SCREENING AND ASSESSMENT
IN THE FAMILY RELATIONSHIP CENTRES AND
THE FAMILY RELATIONSHIP ADVICE LINE

PRACTICE FRAMEWORK AND GUIDELINES
14 August 2006
SCREENING AND ASSESSMENT

DEVELOPMENT OF A PRACTICE FRAMEWORK AND GUIDELINES

Screening and assessment is an important component of the work in the Family Relationship Centres and the Family Relationship Advice Line. It assists to identify:

- The nature of a client’s enquiry
- The needs of the client
- Appropriate services for referral (including services provided by the Centres and Advice Line)
- Safety concerns
- Urgent matters
- Issues for joint dispute resolution

The Department contracted the services of Australian Catholic University (ACU) to develop a resource that would assist Centre and Advice Line staff when undertaking screening and assessments.

ACU’s approach to developing a framework was to initially research local and overseas screening/assessment practices, and then to work with practitioners with expertise in this area to develop a product relevant to the new services. Additional input was provided by key stakeholders, including:

Family Law Section of the Law Council of Australia, Family Law Council, National Alternative Dispute Resolution Advisory Council, Women's Legal Services Australia, National Association of Community Legal Centres, state and territory legal aid dispute resolution services, Centrelink, Child Support Agency, Family Court of Australia and Federal Magistrates Court of Australia, Services represented by the Industry Representative Bodies (Catholic Social Services Australia, Relationships Australia and Family Services Australia), Lone Fathers Association, Council for Single Mothers and Their Children, Department of Human Services, and the Department of Families, Community Services and Indigenous Affairs.

In presenting the attached document to the Department, ACU passed on the wishes of the practitioners that the framework remain a work in progress until such time as it is reviewed in the light of the practical experience of the Centres and Advice Line. Planning for such a review is currently underway.
Some changes have already been made to the framework developed by ACU. These changes include:

- Additional information about international child abduction (Refer Risk Domain: Child Abduction)
- Draft Guidelines for Management of Cases Involving Violence in Family Relationship Centres (refer Attachment J)
- Additional information about professional obligations and duty of care to incorporate mandatory reporting and the disclosure of information provisions provided for under the Family Law Act 1975.

Further guidelines on referrals to legal advice and other services will be provided at a later stage.

Family Relationship Centres are required to apply the Screening and Assessment Practice Framework and Guidelines to their screening and assessment tools, processes and practices. If the Centres identify any ‘gaps’, they are expected to modify these to ensure the framework’s good practice principles underpin this important aspect of service delivery.
THE PRACTICE FRAMEWORK
FOR SCREENING AND ASSESSMENT
IN FAMILY RELATIONSHIP CENTRES
AND THE FAMILY RELATIONSHIP ADVICE LINE

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Guidance for first point of contact

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1. INTRODUCTION

The practice framework for screening and assessment provides a structure to ensure a systematic and consistent approach to screening and assessment based on knowledge from international and Australian practice in this field.

Background

The objectives of the Family Relationship Centres and the Family Relationship Advice Line are to:

- give intact families help with their family relationships and parenting through appropriate information and referral
- give separating families help to achieve workable parenting arrangements (outside the court system) through information, support, referral and dispute resolution services, and
- deliver high quality, timely, safe and ethical services.

The Centres and the Advice Line are gateways to a wider service system. They assist:

- couples about to be married to get information about pre-marriage education
- families wanting to improve their relationships to get information about family relationship education and other services that can help strengthen relationships
- families having relationship difficulties to get information and referral to other services that help to prevent separation
- separating partners with information and referral
- separated parents to resolve disputes and reach agreement on parenting arrangements outside the court system through child-focused information, advice and dispute resolution, as well as referral to other services
- separated parents whose arrangements have broken down or whose court orders have been breached, to resolve the issue outside the court system, through information, advice, referral and dispute resolution
- other people who deal with families such as teachers or doctors, and
- grandparents and other extended family members affected by a family separation through information, advice, referral or dispute resolution services.

Underpinning the Government’s reforms is the importance of promoting healthy family relationships, preventing conflict and separation, encouraging agreement rather than litigation, and promoting the right of children to have meaningful relationships with both parents. The arrangements recognise that with some assistance most separating families are able access the broader range of services available to support them, and to develop satisfactory parenting arrangements for their children.
Helping separating parents to reach parenting agreements in joint sessions is a very important part of the Centres’ work. In addition to providing a broad range of information and assistance to families as they develop new arrangements for their children, the Centres will also ensure that safety issues for family members receive proper attention. Identifying and responding to the needs of adults and children who experience violence; children for whom there are concerns about child abuse; and partners for whom the loss and grief associated with separation can lead to serious concerns about self harm will be assisted by the use of sound screening and assessment methods.

**Definition of screening and assessment**

The term ‘screening’ in the context of the Centres and the Advice Line refers to processes which identify:

- the nature of the enquiry or assistance being sought by the person contacting the Centre or the Advice Line
- the type and timing of the service offered by the Centre, the Advice Line, or other agencies to which the client should be directed or referred as the next step in providing assistance (a ‘triage’ function)
- the existence or likelihood of domestic and family violence and of harm to others
- the risk of child abuse or abduction
- the risk of self-harm
- the urgency of required action, and
- barriers which need to be overcome before a client is able to benefit from the services offered by the Centres and the Advice Line.

The term ‘assessment’ in the context of the Centres and the Advice Line refers to processes which enable a more in-depth analysis of client strengths and needs (including, but not only, the need for children and parents to be safe). Assessments will take into account:

- the expressed and underlying needs of the clients, including children (and others such as grandparents) involved in a case of potential or actual separation
- the strengths of clients which can be called upon to build their capacity to deal with the issues facing them, including parenting, and
- any factors relevant to making a judgement about the advisability or otherwise of a client participating in any joint dispute resolution process or group program.
2. FRAMEWORK FOUNDATIONS

Context

The practice principles framework for screening and assessment exists within a wider framework: that of the Centres and the Advice Line as a whole. This in turn exists within the framework of other government and non-government services designed to assist clients with issues that impact on family relationships.

Practice framework for screening and assessment

The figure below sets out in graphic form the various elements of the framework and their relationship to each other.

![Figure 2: Practice principles framework for screening and assessment in the Family Relationship Centres and the Family Relationship Advice Line](image-url)
External environment

There are many people and organisations that have a stake in the way the screening and assessment processes are carried out in the Centres and the Advice Line. These include other organisations providing complementary services with which the Centres and the Advice Line will collaborate in providing services to families and individuals.

The wider community has an interest in the proper administration of this part of the social infrastructure even though the interest might be indirect in the majority of cases.

