [Diversity and Intersectionality Framework \(2017\)](#) Family Safety Victoria.
- [Men's Behaviour Change Minimum Standards \(2018\)](#) Family Safety Victoria.

14. Activities

Activity 1: Foundational Knowledge Poll

Q1. Which of the following has research found to be the key driver of family violence in Australia?

- Poverty
- Alcohol
- Growing up in a household where family violence occurred
- Gender Inequality

Q2. When is a victim survivor who experiences violence in most danger of being killed or seriously injured?

- When the perpetrator has a mental health issue
- When the victim survivor physically fights back
- When the victim survivor attempts to leave or has recently separated
- All of the above

Q3. Which three of the following factors intersect to drive high levels of violence towards Aboriginal and Torres Strait Islander people, families and communities?

- Ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people, families and communities
- Being Aboriginal
- Gender inequality
- Ongoing impacts of colonisation for non-Indigenous people, including the impact of colonisation on gender roles, and dominant racist attitudes that condone violence

Activity 2: Common Beliefs – Whiteboard Activity

What are some commonly held beliefs you hear about family violence?

Think about what you hear:

- In the community
- Via media
- In popular culture

Activity 3: Victim self- assessment (Breakout group discussion)

1. Why do you think the victim survivor self-assessment is at the centre of the Structured Professional Judgement model?
2. Are there some circumstances where the victim survivor self-assessment may be impacted?

Activity 4: Family Violence presentations (Breakout group discussion)

How does family violence present in your service?

Activity 5: Case Study Family Violence Indicators

1. What are the warning signs and indicators that Geeta might be experiencing family violence?
2. What are the warning signs that Adnan and Rani might also be experiencing family violence?

CASE STUDY: Geeta, Narayan, Adnan and Rani

Geeta is a 35-year old woman living in a rental property in the northern suburbs of Melbourne with her husband Narayan (34), their son Adnan (11) and daughter Rani (3). Geeta and Narayan are both trained engineers and met while studying. Geeta hasn't worked since Adnan was born, as Narayan wanted the children to have a stay-at-home mother. Narayan came to Australia on a skilled migrant visa a few years ago. Once he was granted permanent residency, Narayan sponsored Geeta on a spousal visa, and she and the children moved to join him. Geeta is on a temporary spousal visa (subclass 309). Narayan's parents also live in Melbourne.

Geeta brings Rani to a council playgroup run by playgroup workers. Geeta says she really enjoys getting to chat to other parents, as she doesn't have any friends or family in Australia. Rani is shy and very quiet, and often doesn't leave her mother's side. Rani speaks only occasionally, in baby talk. Geeta has told the group that she has had to go into Adnan's school a few times because Adnan has been in trouble for being disruptive and aggressive in play with other children. Geeta says Narayan tells her this is because Geeta hasn't brought Adnan up properly.

Geeta says things are hard at home at the moment: Narayan is always stressed from work, and Geeta misses her friends and family in India. She and Narayan are saving for a house and Narayan gives her a weekly allowance, but it isn't a lot.

Narayan recently had his hours cut at work, and now sometimes drives Geeta and Rani to playgroup. He usually waits in the car until she is finished. When Narayan is waiting Geeta seems distracted and less relaxed than usual.

Today one of the playgroup workers notices some bruises on Geeta's wrists. Geeta seems very tired and not like her usual self. Rani is very clingy and she seems wary of the worker, who she is usually comfortable with. Geeta looks like she might have been crying.

Activity 6: Applying Validation & Anti-Violence Statements

- Work in Pairs
- Refer to the sample statements below.
- Pairs to work through the list of statements and take turns responding to the client statements in a way that puts key engagement principles into practice.

Statement 1:

‘When I told Narayan I wanted to go back to work, he became very angry and grabbed me really hard by the wrist.’

Statement 2:

‘I feel I have tried everything. I’ve tried doing what Narayan asks, it makes no difference, he still blames me when he is angry.’

Statement 3:

‘My carer tells me I’m difficult to deal with sometimes, and I am.’

Statement 4:

‘My partner can get pretty nasty when he is drinking and hit me last night.’

Activity 7: Understanding the identification questions

Activity questions to be discussed in small groups in breakout rooms:

1. Why is it important to ask about control?
2. Why do we ask someone if they feel safe to leave here today?
3. Why do we ask whether the person has immediate concerns about anyone else in their family?
4. Why do we ask is a person would engage with police or other authorities if they felt unsafe?

Activity 8: Working with children

Zoom Poll and discussion: Do you have direct contact with children and young people in your work?

Activity 9: Child focused practice

Activity question to be discussed in small groups in breakout rooms:

What ways can a practitioner who does not have direct contact with children keep a child focused lens on their identification of family violence?

Activity 10: Child focused Case Study

Consider a caseworker in a service supporting newly arrived refugees and migrants. The caseworker provides short-term casework supporting clients to settle into Australia. The caseworker works with adults, who sometimes have children. The caseworker's responsibilities sit at an identification level under MARAM.

In your breakout group, consider the following three points – how could the caseworker apply these to their practice to ensure they have a child focus in their work, without working directly with children?

