

Fact Sheet 2 The Level 1 Common Risk and Safety Framework (CRASF) tools

This Fact Sheet will cover:

- » Who should use the Level 1 tools?
- 1. Purpose of the Level 1 tools
- 2. When should I use the Level 1 tools?
- 3. How do I use the Level 1 tools?
- 4. What if the victim-survivor does not want further support?

Who should use the Level 1 tools?

The Level 1 tools are screening tools designed to be used by any person who may come into contact with someone who may have experienced or be experiencing domestic and family violence (DFV). This could include:

- » Health workers
- » Community workers
- » Teachers and early education providers
- » Aged care professionals
- » Family and children’s support workers
- » Community Elders
- » Housing providers
- » Businesses, such as hair salons, banks etc.

1. Purpose of the Level 1 tools

The Level 1 tools are designed to support you to identify **whether a person is at risk of or experiencing DFV, and what to do if they are.**

The Level 1 tools are not designed to screen for risk in a person suspected of using violence.

2. When should I use the Level 1 tools?

The Level 1 tools help you to identify ‘red flags’ that may suggest a person is at risk of or experiencing DFV. You may use the tools when a person exhibiting signs of DFV presents at a healthcare, educational or other community based service, or a business.

Some agencies/organisations may decide to use routine screening questions for all people accessing their services for the first time.

There are two sets of Level 1 tools:

- » **The Adult Domestic and Family Violence Routine Screening tool** should be used to screen for DFV in adults. It can be used to screen for intimate partner violence risk in young people (typically aged 13 and over), however it is not designed for screening young people who may be using violence.
- » **The Child Domestic and Family Violence Routine Screening Tool** should be used to screen for children aged under 13 who may be experiencing or have experienced DFV.

Routine screening for children

Research highlights the importance of child-specific risk assessment frameworks that capture the risks to children separately to their parents, caregivers or siblings. The level of risk faced by an adult victim-survivor and a child are different, and risk may vary from child to child. Children may also respond to DFV at home in different ways.

You can screen a child under 13 for family violence by:

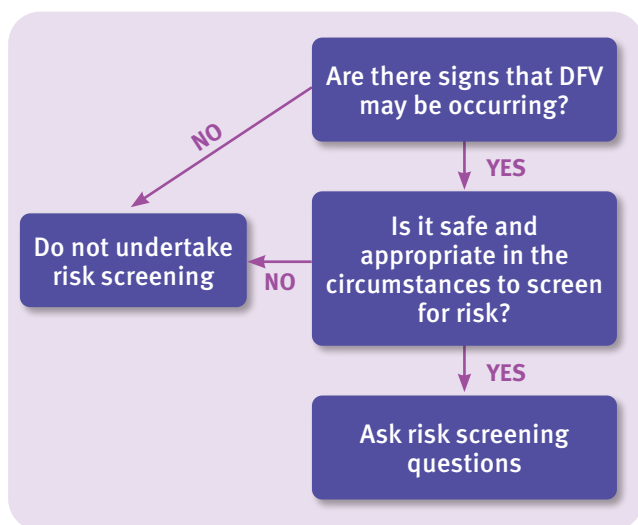
- » Asking risk screening questions directly of the child, where appropriate (**Option 2A** in the Child Routine Screening Tool)
- » Asking risk screening questions of a parent or caregiver with reference to the child (**Option 2B** in the Child Routine Screening Tool)

You should only screen for risk directly through a child when it is safe, appropriate and reasonable to do so given your professional role and experience in working directly with children.

See **Fact Sheet 5** for more information on engaging with children and young people.



Figure 1 below demonstrates the routine screening process using the Level 1 tools.



The following steps can be taken to create a safe and respectful environment to screen for risk:

- » Do not ask questions in the presence of a person you suspect is using family violence.
- » Assure your client that any information they disclose will not be shared with the person suspected of using violence, and that the person suspected of using violence will not be questioned about what has been said.
- » Ensure that you have explained your role and that the limits of confidentiality are explicit. If you are mandated to report abuse to Child Protection, this must be communicated. Wherever safe, appropriate and reasonable, it is best practice to be transparent with non-offending parents/carers about any information sharing to Child Protection or other services.
- » Provide privacy. Arrange for children to be cared for and refrain from having conversations about DFV in public spaces.
- » See **Fact Sheet 6** for more information on appropriate engagement with people from priority population groups.

3. How do I use the Level 1 tools?

There are three key steps to using the Level 1 routine screening tools: identifying signs of DFV, asking routine screening questions, and acting on the information which has been disclosed to you.