The interests of stakeholders in the external environment will enter the framework through those who are responsible for determining policy.

Policy

The Family Relationship Centres and Advice Line program is an initiative of the Australian Government.

The Centres and the Advice Line are funded under the Family Relationships Services Program (FRSP) by the Attorney-General’s Department. Generally, the Department of Families, Community Services and Indigenous Affairs administers the FRSP under a business partnership with the Attorney-General's Department. However, the Advice Line is administered directly by the Attorney-General's Department. The Centres and the Advice Line will provide services consistent with the aim, principles and standards for the FRSP.

Formal Knowledge Base

There is a body of knowledge in the social sciences, psychology, medicine, law and other disciplines which should be drawn upon to inform the development, formation and refinement of policy for screening and assessment.

This knowledge base includes knowledge gained from contemporary practice and research as well as evidence-based assumptions.

Formal Competency Base

The formal competency base is built on the knowledge base. It identifies the knowledge, skills and values that staff need to have to undertake screening and assessment.

It also identifies the way in which these competencies should be developed in staff and the initial and ongoing accreditation requirements for specialists or professionals.
Practice Principles for Screening and Assessment

The practice principles that will apply to screening and assessment have been developed from current research and a consultative process with experts and specialists or professionals in the field. Screening and assessment will continue to be informed by policy, the formal knowledge base, and the formal competency base.

These principles are set out in the next section of this document.

Evaluation

A formal evaluation program will be an important means of ensuring that the policy objectives for screening and assessment in the Centres and the Advice Line are met.

The evaluation program should ascertain the effectiveness of the screening and assessment instruments as such as well as the quality of practice. At a broader level, they will examine the adequacy of the practice guidelines.

The incorporation of an action research approach to evaluating screening and assessing in Centres and Advice Line will serve to maximise their efficacy.

The evaluations will inform stakeholders, both internal and external to the framework, about the effectiveness of the screening and assessment processes so that decisions and actions can be taken to improve them.

The evaluation program should provide valuable information to enhance the formal knowledge and skills bases both for this program and similar programs in Australia and other countries.

Evaluations will ensure that the framework is continuously reviewed so that continuous improvements are made to screening and assessment.

To facilitate this, the Family Relationship Centres and the Family Relationship Advice Line will be required to participate in a multi-tiered evaluation of the Government’s package of measures for the family law reforms.
3. PRACTICE PRINCIPLES FOR SCREENING AND ASSESSMENT

The following principles apply to the Centres and the Advice Line.

Access

Staff should be actively committed to ensuring that clients are provided with the fullest possible access to screening and assessment services irrespective of differences arising from: race, creed, language or ethnic background; gender; disability; age; locality; socio-economic disadvantage; sexual preference; or any other unjustifiable basis, and irrespective of whether the service is provided face to face or over the telephone.

Cultural sensitivity

Staff must take account of and be sensitive to the cultural backgrounds of clients in screening and assessment.

Impartiality

Staff should refrain from imposing their personal values, views and preferences on clients.

Privacy and confidentiality

Staff should ensure that information obtained from clients during screening and assessment is treated under the legal provisions for privacy and confidentiality, and that clients understand from the beginning:

- the type and purpose of client information that is maintained and used in the Centre/Advice Line and in any data provided to other organisations, and
- the circumstances under which the confidentiality of client data may not be maintained.

Professional obligations and duty of care

Staff must comply with a range of legal, professional and ethical obligations in their dealings with clients. The legal obligations staff must comply with are imposed by common law and statute law and these obligations can vary according to the position staff hold in their organisation (for example requirements in relation to the mandatory reporting of suspected child abuse can be different for different occupations). Both staff, and the organisation they work for, must exercise a legal duty of care towards persons affected by their activities and actions. These requirements are in addition to any duties arising under professional and ethical obligations in relation to information obtained through screening and assessment. Staff must meet privacy and confidentiality requirements subject to any legislation that
authorises disclosure. The *Family Law Act 1975* requires that communications made in family counselling or family dispute resolution be confidential unless disclosure is required or authorised by the law of the Commonwealth, State or Territory (such as the mandatory disclosure of child abuse).

For example, under the *Family Law Act 1975* if a family counsellor or family dispute resolution practitioner has reasonable grounds for suspecting that a child has been abused, or is at risk of abuse, he or she **must** notify a child welfare authority of the suspicion and the basis of that suspicion. A family counsellor or family dispute resolution practitioner **may** also notify a child welfare authority if he or she has reasonable grounds for suspecting that a child:

- has been ill treated, or is at risk of being ill-treated, or
- has been exposed to subject, or is at risk of being exposed or subjected, to behaviour which psychologically harms the child

Staff may need to take appropriate action (such as making a report to an appropriate agency) regarding other situations of danger, or risks of harm, that become apparent during screening and assessment. In addition to the mandatory reporting requirements in relation to the child abuse, the *Family Law Act 1975* also provides that family counsellors and family dispute resolution practitioners **may** disclose communications if consent is given by the person making the disclosure, or if the practitioner reasonably believes that the disclosure is necessary for the purpose of:

- protecting a child from harm (whether physical or psychological)
- preventing or lessening a serious and imminent threat to the life and health of a person
- reporting the commission or preventing the likely commission of an offence involving violence to a person
- preventing or lessening a serious and imminent threat to the property of a person, or
- reporting the commission, or preventing the likely commission of an offence involving intentional damage to property.

These risks may involve the client themselves such as suicide threats, threats of serious damage to self and self mutilation. Staff must ensure that an appropriate safety plan is put in place and acted upon to address safety issues identified through screening and assessment.

**Type and level of screening and assessment**

Screening and assessment should be commensurate with the needs of the client and the type of service that may be requested or required.

**Competency and training and development**

All staff conducting screening and assessment should have access to training and development opportunities to ensure they are competent to conduct screening and assessment.
Supervision

All staff conducting screening and assessment must receive regular professional supervision to ensure they are applying practice principles and to address other practice issues. The supervision should be:

- provided by a suitably qualified and experienced supervisor;
- conducted individually or where appropriate in a supervisor facilitated group, or where specialists or professionals are suitably experienced, in a peer group; and
- based on individual needs for supervision.

Supervisors should be alert to the need for individual staff to receive debriefing, coaching, advice and other assistance when required and ensure that they receive it in a timely way.

