



# Level 1

## Adult domestic and family violence routine screening tool

### CONFIDENTIAL: Domestic and family violence information

This tool is 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 tool is used to screen for DFV in adults and can be used for young people aged 13 and older (in the context of screening for risk in an intimate partner relationship).

The tool consists of three steps:

- Step.1 Scan for signs:** This tool provides a list of some common signs of DFV for which you should scan. Note that this is not designed to be an exhaustive list and not all victim-survivors will display signs of victimisation.
- Step.2 Ask:** If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to firstly help *build rapport* with the person, and then to ask questions to *identify whether DFV is occurring*. These questions are a guide and you should ask questions in a way that is appropriate for the person you are engaging with.
- Step.3 Act** If your questioning identifies that DFV is occurring, this tool provides some actions *for you to take to support referrals and immediate safety*.

Personal information	
<b>Name of person and age:</b>	<b>Client ID (if relevant):</b>
<b>Names and ages of others presenting with client (if known):</b>	
<b>Name of professional completing screening:</b>	<b>Date:</b>

**Step 1: Consider whether there are any signs of DFV:** Below are a list of some signs that may indicate that DFV is occurring. This is not an exhaustive list. If you have any concerns that DFV could be occurring, you should ask.

Signs to look for		
<b>Demeanor</b>	The demeanor of the person indicates that DFV could be occurring	<ul style="list-style-type: none"> <li>» Appears anxious, scared or afraid in the presence of a family member or partner or when they are mentioned</li> <li>» Is reluctant to follow advice without reason</li> <li>» Has varied or inconsistent explanations for injuries sustained</li> </ul>
<b>Physical signs</b>	There are physical signs that the person could be experiencing DFV	<ul style="list-style-type: none"> <li>» Signs of physical injury such as bruising, fractures, fresh scars or minor cuts or signs of strangulation</li> <li>» The presence of chronic pain (i.e neck, back)</li> <li>» The presence of complications during pregnancy (where relevant)</li> </ul>
<b>Relationship dynamics</b>	The person indicates that they are in or have an unhealthy or unhappy relationship	<ul style="list-style-type: none"> <li>» Characterises their partner/family member as controlling or prone to anger</li> <li>» Characterises the relationship as turbulent / of extreme highs and lows</li> <li>» Indicates that they are threatened/harassed by partner/family member</li> <li>» Partner/family member has unilateral financial control and other decision-making control</li> <li>» Dependent on partner/family member for basic needs</li> <li>» Partner/family member has denied access to family or social connection (incl. religious/cultural practices)</li> </ul>
<b>Non-physical signs</b>	The person displays any signs that they are isolated or emotionally distressed	<ul style="list-style-type: none"> <li>» Experiencing isolation or does not have access to family or friends</li> <li>» Signs of mental health concerns, anxiety and depression, suicidality, and self-harm</li> <li>» Recent homelessness or experiencing recent tenancy issues</li> <li>» Signs that other members of the household may be at risk, for example, children or elderly parents</li> <li>» School refusal/ avoidance</li> <li>» Eating disorders</li> <li>» Substance abuse</li> </ul>



## Personal information

**Step 2: Ask the questions:** If any of the above signs exist or you otherwise suspect that DFV may be occurring, the following questions can be asked. You should not ask these questions if the person suspected of using violence is present. **Although not all of these questions need to be asked, multiple options have been included to assist in prompting a response from a person who may be reluctant to engage.**

These are purposely direct, because research indicates that victim-survivors are more likely to accurately answer direct questions. Any disclosure should be taken seriously, taking care to avoid labels, judgment, and jargon, and re-enforcing that you believe them and that you are here to support them. See Fact Sheets for further details on how to approach asking questions.

**Broad prompting questions:** open-ended questions to start the conversation and build rapport with the person. The below examples may be useful:

**“I’m pleased to see you today – how are things going?”**

**“What has brought you here today?”**

**“Tell me a bit about your family/home life/relationship with [X]”**

### Presence of domestic and/or family violence

Are you fearful of [X] and/or do you feel unsafe or controlled by [X] and/or your family? Yes  No  Not disclosed   
If yes, details:

Have you been threatened with harm in any way by [X] and/or anyone in your family? Yes  No  Not disclosed   
If yes, details:

Is there anyone else in the family who is experiencing or overhearing these things? Yes  No  Not disclosed   
If yes, details:

### Immediate safety concerns (if DFV has been disclosed)

Are you worried about your immediate safety, or that of anyone else close to you? Yes  No  Not disclosed   
If yes, details:

Do you have somewhere safe to go today? Yes  No  Not disclosed   
Further details:

### Support services currently in place (if DFV has been disclosed)

Are you already connected to support services? Yes  No  Not disclosed   
If yes, further details:



**Personal information**

**Step 3: Act on the information:** If your questioning identifies that DFV is occurring, consider whether referrals should be made to a specialist DFV agency or police if the individual is at risk of imminent harm

