



Fact Sheet 5

Children and Young People

This Fact Sheet will cover:

1. The impact of domestic and family violence on children and young people
2. How are children and young people addressed in the CRASF?
3. How does the CRASF intersect with Child Safety frameworks?
4. Risk screening, assessment and safety planning considerations for children

1. The impact of domestic and family violence (DFV) on children and young people

Children and young people experience detrimental effects from DFV, even if they do not see or hear it.⁴ Some of the ways that children and young people might experience DFV include:

- » Direct or indirect exposure to violence;
- » The person using violence (PuV) might use violence against children or threaten children to control adult victim-survivors; and
- » Young people, especially young women, might experience violence in the family home and/or from a partner outside the home.

2. How are children and young people addressed in the Common Risk and Safety Framework (CRASF)?

Child-specific considerations are essential to effective risk assessment and management. DFV risks to children can be missed if their risk safety concerns are assumed to be the same as those of their parents.

Parents may not fully disclose DFV risk to the children for a range of reasons, including parental shame and fear of statutory intervention and child removal.⁵ This is particularly the case for Aboriginal and Torres Strait Islander people, for whom the ongoing legacy of the Stolen Generations presents a significant barrier to reporting DFV.⁶ Migrants without permanent residency may also fear separation from their children, particularly if their children are Australian citizens when they are not.⁷

The CRASF includes a child-specific routine screening tool as part of the Level 1 suite of tools, as well as specific considerations relating to children in the Level 2 and Level 3 tools. The below diagram documents how risks and safety planning considerations specific to children are addressed in the CRASF tools:

LEVEL 1

- » A child-specific DFV Routine Screening Tool has been included
- » If DFV is identified, refer to the *Child Protection Guide* tool or consult with colleague or specialist child practitioner

LEVEL 2

- » Documents details relating to children, including name, age, relationship to PuV, gender, school, disability or special needs, support services currently in place, and the existence of any parenting arrangements
- » Victim-survivors are asked about immediate risk and safety concerns for children
- » Includes high risk factors and coercive controlling behaviours relating to children
- » Professional assessment of risk includes practitioner's child protection concerns
- » Documents specific safety planning concerns relating to children

LEVEL 3

- » Documents input from Child Safety
- » Documents multi-agency strategies to provide supports to children
- » Documents changes in children's circumstances and to risk and protective factors for children
- » Documents how agencies will stay in contact with children when a case is closed

The CRASF tools are designed to assess risk to victim-survivors, and not risk posed by people who use violence, including by adolescents who use violence.



3. How does the CRASF intersect with Child Safety frameworks?

The intersection between the DFV and child safety sectors is increasingly being recognised and understood. The need to keep children safe from the impacts of DFV is paramount and, wherever possible, children should remain with their non-offending parent or carer, where that parent or carer is willing and able to provide care.

The CRASF tools do not replace existing child safety practices and processes. Although the CRASF promotes integrated service responses aimed at ensuring the safety of both adult victim-survivors and their children, it is a DFV-specific framework which does not address all aspects of child safety.

If you identify that a child may be experiencing DFV and you are worried that there is no parent able to protect them, you should use the *Child Protection Guide* to determine whether and who to report the violence to, including whether to refer a case to Child Safety.

Mandatory reporting obligations

All adults in Queensland are required to report sexual offending against children to the police unless they have a reasonable excuse to not do so.⁸

Under the *Child Protection Act 1999*, mandatory reporters are also required to report concerns about a child where they believe that child:

- » May have suffered, is suffering, or is at unacceptable risk of suffering significant harm;
- » May not have a parent able and willing to protect them from the harm; and
- » May be in need of protection

Mandatory reporters include:

- » Teachers
- » Doctors
- » Registered nurses
- » Police officers with child protection responsibilities
- » Any person performing a child advocate function under the *Public Guardian Act 2014*
- » Early childhood education and care professionals

See the Department of Children, Youth Justice and Multicultural Affairs' [website](#) for more information and resources on mandatory reporting obligations.

4. Risk screening, assessment and safety planning considerations for children

Depending on your level of training and expertise in working with children, you can use the CRASF tools to screen for risk to a child either by speaking directly to them or by speaking to a non-offending parent or carer. You should keep the following considerations in mind when screening for risk to children:

Screening directly through a child

If you have expertise and training in working with children, and it is safe, appropriate and reasonable in the circumstances, you can screen for risk to a child or young person directly. You should speak to children and young people in a way which is appropriate to their stage of development.

Some useful tips include:

- » When talking to younger children it is useful to physically get down to their level, consider your tone of voice, and speak gently and reassuringly.
- » Reassure them that they will not be in trouble and you will not judge them, no matter what they tell you.
- » Ask questions in an empathic, non-judgemental manner.
- » Remember to validate a child who provides you information or expresses their feelings about their family or circumstances.
- » Do not ask questions in a way that feels like a list.
- » It is important to use words that children themselves use. Avoid using leading questions which may influence their account of their experience.
- » Wherever possible, record the exact wording that the child uses.

Screening through an adult

When undertaking risk screening or assessment for a child through a non-offending parent or caregiver, you should be aware of certain barriers to parents/carers disclosing risk to their children. A PuV may employ harmful tactics to deliberately undermine, manipulate and damage a parent or carer's relationship with their child. This can cause them to lose confidence in their parenting abilities, and affect their ability to be as engaged with their children as they would like. In this context, questions touching on parenting may be seen as intrusive and undermining.

These dynamics should be kept in mind when screening for risk to a child through a parent. You can build trust with a parent by affirming their role as a parent or carer. Recognise that they may be afraid to disclose risk to children and reassure them that you are seeking this information to support them, including by connecting them to follow-up service responses. Focus on their strengths and qualities as a parent or carer, and avoid making any judgments about parenting when asking questions.