Conditions for screening and assessment

Screening and assessment processes should:

- be conducted in an environment that allows the greatest degree of privacy possible
- be carried out in a safe, supportive environment
- be conducted in a manner that regards all clients with dignity and respect
- be provided in a way that enables a response to urgent requests for assistance
- attend to cultural and language requirements
- minimise the need for clients to re-tell their story
- always provide for in-person screening before joint sessions are held
- provide for the screening of each party separately, preferably scheduled at different times or locations
- not involve interviewing one party directly after the other
- not involve parties arriving and leaving the Centre, nearby public transport stops or car parks when there is a likelihood they will do so at the same time
- not involve parties waiting in a room together before or after a screening interview
- avoid having a screening session interrupted, and
- ensure relevant information is provided about the purpose of screening and assessment, why certain information is required and how it will be used.

Building rapport

Staff should take time at all points of contact with a client to establish rapport before questioning for screening and assessment purposes. Questions and comments should be tailored and paced to take account of the state of mind and of the emotional state of the client at any point in time.
Listening to what clients say

Screening and assessment instruments should not be used as a substitute for listening to what clients have to say about their assessment of risk.

Child-centred practice

The needs of children should be clearly identified so that their parents can be encouraged to focus primarily on these in the decisions they make about parenting, including in any parenting plans.

Where possible, children should be encouraged to participate in processes which affect them, either directly or through others who have the skills and experience to work with them. Opportunities for children’s participation should take into account their age, and cognitive and social development. Children should never be required to participate against their wishes.

Wellbeing as an objective of assessing needs and strengths

Assessment of needs and strengths should be used as a means to assist clients to improve their wellbeing, the wellbeing of their children and of others who are significant in their lives.

Assessment should include identification of the client’s personal strengths and other resources as well as the support and resources available to them from their social network which can be called upon to build their capacity to deal with the emotional and practical needs of their children as well as their own needs.

Prevention as the objective of screening for safety

The principal purpose for screening for safety is prevention of harm to clients, children, and others, including staff.

Encouraging disclosure for identifying risk

Staff should be aware that clients may not disclose safety issues other than through skilled questioning. This is particularly important in relation to clients who do not recognise the existence or degree of risk in their own cases. Staff need to create a relationship with the client that assists the client to recognise risk and to disclose.

Planning for safety

The screening process should always be linked to the provision for a timely development of and execution of a safety plan in the event that risk is identified. Where there is immediate danger, there must be immediate action to ensure safety.
Using questions

Questioning in screening and assessment should be flexible and used in conjunction with professional judgement.

Questions should proceed from open and broad to more specific and direct.

Screening and assessment instruments not to be used in isolation

Instruments designed to screen for or predict risk can sometimes distract from broader safety issues for family members and should never be used as the sole basis for planning. There is a need for such instruments to be used sensitively and intuitively in conjunction with other information.

Screening and assessment as ongoing processes

While screening should be done as soon as possible at the first point of contact, it should continue to be done, if not formally then ‘in the background’, at each point of contact with the client when there is the possibility that circumstances might have changed so that the type or level of risk or need may have altered.

Staff should also assess for ‘needs’ as well as for ‘risks to safety’ at every point on the service continuum.

Screening and assessment used for action, not exclusion

The use of screening and assessment is based on the assumption that they will lead to action being taken to address risk or need, not to exclude clients from services that ought to be provided.

Linking with other services

In order to take the action that screening and assessment identifies as being beneficial to clients, staff need to have strong collaborative relationships with other providers and relevant groups. The nature of these relationships will vary according to the service delivery environment ie face to face or via telephone, national or local.

Staff should take care to identify clients living in areas with limited services and clients who are reluctant to approach mainstream services. Such clients may also obtain valuable assistance by using advice and counselling services available by telephone or other electronic media such as videoconferencing. They should be encouraged to obtain assistance and support from trusted individuals available to them from within their social networks where mainstream services are not accessible or the client is reluctant to use them.
Any sharing of client information with other services needs to be guided by the relevant policies, procedures and/or protocols.
4. PRACTICE GUIDE

The Practice Guide is designed to provide staff of Centres and the Advice Line with guidance in screening and assessment. These processes will be used to identify services that will benefit the client concerned, any risks to safety, the needs of the client and others and the strengths they can draw upon to address issues. Importantly, they are also used to determine the suitability for each client of joint sessions.

Assessing barriers to service

This section of the Guide is designed to provide staff with guidance in their assessment of barriers to a client’s ability to access or benefit from the services offered by the Centres and the Advice Line or by other organisations or specialist or professionals to whom they might make referrals.

Barriers to service

There are different barriers to access. Some may be institutional, some may be social, and include (but not be confined to):

- the knowledge, skills and attitudes of staff
- the age, gender and cultural background of staff
- staff not being able to converse with clients in languages in which they are proficient
- the image or reputation of the service and staff in the minds of the clients and the community generally
- clients’ socio-economic, employment and educational status
- the distance of the service from the client
- the cost of service
- lack of child care available for clients while using the service
- clients’ psychological problems or other health problems
- clients’ problems of alcohol or other substance abuse
- clients’ physical or mental disabilities
- language difficulties, or
- clients’ cultural and gender attitudes to obtaining assistance of the type being offered.
Cultural barriers

Many services are oriented to the needs of clients who share the values and attitudes of the dominant culture within society. Often they are staffed by people from that culture. These factors can make access to services very difficult for people with different values and from different cultures, either Indigenous cultures or cultures recently originating from outside Australia. Barriers can remain for clients from cultures that have been in Australia for a number of decades and have built up a significant presence including significant social support networks and have been employed in the human services sector. The barriers are obviously much greater for those who have arrived more recently.

Indigenous Australians face significant barriers because their cultures are not adequately understood and because mainstream services are often not oriented to overcome the cultural barriers to servicing their needs.

Gender issues in accessing services

Women and men may seek help in different ways and may face different barriers to obtaining help.

Some women may be reluctant to access services for a range of reasons. These reasons may include, but not be confined to:
- fear that approaching or dealing with an agency about separation issues will lead to violence from their partner or ex-partner and/or to their children being removed from their care
- fear that they will be in an inferior position to their partner/ex-partner in negotiations, or
- fear that they will not be believed about violence or abuse.

Some men from both the dominant and other cultures with traditional ideas about masculinity such as hiding private experience, being self-reliant, being able to handle things alone, and maintaining control, may have difficulty in seeking help. Some men may assume that support services are designed to cater more for women and children. Even if they approach a service, men are often more reluctant to take up the offer of assistance once it is made, including taking up referrals from one service to another.

Overcoming barriers to service

The assessment of temporary homelessness and financial crisis may be established by simple, direct questions such as: ‘Do you have a place to stay at present?’, ‘Are there issues in relation to your current accommodation?’ and ‘Do you have sufficient funds for food and other essentials?’, ‘Do you need information about services which offer financial assistance?’ These barriers may be dealt with by referral to emergency accommodation (including refuges in the case where safety is also an issue) and to Centrelink and/or other agencies providing emergency financial assistance.
Acute health issues might also be dealt with at first point of contact where referral to a general specialist or professional service is indicated.