Outcome	Suggested action
<input type="checkbox"/> Domestic and/or family violence <b>is disclosed or appears to be occurring</b>	<p><b>Offer to refer the person to a specialist DFV agency to undertake a risk assessment.</b> It may also be that there are immediate needs you can support them with through other referrals, such as accessing accommodation or financial support.</p> <p>If there are urgent concerns (e.g., serious illness or injury, or immediate threat of harm to any individual presenting, including self-harm, call 000)</p> <p>If non-urgent safety concerns are identified:</p> <ul style="list-style-type: none"> <li>» Offer to contact the police on their behalf.</li> <li>» Seek support of a specialist DFV service.</li> <li>» Consider the safety and wellbeing of any children and share relevant risk information if needed. You may have additional responsibilities under <b>mandatory reporting</b> legislation for children. See Fact Sheets.</li> <li>» If the person does not have anywhere safe to go to today, assure them that they can remain at the current location while you put a safety plan in place</li> </ul> <p>If they do not want any immediate action, it is important to respect that. Reassure them that supports are available should they need them in the future and reassure them that their safety is the most important concern.</p>

<input type="checkbox"/> Domestic and/or family violence <b>is not disclosed</b>	<p>Respect the person if they do not disclose DFV or indicate that they may feel unsafe, even if you suspect it may be occurring. Be supportive and, if appropriate, provide information about support services available should they need them in the future.</p>
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**Referrals made and actions taken:** Based on the outcome and suggested actions, detail what has been done to respond to any disclosures of DFV or other concerns. Document action taken below, see Fact Sheets for suggested actions.

Referral to other services (e.g., specialist DFV, housing, or other support services)	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details (as required):
Contact Police	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details (as required):
Contact Child Safety	Yes <input type="checkbox"/> No <input type="checkbox"/> Further details (as required):

**Note:** If you are making a referral or plan to contact the individual/family again, **always ensure you have checked with them on the preferred/safest way to contact them.** This is critical to ensuring their safety. Ask about safety before giving your client brochures or other written information to take away, as it may not be safe for them.

# Level 1

## Child domestic and family violence routine screening tool

### CONFIDENTIAL: Domestic and family violence information

This tool is 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 tool is used to screen for DFV in children aged under 13.

The tool consists of three steps:

- Step.1 Scan for signs:** This tool provides a list of some common signs of DFV in children for which you should scan. Note that this is not designed to be an exhaustive list and not all children experiencing DFV will display signs of victimisation.
- Step.2 Ask:** If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to ask to identify whether DFV is occurring. Risk screening questions can be asked either directly of a child, (where appropriate and where a person is suitably qualified to work with children), or of an adult parent or caregiver with reference to the child. These questions are a guide and you should ask questions in a way that is appropriate for the child you are engaging with.
- Step.3 Act:** If your questioning identifies that DFV is occurring you should consult with a colleague or specialist child practitioner. This may include referring to the [Child Protection Guide](#) and completing the appropriate decision support tool, which may advise whether a referral to Child Safety, or another referral to a specialist children's service (e.g. Family and Child Connect or Aboriginal and Torres Strait Islander Family Wellbeing Services), may be more appropriate.

### Personal information

Name and age of child:

Client ID (if relevant):

Name of parents/guardians (if known):

Date:

Name of adult presenting with child (if different):

Name of professional completing screening:

**Step 1: Consider whether there are any signs of domestic and family violence:** Below are a list of age-related signs of trauma for a child which may indicate that DFV is occurring. In isolation, some of these signs are not indicators of DFV (e.g. defiant behaviour or bedwetting). This is not an exhaustive list, and there are further physical and mental health indicators of violence and abuse in children in the [Child Protection Guide](#). If you have any concerns that DFV could be occurring, you should proceed to Step 2.

**Note any of the following signs may apply regardless of age.**

This child is a...	Signs to look for	
<b>A baby or toddler</b>	<ul style="list-style-type: none"> <li>» Excessive crying or irritability</li> <li>» Excessive passivity or compliance</li> <li>» Underweight for age</li> <li>» Significant sleep or feeding difficulties</li> </ul>	<ul style="list-style-type: none"> <li>» Reactions to loud voices or noises</li> <li>» Frequent illness</li> <li>» Anxiety, overly clingy to caregiver</li> <li>» Poor language or mobility development</li> </ul>
<b>A preschooler</b>	<ul style="list-style-type: none"> <li>» Extreme clinginess</li> <li>» Significant sleep and/or eating difficulties</li> <li>» Bedwetting</li> <li>» Frequent illness</li> <li>» Poor language development and/or significant use of 'baby talk'</li> </ul>	<ul style="list-style-type: none"> <li>» Displaying maladaptive behaviour such as frequent rocking, sucking and biting</li> <li>» Aggression towards others</li> <li>» Adjustment problems (for example, significant difficulties moving from kindergarten to school)</li> <li>» Anti-social play or lack of interest in engaging with others</li> </ul>
<b>A primary school-aged child</b>	<ul style="list-style-type: none"> <li>» Rebelliousness, defiant behaviour</li> <li>» Physical abuse or cruelty of others, including pets</li> <li>» Showing low self-esteem</li> <li>» Extremely compliant behaviour, being passive, tearful or withdrawn</li> <li>» Delayed or poor language skills</li> </ul>	<ul style="list-style-type: none"> <li>» Poor social competence</li> <li>» Sleep issues and bed wetting</li> <li>» Frequent illness</li> <li>» Depression, anxiety and self-harm</li> <li>» Displaying problematic sexualised behaviour or knowledge unusual for the child's age</li> <li>» School refusal/ avoidance</li> </ul>



# Level 1

## Personal information

**Step.1 Ask the questions:** If any of the above signs exist or you otherwise suspect that DFV may be occurring, you should screen for DFV. You can screen for DFV to children by speaking either directly to the child, or about the child to their parent or guardian. This will depend on the age of the child, and the circumstances of their presentation, and your training. You should not ask any questions about DFV if the person suspected of using violence is present.