Step.1 Identify signs of DFV

There are some common signs that you can look out for that may suggest a person may be at risk of or experiencing DFV. Often, the violence will not be physical, and a person may not describe their experience as abuse. But they may describe behaviours or show signs that suggest they could be experiencing violence.

Step 1 of the Level 1 tools provides a non-exhaustive list of signs that may indicate whether DFV is occurring. If you identify any of these signs, or otherwise have reason to suspect that DFV may be occurring, you should proceed to Step 2.

Step.2 Ask the questions

Creating a respectful, safe and sensitive environment to ask questions

It is important to ensure that the person you are screening for DFV risk is made to feel comfortable and safe (physically, psychologically, and culturally). You must engage in a respectful and non-judgmental way, and consider the personal needs of the individual, including whether they might require an interpreter, carer, or trusted person to be present.

Disclosing DFV always carries an element of risk for the person experiencing violence. Instilling fear of reporting can be part of an abuser's tactic of isolation and control, and victim-survivors may consequently fear the service system itself, particularly if they have had prior negative service system responses. This is especially the case for victim-survivors from priority population groups.

Asking the questions

The Level 1 Tools include routine screening questions which you can use to identify whether DFV is occurring. You should start the conversation with broad open-ended questions to build rapport before asking more direct routine screening questions.

The key to successful client engagement is building a trusting relationship. When you invite victim-survivors to talk about the abuse they have experienced, you may hear 'stories' that are harrowing and distressing. Some may sound unbelievable, but you must take any disclosure seriously; it is not your role to make judgments about what you have been told. Your reaction to what you have been told will determine if the person continues with the disclosure. If they feel that you are judging them or making assumptions, they may close off the conversation. On the other hand, if they feel that you are respectful of their disclosure, they are more likely to continue and accept support.

Complete the Level 1 tool and keep a written record of the conversation you had as a file note.

Some things to consider if DFV is disclosed:

- » Who, in your organisation, can provide further information, support and debriefing?
- » Who are the specialist domestic violence workers within your community?
- » Is a telephone interpreter needed?
- » Consider making a supported referral rather than giving someone a phone number to call.
- » Ask the victim-survivor what services they have accessed in the past (if any) to gain an understanding of what referrals they would consider to be helpful.
- » Ask about safety before giving your client brochures or other written information to take away. It may not be safe for them to do so.

Step.3 Act on the Information**Adult victim-survivors**

If DFV is disclosed, offer to refer the person to a specialist DFV agency for risk assessment and safety planning purposes. There are specialist domestic violence services and sexual assault services operating across Queensland. A comprehensive list can be found [HERE](#). If you have concerns, you can ring the local specialist domestic violence services or sexual assault services for information or advice.

See **Fact Sheet 1** (section 6 Referral and information sharing and section 7 Consent) for more information on key considerations when referring a case to another agency and sharing a victim-survivor's information.

You should continue to engage with the victim-survivor even after you have made a referral to a specialist DFV agency. Depending on your role and level of interaction with the victim-survivor, you may be able to assist with other mainstream support services.

Children and young people

See **Fact Sheet 5** for more information on how to respond to a disclosure of DFV in relation to children, including mandatory reporting obligations.

Your Safety

Your safety is a priority when screening for DFV risk. If a client becomes threatening and you fear for your safety, do not continue the screening process.

You should not attempt to engage a person who you suspect of using violence. This requires specialist DFV knowledge to ensure that the victim-survivor is not unintentionally put at increased risk.

4. What if the victim-survivor discloses DFV but does not want further referrals or support?

There can be many reasons why a victim-survivor does not want further referrals or support. Sometimes victim-survivors can be fearful of the consequences of reaching out for support, they may distrust governments and other support services, or they may minimise the abuse because they feel there is no way out of the abusive situation.

It is important to respect the victim-survivor's wishes as they are the experts in their own experience of DFV. In most situations, you are required to obtain informed consent before referring an adult victim-survivor to another agency or sharing a client's information with other service providers.

If the person does not want you to take any immediate action, you should reassure them that supports are available should they need them in the future. You can continue to play a role in regularly checking in and monitoring for changes in what you perceive to be their level of risk.

In certain situations, you may have serious concerns regarding the individual's safety. In such cases, you may be able to share their information without their consent. This must always be in accordance with the provisions in the *Domestic and Family Violence Protection Act 2012* (see **Fact Sheet 1** on information sharing) and agency protocols.

If DFV is disclosed in relation to a child, you may still have mandatory reporting obligations which require you to take action, even without consent.

See **Fact Sheet 5** for more information on mandatory reporting obligations.