Centres need to know the demographic profile of their catchment area and tailor their services to meet the needs of all potential clients.

The assessment of barriers presented by long term psychological or other health problems, problems of alcohol or other substance abuse or ongoing physical or mental disability should be undertaken by professional staff qualified to offer assistance or to make referrals for other specialist assistance.

Language problems can be overcome by the engagement of interpreting services or referral to services where the relevant language is used.

Cultural and gender attitudes present significant challenges. Cultural barriers may be overcome to an extent by having:
- staff from the cultural background concerned
- staff who have a sound understanding of the culture of the client, and
- staff who have been trained to have knowledge of and sensitivity to cultural differences and how to overcome these in service.

It is possible that in the case of Indigenous clients, services will need to be provided on an outreach basis.

Women may be assisted to use services by staff who are aware of and are able to deal with the concerns they may have about violence, possible separation from their children, power imbalances in negotiation and concerns about not being believed about violence and abuse.

Men may be assisted to use services by receiving assistance from staff specifically trained and skilled in facilitating men’s use of services, or by producing or adapting promotional materials and information about services to ensure they target men and are relevant for them.

**Collaboration with other services to overcome barriers**

For all barriers mentioned, it is obviously important that Centres and the Advice Line establish and use relationships with other providers of services designed to meet the needs of clients with those barriers. This includes referrals, assistance with such things as interpreting, and education and training of staff.
Screening at the first point of contact

This section is designed to provide guidance to staff who will be the first to deal with clients calling on the Advice Line and or making contact with the Centres.

The first function required of the Advice Line and the Centres is to identify as quickly as possible the needs of the clients and the type and timing of the service to be offered by the Advice Line or the Centres, or by other organisations to which the client should be directed or referred as the next step in providing assistance.

The possible next steps include:
- Provision of general information
- Simple direction or referral to other services
- More indepth or specialist interview

First point of contact work

In the Advice Line, Information Officers will be trained for work with clients at the first point of contact. In the Centres, there may be a variety of models for and hence staff roles used for the first point of contact function depending on the Centre’s size and staffing structure.

In both the Advice Line and the Centres, supervisors will be alert to the need for staff working at the first point of contact with clients to recognise the points in the service continuum where they need to transfer a client to specialist or professional staff where such staff are not undertaking the first point of contact work. The Advice Line and Centres will have policies and procedures, based on their staffing structures, to guide supervisors and staff in this matter.

Privacy and confidentiality

Clients should be given comprehensive information about the privacy and confidentiality provisions applying to their dealings with the Centre and the Advice Line early on at the first point of contact.

To protect a client's privacy and safety, messages should not be left at a client's workplace or home (including voice mail). If the client is unavailable, the contact officer should call back at an appropriate time. If it is absolutely necessary to leave a message at the client's work, the message should only be to call the contact officer name on a particular telephone number and (if needed) a set time. The message should not identify the contact officer as being from a Family Relationship Centre or the Advice Line. Messages should never be left at a home number unless the client has specifically agreed to this in advance.

Clients using the Centres and the Advice Line must be afforded privacy when dealing with staff so that neither other clients nor other staff are able to listen to conversations (or observe the client in distressful situations). There may be occasions in the Advice Line where another staff member may listen to a call to assist with quality service provision/coaching, thus callers
to the Advice Line should be made aware of this possibility at the outset (eg via recorded message).

**Dealing with clients at the first point of contact**

Staff must bear in mind that in many cases, a client may find it difficult to approach the Centre or to call the Advice Line for one or more of a great number of possible concerns. These may range from a natural reluctance to seek help to fear that what they wish to disclose will be embarrassing or even dangerous for them. Therefore, it is critical that staff at all points of service, and very importantly at the first point of contact, establish a relationship with the client which is empathic, understanding, non-judgemental and which conveys the strong impression that the service is able to assist the client with their problems or direct them to where they can be assisted by others.

So, while it is important to screen and assess clients at an early stage in their contact with the service, this must not be done at the expense of establishing rapport with the client. Questions and comments should be tailored and paced to take account of the presenting emotions and state of mind of the client at any point in time. The questioning for screening and assessment purposes may need to be interspersed with conversation with the client in order to establish rapport and address any anxiety the client may have about the process.

The style of questioning should be as natural as possible, but where a series of questions need to be asked, an introduction to them may assist in making the client feel at ease with the process. For example: *So that I can work out what type of service would best assist you right now, I would like to ask you some questions. Is that OK with you? You can interrupt me at any time when I am asking them if you like, especially if you think they don’t really apply to you or I don’t understand what’s happening for you at the moment.*

An example of an intake form is given at Attachment A.

**Provision of general information**

The client might simply require general information about the services offered by the Advice Line and the Centres or by complementary or other services. Such information might be provided orally, in brochures, on websites, or in other forms.

Staff should be aware that clients whose approach to the Advice Line or the Centre appears to be about obtaining information, might have more complex issues they would like to discuss with professional staff at interview but are reluctant to say so. Staff should therefore ensure that the services offered by the Advice Line and the Centre are explained in sufficient detail to enable staff to then ask, in a non-intrusive way, whether the client might wish to use them. Obviously, good judgement is required to avoid imposing on the time (and patience) of those who, in fact, simply want information.
Simple direction or referral to other services

The client may contact the Advice Line or the Centre as a point along the way to finding the appropriate service or they might have misunderstood the role of the Advice Line and the Centres. In either case, staff should be alert to the issue discussed in the preceding paragraph.

Transfer for interview

An interview with a specialist or professional in the Advice Line or in a Centre is indicated where it is apparent the client might need to be assessed more comprehensively for risks to safety, or for assessment for further services, including joint dispute resolution.

In the Advice Line, staff dealing with clients at the first point of contact would ideally be in a position to transfer the client to a specialist or professional immediately. In Centres, staff at the first point of contact should arrange for the client to speak with a specialist or professional immediately especially where there is an indication that the client, their children or others might be at risk or the client needs help to deal with any other crisis.

Guides for first point of contact

While staff working at the first point of contact need to be alert and responsive to what the client is saying (or suggesting), they need to ensure that they structure their interactions with clients so that they do not miss giving them the most comprehensive service appropriate to their needs.

The guide for first point of contact is set out in the final section of this Practice Framework (Section 5).