Children should be encouraged to give narrative accounts, based on open ended questions, using age-appropriate language. Any disclosure should be taken seriously, taking care to avoid labels, judgment, and jargon, and re-enforcing that you believe them and that you are here to support them.

See the Fact sheets for more information on considerations to take into account when determining whether it is appropriate and safe to screen directly through a child. **Select either Option A or Option B to complete Step 2. Where possible, start with risk screening questions that relate to observations that you have made about the child’s manner or situation.**

**Option A: Screening for risk by talking directly to the child: the following questions can be asked directly of children to screen for DFV risk, however you may need to use questions from Option B if young children are unable or reluctant to answer. Start with broad prompting questions:** open-ended questions to start the conversation and build rapport with the child. The below examples may be useful:

- “Tell me a bit about yourself...”
- “Tell me something you like to do”
- “What’s something fun you’ve done recently?”
- “Tell me a bit about your home, who lives there with you?”

### Presence of domestic and/or family violence

When you’re at home, do you ever feel unsafe or scared?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
» Can you tell me about a time when you felt unsafe or scared? Who was there? What were they doing?	If yes, details:
» Are there other places where you feel unsafe or scared?	Note: Encourage the child to present their own narrative account, picking up on key details with follow on questions like “ <i>What happened then?</i> ”, “ <i>Tell me more about [x]</i> ”
Has there been a time where someone has hurt you?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	If yes, details:
Do you worry about your mum/dad/brothers/sisters/other family members for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	If yes, details:
Who is an adult you feel safe with all the time?	If a child responds to this question, a useful follow-up may be: What makes you feel safe with them? Details:

**Option B: Screening for risk to a child via speaking to an adult parent or carer:** the following questions can be asked of a parent/ carer to screen for DFV risk to a child.

I’ve noticed that [child’s name] is [describe observed sign of DFV]. Are they usually like this? Is there anything which might be causing this?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	Details:
Has anyone done anything to make [child’s name] feel afraid?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/>
	Details:



## Personal information

### Step.3 Act on the information

#### Outcome

Domestic or family violence is disclosed or appears to be occurring

**Suggested action:** Actions should be considered in line with roles and responsibilities under mandatory reporting legislation.

**Speak with a colleague, and/or a specialist child protection professional (e.g., Queensland Police Service Child Protection Unit, Queensland Health Child Protection Advisor, School Principal, Guidance Officer, Department of Education Principal Advisor, Student Protection)** and consider whether to refer the child to Child Safety to undertake a risk assessment. See Fact sheets on mandatory reporting obligations.

If there are urgent concerns (e.g., serious illness or injury, or immediate threat of harm to child, including self-harm, call 000)

If there are non-urgent safety concerns identified:

- » Provide the family/child with a safe space to be while you seek advice on actions to be taken and ensure the child is not left alone with the adult they have identified as using violence (if present).
- » Seek support of a child safety worker, specialist children’s service or family violence service.
- » Offer to contact the police on their behalf (in consultation with a trusted parent/guardian).
- » Consider the safety and wellbeing of any other children in the family and share risk information as needed and appropriate.
- » If the family/child does not have anywhere safe to go today, assure them that they can remain at the current location while you put a safety plan in place.

Domestic or family violence is not disclosed

Respect the parent/child if they do not disclose DFV or indicate that they may feel unsafe, even if you suspect DFV may be occurring. Be supportive and encourage them to talk to a trusted person about anything that is worrying them when they feel ready. If appropriate, provide specific information to the parent/guardian about support services available should they need them in the future.

Note: Where children or young people fail to disclose but where identified individuals form a reasonable suspicion of risk of significant harm to a child or young person, mandatory legislative reporting obligations may still apply. See Fact Sheet 5 for more information on mandatory reporting requirements.

**Referrals made and actions taken:** Based on the outcome and suggested actions, detail what has been done to respond to any disclosures of DFV or other concerns.

#### Action taken

Referral to other services (e.g., specialist DFV practitioner, family and child services, GP, or other support services)

Yes  No

Further details (as required):

Contact school or education provider

Yes  No

Further details (as required):

Contact Police

Yes  No

Further details (as required):

Contact Child Safety

Yes  No

Further details (as required):

**Note:** If you are making a referral or plan to contact the child, **always ensure you have asked them or their parent/caregiver about their preferred method of contact.** This is critical to ensuring their safety. Ask about safety before giving the parent/guardian or young person brochures or other written information to take away as it may not be safe for them.