- Considering a child's safety, needs and wellbeing
- Knowing evidence-based risk factors specific to children
- Understanding the impact of family violence on children and recognising indicators

Activity 11: Applying Intersectional Practice

In your small breakout groups discuss the below questions. Nominate someone to summarise your comments for the large group.

Community A:

1. How might structural inequality, barriers and discrimination impact a victim survivor of family violence who is Aboriginal?
2. How could we engage in a way that validates and respects an Aboriginal victim survivor's experiences?
3. How could we recognise, acknowledge and promote the unique protective factors and positive impacts of an Aboriginal victim survivor?

Community B:

1. How might structural inequality, barriers and discrimination impact a victim survivor with a disability?
2. How could we engage in a way that validates and respects a victim survivor with a disability?
3. How could we recognise, acknowledge and promote the unique protective factors and positive impacts of an individual who lives with a disability?

Activity 12: Key Points to consider for LGBTIQ+

In your small breakout groups discuss the below questions. Nominate someone to summarise your comments for the large group.

1. How might structural inequality, barriers and discrimination impact an LGBTIQ+ victim survivor's experience of family violence?
2. How could we engage in a way that validates and respects someone's identity as part of the LGBTIQ+ community?
3. How could we recognise, acknowledge and promote the unique protective factors and positive impacts of an individual's identity and connection to their community?

Activity 13: Practice Using Identification & Screening Tool (Case Study)

In pairs in your breakout room, decide who will first be worker or client. You will take turns practice using the tool. The tool can be found at Resource 8 pg 14 of this guide.

The first section is information for the worker. The second section is information for the client, which contains additional information. Only read one or the other section (depending on their role) and commence the role play when you are ready.

Then commence role play, using the following approximate timeline:

- 5 minutes in role
- 5 minutes in new role
- 2 minutes debrief in pairs

WORKER INFORMATION

You are a health worker running a gentle exercise group at a large community health centre. Rose is a 73-year-old woman who is a long-term attendee of your weekly class. Rose has osteoporosis and attends the class to reduce her risk of falls. Rose is a retired chef and sometimes cooks for a community lunch held at the centre. She is well known and liked by staff and other group members.

You know that Rose used to live alone in her one-bedroom apartment. About 6 months ago, Rose's adult son Sam (40) and his daughter Luna (11) moved in with her after Sam separated from his wife. There are court orders that say Luna spends one week with her mother and one week with Sam.

Sam works long hours so Rose now spends a lot of time looking after Luna. She says she loves getting to spend more time with her granddaughter, though jokes that it's a bit stressful at home as 'Sam runs a tight ship'. She has also mentioned that they argue sometimes as he is 'very strict' with Luna, who she describes as a 'quiet and anxious child'. Rose gave the example that Luna recently wet the bed, which she hadn't done since she was a much younger child. Sam was furious and made Luna wash the sheets in the middle of the night, which Rose thought was unfair.

Rose has missed a few classes lately and seems very tired. She apologised and said she is tired from being busy caring for Luna and said she isn't sleeping as well as usual.

You were chatting to Rose when Sam arrived to pick her up from a class last week. He spoke over her and she became very quiet when he arrived. Sam mentioned that Rose has become forgetful 'in her old age' and that he was considering staying more long-term with her so that he can 'look after her as she gets frailer'.

CLIENT INFORMATION

- *Rose didn't really want Sam to move in with her as she likes living alone and the apartment isn't big enough for three people. She agreed as she was worried about what would happen if she said no.*
- *Sam has never been physically violent with Rose or Luna, but when he doesn't get his own way, he is aggressive and very intimidating.*
- *Sam is very controlling of Luna and what she does and who she spends time with. Since moving in he has also told Rose what she should be doing and how the house should be run.*
- *Sam makes Rose sleep on the couch so that he can sleep in the master bedroom.*
- *Sam has mentioned that he thinks it would be a good idea to put his name on the house as a co-owner with Rose for 'security'.*
- *Rose would like things to change at home but she doesn't feel immediately unsafe for herself or Luna. She would call the police if anything really scary happened.*

Activity 14: Safety Planning (Case Study)

In your breakout room, revisit the Case Study of Rose, Sam and Luna.

Using the Safety Planning tool consider and discuss the following:

- **Who** she can call if she needs help
- Place or **where** she can go 24 hours a day
- **How** she might travel to these places
- **What things she might need to take**
- If she is taking Luna with her what things she might need
- If she has pets who might be able to mind them
- A safe means of **communication**
- **Protective Factors** and community connections she can draw upon

Activity 15: Victim Centred Risk Management

In your small breakout groups discuss the below questions. Nominate someone to summarise your comments for the large group and report back:

1. How can you ensure a victim survivor feels supported and respected through this process, and that every opportunity to promote their agency is taken?
2. How might an adult victim survivor feel if a worker contacted the Police or Child Protection without first discussing any concerns that the victim survivor has?

Activity 16: Collaborative Practice Case Study

Looking back at our Case Study from Activity 13: Rose, Luna and Sam:

In your small breakout groups discuss the below questions.

1. Who could you collaborate with to support Rose, Luna and Sam?
2. What positive outcome could there be for Rose, Sam and Luna from the health worker referring them for family violence support?