First point of contact questioning on risks to safety

Separation from a partner can trigger risks to safety. It is important that clients who could be at risk be asked at the first point of contact about any immediate threat to safety. The client’s own estimation of danger is a powerful indicator of risk. (However, there are clients who have been subject to such risks over an extended period that they may underestimate the gravity of the risk or the impact it has had).
Screening for risks to safety

This section of the Guide provides staff of Centres and the Advice Line with guidance in their assessment of the risks to safety posed to or by clients and those associated with them (usually the partner or ex-partner).

Risk Domains

This Guide uses three Risk Domains on safety:
   A. Domestic and family violence and violence towards others
   B. Child abuse or abduction
   C. Self-harm

Indicators

The term ‘indicators’ refers to the factors or signs that point towards the likelihood that a particular thing might occur. The term is not used to imply that indicators cause things to happen. For example, while one indicator of the likelihood of future violence is a past history of assault, such past behaviour is not a cause of future assault - it simply indicates that there is an increased probability that assault may occur in the future.

The presence of a risk indicator means that there is a need for the person making the assessment to explore more deeply to find out if something is happening or is likely to happen in the future.

There are certain indicators of risk associated with safety. The presence of one or more of these should alert staff to the potential for danger and at this point the judgement of skilled staff should be used to take appropriate action to deal with the risk. Such action might range from immediate steps to alert police or child protection authorities, to alerting the police or the person against whom the threat of violence has been made within any limitations imposed by laws relating to confidentiality and privacy.

The Indicators have not been ranked in an order in which questions to establish their presence or otherwise should be asked. The presence of an indicator in a client or partner/ex-partner might on its own suggest that action should be taken. However, the presence of more than one might be necessary before a sufficient level of risk is indicated that would warrant action.

Risk factors can sometimes be taken out of context to either over or under identify risky situations. It is the ability to sensitively navigate through questions about risk factors within the broader context of people’s lives that makes it possible for staff to identify the level of risk, the suitability of joint interview or dispute resolution strategies for example and the importance or otherwise of putting safety plans in place. To ensure that instruments designed to screen for or predict risk do not distract from broader safety issues for family members and are not used as the sole basis for planning, there is a need for such instruments to be used sensitively and with good judgement in conjunction with other information. Most importantly they need to be used by skilled, highly trained, professional staff.
**Action to deal with risk**

Those responsible for deciding the action that should be taken when there is an indication of a risk to safety, must take two factors into account:

- the likelihood of the risk occurring, and
- the potential impact if that risk is not dealt with.

Staff have professional, ethical and legal responsibilities towards those whose safety is at risk to inform them or other relevant authorities of the risk. However, staff must comply with their legal obligations regarding privacy and confidentiality.

Where possible, (except in an emergency) staff should not make major decisions in isolation or take action in relation to safety without consulting first with their supervisor or other experienced staff. However, whenever there is an emergency, staff must take whatever immediate action is necessary to ensure safety.

**Safety plans**

The screening process will always be linked to the provision for a timely development of and execution of a safety plan in the event that risk is identified. Although plans need to be tailored to the individual circumstances of those at risk, Centres and the Advice Line should have available for reference by staff a framework for such plans that will save time in putting together individual plans and ensure that essential elements of a good plan are not overlooked. These plans will need to be developed to take account of the local resources available.

There is information on websites about safety planning that may assist staff in this matter. Examples include:

- Safety planning with Abused Partners: A Review and Annotated Bibliography, Sharon Agar, April 2003 at: [www.bcifv.org/pubs/SafetyPlanning_Agar.pdf](http://www.bcifv.org/pubs/SafetyPlanning_Agar.pdf), and
Risk Domain: Domestic and Family Violence and Violence towards Others

Definitions

Family violence is defined in the Family Law Act 1975 as:

conduct, whether actual or threatened, by a person towards, or towards the property of, a member of the person’s family that causes that or any other member of the person’s family reasonably to fear for, or to be apprehensive about, his or her personal well being or safety.

Note: A person reasonably fears for, or reasonably is apprehensive about, his or her personal wellbeing or safety in particular circumstances if a reasonable person in those circumstances would fear for, or be apprehensive about, his or her personal wellbeing or safety.¹

Domestic violence has also been defined as an abuse of power perpetrated mainly (but not only) by men against women both in a relationship and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation.²

While family violence and domestic violence are terms which are often used interchangeably in practice, the term ‘family violence’ can be used as an inclusive term to encompass the various forms of violence which can occur between family members, including extended family members.³

Violence towards others has been included in this section for practical purposes since the questions staff will need to ask to identify any indicators of future domestic and family violence are similar to those that will identify the risk of violence being directed to people outside the family (including towards staff themselves).

Indicators

The following list of indicators is not exhaustive. It represents those that are most commonly cited in the literature on this subject as being valid indicators of the likelihood of violence and homicide in the future (see references below).

¹ Family Law Act 1975, s.4(1)
³ L. Laing, Progress, trends and challenges in Australian responses to domestic violence, Australian Domestic Violence Clearinghouse, Sydney, 2000
It is important to note that the absence of any indicators is not a guarantee that violence or homicide is impossible or unlikely. In other words, those who might commit violence or homicide may not have any of the indicators commonly found in those who do, and indicators should not be used in isolation from a skilled assessment by highly trained, professional staff.

The four indicators commonly identified for family and domestic violence are:

- Excessive alcohol use
- Severe psychological problems
- Several prior arrests
- Being abused or neglected as a child\(^4\)
- The victim’s own assessment of the likelihood of violence

The following indicators are often cited as being useful in identifying the risk of violence:

- History of assault
- Generally antisocial behaviours and attitudes
- Instability of relationships
- Instability of employment
- Mental health and personality disorder
- Childhood abuse
- Poor motivation for treatment
- Negative attitudes toward women\(^5\)

The following indicators are often cited in the research as being useful in identifying the risk of homicide:

- [0]Threats of homicide or suicide
- Having homicidal or suicidal fantasies
- Access to weapons
- Displaying a sense of ‘ownership’
- Displaying dependence on the partner
- Being separated
- Being depressed
- Having access to potential victims
- Escalation of reckless behaviour
- Hostage taking
- [Potential] victim having contacted law enforcement officials.\(^6\)

Additional indicators often cited are:

- Abuse of pets or threats to kill pets
- Obsessive jealousy about and/or preoccupation with partner
- Stalking or monitoring of partner\(^7\)

\(^4\) ibid.


\(^6\) Z Hilton, G Harris and M Rice, ‘Predicting violence of serious wife assaul ters’, *Journal of Interpersonal Violence*, vol.16, no.5, 2001, pp. 408-423

\(^7\) These additional indicators taken from Domestic Violence and Incest Resource Centre, Australia, 2006.
Australian research has shown that there are indicators that could be used specifically in respect of child murder-suicide. These are shown at Attachment B.

Centres and the Advice Line may use additional indicators for violence. Some of these may be particularly relevant to dealing with clients with different cultural backgrounds.

Although lists of risk factors like these relating to violence and ‘lethality’ can appear to imply a hierarchy of risk, there is no such thing as no risk in the context of domestic and family violence, and risk assessment should not be used to marginalise or minimise the concerns of clients believed to be at lower risk. Risk assessment helps inform staff about the nature of the risk, the form it may take, and the degree of danger that people may be in at particular points in time.

Screening and assessment instruments should not be used as a substitute for listening to what clients have to say. Clients’ own assessments have been shown in studies on repeated domestic violence to have high predictive value. However, there are clients who have been subject to such violence over an extended period that they may underestimate the gravity of the risk. In these cases, specialists or professionals need to assist the client to become aware of the real nature of the risk.

**Sample questions**

It is recommended that in asking questions, staff should, after building rapport with the client, use a sequence of questions designed to approach the issue in a way that leads from less confronting to more direct questions. This may have the advantage of facilitating better disclosure. An example of such questioning can be seen in the final attachment to this document.

*Further examples of questions concerning domestic and family violence used by some Australian agencies dealing with similar clients are shown at Attachment C.*

**Assisting clients to disclose**

This section is taken from Keys Young 1996 which dealt with assisting women to disclose. However, the same practices would seem beneficial in also assisting men to disclose.

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8 See PR Kropp, ‘Some questions regarding spousal risk assessment’, *Violence Against Women*, vol.10, no. 6, 2004, pp.677-697


The following practices assist clients to disclose domestic or family violence:

- being asked specific questions about abuse or violence
- being asked about non-physical types of abuse or harassment or attempts at intimidation
- being asked about abuse or other concerns face-to-face – not just through filling out a form
- being interviewed separately from the ex-partner at intake/pre-mediation
- being given an explanation as to why talking about abuse or its impact was important in the context of mediation
- knowing that one reason to disclose is to ensure that there will be someone in the room during a session if the client is in trouble or not coping, and
- where there was a congruent message from the mediator/intake person that gave permission to disclose, to indicate that they were interested and that disclosure was relevant.

Clients who have been subject to violence over an extended period may underestimate the gravity of the risk. In these cases, specialists or professionals need to assist the client to become aware of the real nature of the risk.

Clients should be helped to understand why they should talk about the impact of violence. For many, this may help them make a decision to disclose in the first place.

Knowledge of the reasons why people subjected to violence may or may not decide to disclose may assist staff in this area. Some of these reasons are given at Attachment D.

The staff member’s style or manner is of critical importance in helping clients feel able to disclose difficult information.

**Link to child abuse or abduction**

Staff should be aware that the presence of domestic or family violence is an indicator for child abuse or abduction. Staff need to be aware of the impacts that witnessing domestic or family violence can have on children.
Risk Domain: Child abuse or abduction

Child abuse

Definition

Child abuse is an act by parents, caregivers, other adults or older adolescents that endangers a child or young person’s physical or emotional health or development. Child abuse can be a single incident, but usually takes place over time.\footnote{National Child Protection Clearinghouse, Child Prevention Resource Sheet, No. 6 December 2004, Australian Institute of Family Studies from www.aifs.gov.au/nch/sheets/rs6.html}

Although there are problems in arriving at clear, practical definitions of the various forms of child maltreatment, it is now common practice to classify child maltreatment or child abuse according to four main types: physical abuse, sexual abuse, emotional abuse and neglect.\footnote{Ibid}

Recent research indicates that witnessing domestic violence also constitutes emotional abuse.\footnote{A. Shea Hart, ‘Children exposed to domestic violence: undifferentiated needs in Australia Family Law’, Australian Journal of Family Law, vol.18, 2004, pp.170-192} This is reflected in most Australian State/Territory legislation about child abuse.

Indicators

Although child abuse is found in families which are intact, there are reasons to be concerned that children whose parents are in the act of separating or who have separated may face particular pressures which increase the likelihood of abuse, especially if there is or has been a history of violence between parents. Typically children may be accidentally injured because they become caught in violence; they may be the subject of separate incidents of abuse by the same adult who is also abusive of their mothers; or they may also suffer greater levels of physical punishment or abuse from their over-stressed mothers.\footnote{C Humphreys and N Stanley, Domestic violence and child protection: Directions for good practice, London, Jessica Kingsley, 2005} There is also the well-established concern about sexual abuse, neglect and/or emotional harm to children on contact visits or in other environments in which the protective role of the mother or father is diminished.

The responsibility to investigate child abuse lies with State and Territory child protection authorities. Legislation applying to the reporting of concerns about abuse differs across jurisdictions. While some professionals are mandated by law to report their suspicions that children are suffering harm as a result of abuse and neglect, there is a moral and ethical imperative on all people who work with children and families to be vigilant about what is happening to children, particularly when their families are in stressful situations, and to take such steps as are necessary to protect children.

A great many indicators of child abuse are identified in the empirical research, and the policy and practice writings of national and international statutory child protection, health and education authorities.
People who work with children and families in other contexts are extensively trained in how to identify and respond to child abuse or neglect. Without such training there is a danger that indicators will be used inappropriately and in isolation from the broader context of what is happening in children’s lives. This can lead to either under-reporting or over-reporting of abuse or neglect.\textsuperscript{15}

Staff of the Centres and the Advice Line are not required to substantiate child abuse. However, they are responsible for taking reasonable steps to establish whether or not there should be concern about such abuse and to act as outlined earlier to report cases about which they have concern to the relevant authorities. The presence of one or more of the following indicators would suggest there should be concern about possible child abuse:

- Verbal disclosure of abuse by the child or any other person, or
- Observation of physical injuries or information about other forensic evidence, or
- Observations of the behaviour of the child or the parent(s) which indicate possible child abuse, or
- Reports by parents.

As mentioned at the end of the previous section, the presence of domestic or family violence may be an indicator for child abuse or abduction.

Studies on child abuse consistently reinforce the need to listen to children and to take what they say seriously.\textsuperscript{16}


\textsuperscript{16} ibid.
Child abduction

Definition

Child abduction refers to a child has being taken without proper consent.

Parental abduction is defined as the broad range of situations that involve one parent taking, detaining, concealing, or enticing away a child from the other parent where the child has the lawful right to have contact with that other parent. 17

While greater concern is often associated with children being abducted from Australia or not being returned after a contact visit overseas, there is also concern that children may be abducted within the country when there is a breakdown in a relationship.

There are serious emotional consequences for children in being taken from all that is familiar, especially as children are already coping with the loss and anguish of family breakdown. Staff should also be aware that abduction may be associated with an intention to commit homicide.

Common reasons for parents abducting children are a deep sense of unfairness about contact and access arrangements, intense fear of losing the child and disagreements about the other partner’s beliefs about child rearing, particularly in cases where there are cultural differences.

The Hague Convention on International Parental Child Abduction

Australia is a party to the Hague Convention on the Civil Aspects of International Child Abduction. The Convention entered into force for Australia on 1 January 1987. The Convention is an international treaty under which arrangements are made for the return of children who have been wrongfully removed from, or retained outside, their country of habitual residence. The Convention sets up a Central Authority in each country to deal with applications for the return of children taken to or from the country. The Commonwealth Attorney-General’s Department is the Central Authority for Australia.

The purpose of the Convention is to discourage international parental child abduction and to ensure that children who are abducted or wrongfully retained, are returned promptly to their habitual residence country so that disagreements about residence and contact can be resolved by the courts or relevant authorities of that country. The usual issues relevant to a residence or contact dispute between parents are not relevant in Convention applications and court hearings. The Convention is concerned with forum (appropriate jurisdiction to hear custody disputes) not custody or residence.

There are a number of requirements that must be satisfied before a person can make an application for the return of a child to Australia under the Convention. These are:

1. the child must be under 16
2. the child must have been removed from Australia to another Convention country
3. the child must have been habitually resident in Australia before the removal or retention
4. the removal or retention of the child must be a breach of a person’s rights of custody
5. the applicant must have been exercising his or her rights of custody to the child (or would have been exercising those rights but for the removal or retention).

Procedures for parental child abduction in relation to non-Hague Convention countries

The Hague Convention on the Civil Aspects of International Child Abduction only provides a mechanism for the return of abducted children to countries that have acceded to the Hague Convention. In a case where a child is abducted from Australia to a non-Hague Convention country, it would be for the parent seeking the return of the child to Australia to engage a lawyer in the overseas country to take legal proceedings. This can be more complicated, time-consuming and expensive than the process under the Hague Convention.

It is a similar process where a child has been abducted from a non-Hague Convention country to Australia. In this case it would be for the left behind parent, or other interested party, seeking the return of the child to the overseas country to apply to the Family Court of Australia for a parenting order under section 65C of the Family Law Act 1975. This would be private litigation and not a matter for the Australian government.

Where a child has been abducted from Australia to a non-Convention country, the Consular Officer of the Department of Foreign Affairs and Trade (DFAT) can assist in obtaining names of experienced family law practitioners overseas. The Attorney-General's Department administers a means and merits tested scheme, the Overseas Child Custody (Child Removal) Scheme, to provide assistance with the cost of overseas legal fees.

The international child abduction toll free number is 1800 100 480 - website www.ag.gov.au/childabduction. Relevant contact numbers for DFAT Consular Office and the Financial Assistance Branch of the Attorney-General's Department who have responsibility for the Overseas Child Custody (Child Removal) Scheme are 1300 555 135 and 02-6250 6770 respectively.

Indicators

The following are indicators of the risk of child abduction:

- Abduction has occurred before
- A threat of abduction has been made
- One partner has fixed ideas that the child is being abused and that authorities will not take this seriously
- One partner has strong beliefs about rearing children contrary to the other partner’s beliefs
• One of the ex-partners is a citizen of another country (in cases where abduction from Australia is possible) and feels their homeland offers more cultural, financial or emotional support

**Sample questions**

An example of questions that might be asked in relation to the risk of child abduction is given at Attachment E.

**Working with other agencies**

The responsibilities of staff of Centres and the Advice Line in this area are complex and will need to be substantially supported by training and assistance from other sectors, especially the child protection sector, to ensure that children at risk can receive coordinated and effective responses. In summary the Centres and the Advice Line will need to be involved in:

• the identification of children at risk of harm through physical, sexual or emotional abuse and/or neglect
• reporting concerns about possible abuse to the relevant State and Territory authorities
• working collaboratively with both families and other services, including the State and Territory child protection authorities to increase protective measures for children and support for their parents, and
• referring international child abduction concerns to the Australian Central Authority for the Hague Convention on the Civil Aspects of International Child Abduction (the International Family Law Section of the Attorney-General's Department – Phone 1800 100 480).

This will include mechanisms to overcome potential barriers of differing State and Territory child protection legislation and practical factors such as time zones, after-hours notification services, etc.
Risk Domain: Self-harm

Definition

The term ‘self harm’ is used in the literature to cover suicide, suicidal behaviour including attempted suicide and suicide ideation and deliberate self-harm including self mutilation. Some self-harm may be without suicidal intent, but self-harm is a risk factor for suicide.

Apart from any legal, professional and ethical responsibilities towards the individual concerned to prevent self-harm including suicide, the murder of family members is sometimes accompanied by the suicide of the perpetrator. When conducting a suicide assessment, specialists or professionals should be aware that clients with problems of individuation may see killing their partner and/or their children as a part or extension of their suicide. If the specialist or professional simply asks questions about suicide or self harm, the other part of the ideation may not be elicited. Specific questions need to be asked about this. The issue of child murder-suicide is dealt with in the Risk Domain on Domestic and Family Violence above.

Indicators

Specific training in the recognition of indicators of suicide and depressive behaviour, and how to respond is essential. It is not enough to use checklists as professional judgement is of vital importance.

It is not the function of the Centres and Advice Lines to treat clients for depression or suicidal intent, but staff will need to be equipped to recognise those at risk, to make appropriate, respectful, timely and effective referrals to mental health services, so that a full assessment can be carried out. People who are severely depressed and at risk of suicide are unlikely to be able to effectively participate in joint sessions until they have accessed helpful and specific services.

Staff in the Centres and the Advice Lines will also need to recognise and respond to suicidal emergencies. Any screening method utilised will need to address both the identification of suicide risk and urgency of response.

There are many instruments for assessing suicide risk, but ultimately risk estimation is the clinician’s integration of clinical and empirical methods and his or her intuition of how close a person seems to be to his or her threshold of psychache and suicide intention.

19 See Carolyn Harris Johnson, Come with Daddy: Child Murder-Suicide After Family Breakdown, University of Western Australia Press, Crawley WA, 2005
20 "psychache", the affective state of the suicidal individual where the person has an overwhelming sense of being trapped (see R. Bonner, 'Moving suicide risk assessment into the next millennium: lessons from our past', in D. Lester (ed), Suicide prevention:resources for the millenium, Taylor and Francis Group, Philadelphia, 2001, pp.83-101).
Staff should be aware that people will rarely volunteer suicidal thoughts but may do so if asked directly.

The following are indicators of the risk of suicide:
- Psychiatric illness including depression, schizophrenia, personality disorder and antisocial behaviour
- Drug and alcohol abuse
- Previous suicide attempt
- Being male
- Youth
- Homelessness
- Being Indigenous
- Social, educational and employment disadvantage
- Those who have suffered loss recently
- People who are isolated
- People with a family history of suicide
- Young men of low socioeconomic status

In Australia, men are four times more likely to die by suicide than females. There is a strong correlation between suicide risk and relationship conflict/breakdown. Men between the ages of 25 and 44 are the most at risk. Men in rural and remote areas are at higher risk than men living elsewhere.

While men suicide more often than women, women attempt suicide more often than men.

Even though men are several times more at risk of committing suicide than women, they may be reluctant to indicate their risk of self harm.

Children are also at a higher risk of suicide over their parents’ relationship conflict/breakdown.

Sample questions

Sample questions on self-harm are given at Attachment F.

An example of a risk assessment guide for suicide used in Australia is shown at Attachment G.

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21 Royal Australian College of General Specialist or professionals, ‘Guidelines for preventative activities in General Practice’, Australian Family Physician, vol.31, 2002, p.45
Assessing needs and strengths

This section is designed to assist specialists or professionals who will assess the needs and strengths of clients at the interview stages in the Advice Line and the Centres.

These assessments aim to identify the range of significant needs the client has at both the emotional and practical levels arising from separation. The identification of these needs may suggest that the client would benefit from either further direct service from the Centre or from services available from other agencies or professionals. The assessments will also identify the strengths the client can call upon to deal with the issues confronting them.

Clients may need to be referred to other services before they are ready for either individual or joint sessions at the Centre. This, and the fact that some clients may use the services of the Advice Line and/or the Centre more than once around relationship and separation issues, means that the provision of service might not be linear. Centres and the Advice Line will make arrangements to facilitate these clients’ use of their services by making them as streamlined as possible (without compromising a regime of constant checking for any alteration to risks to safety in all contacts with them).

Services from the Centres

The services that might be required from the Centres could include individual counselling to deal with parenting (including the ability to focus on the child’s needs as the central concern) and with their own reactions to separation. Such counselling will entail the identification for the client of their personal strengths and other resources as well as the support and resources available to them from their social network which can be called upon to build their capacity to deal with the emotional and practical needs of their children as well as their own needs.

Importantly, the Centre offers dispute resolution services as its principal services in addition to its gateway role. The personal interview at this stage will include an assessment of the advisability of a client taking part in a joint dispute resolution session or sessions. This issue is dealt with in the next section.

Assessing children’s needs

One of the principal objectives of the Family Relationship Centres and Advice Line is to help parents focus primarily on the needs of their children in parenting and in making parenting plans especially where separation occurs. It is therefore critical that the needs of individual children be identified to assist parents to become more focussed on their children’s needs. Decisions about how this is to be done should be taken by professional staff skilled in dealing with children.
Linking clients to other services

Clients who need any extended personal counselling might require referral to other services. Referrals will also be indicated where other needs for service are identified.

Staff in the Centres and Advice Line responsible for making referrals must have:
- a detailed knowledge of the services available from other agencies designed to meet client needs
- an understanding of factors likely to influence clients’ willingness to use a referral service (e.g. readiness to accept the service, competing priorities, financial resources, etc.) including the possibility that men may be more reluctant to access other services
- the knowledge and skills needed to make effective referrals for clients to be linked to other services; and for the Centres
- good working relationships with other agencies in their local areas.

Staff need to ensure that barriers to clients accessing services are overcome as far as possible. Such barriers may include but not be limited to:
- lack of information about services and what is available
- limited analysis of service user’s capacity or interest in taking up the referral
- waiting lists
- cost
- lack of child care
- lack of transport
- cultural or language barriers.
Assessing for joint sessions

This section is designed to assist specialists or professionals make assessments about the advisability or otherwise of clients participating in joint sessions in the Centres.

The term ‘joint sessions’ includes sessions:
- conducted face to face with both clients in the same room
- where the clients are in separate rooms and the specialist or professional moves between them, and
- conducted using technology such as telephone or videoconferencing where clients are in separate venues.

Joint sessions are designed to help families focus on the children’s needs, develop parenting plans that reflect those needs and empower parents to resolve their own issues. In some cases parents may not be in dispute but need assistance in setting out their arrangements in the form of a parenting plan.

In other cases, dispute resolution processes will be needed (such as mediation or conciliation) to help resolve conflict and reach a workable agreement on arrangements for the children. If the parents consent, dispute resolution could include separate consultation with children, with information from that consultation fed back to the parents.

Assessment of suitability for joint sessions

It is the intention of the Family Relationship Centres and Advice Line program that Centres and the Advice Line will encourage as many people as possible to use one or more joint dispute resolution sessions in preference to litigation as long as:
- these do not put a client, their children or others at risk of harm
- both clients have the ability and willingness to participate in them on equal terms, and
- both clients are willing to abide by agreements reached in them.

Before providing joint sessions, the specialist or professional must conduct an assessment of the clients to determine whether joint sessions are appropriate.

The specialist or professional will ultimately need to make one of three decisions in each case:
1. A joint session is considered a suitable process for these clients.
2. A joint session is considered suitable but only if it is conducted with special conditions attached to the process, and that both clients are willing to agree to, and cooperate with these special conditions.
3. A joint session is not considered a suitable and/or safe process for these clients.

The specialist or professional may decide that even though a client is not suitable for a joint session at present, they might become able to participate at a later time if they obtain assistance to do so. This may require the referral of the client to another organisation for counselling.
In determining whether joint dispute resolution is appropriate, the specialist or professional must, under Family Law Regulations 1984, consider whether the ability, capacity and willingness of any client to negotiate freely is affected by any of the following matters:

- a history of family violence among the clients
- the likely safety of the clients
- the equality of bargaining power among the clients
- the risk that a child may suffer abuse
- the emotional, psychological and physical health of the clients
- any other matter that the specialist or professional considers relevant to the proposed joint sessions.

If, after considering these matters, the specialist or professional decides that a joint session is inappropriate, they are obliged, under the Regulations, to not provide joint dispute resolution.

The relevant provisions of the Family Law Regulations 1984 relating to family dispute resolution are shown at Attachment H.

**Impact of violence on joint sessions**

Clients should be helped to consider the impacts of past violence (both physical and non-physical) on their ability to participate effectively in joint sessions. It is possible that specialists or professionals will find assessing for non-physical forms of violence more difficult. However, such forms of violence can be as significant in affecting the capacity of the victim to participate on equal terms with the perpetrator in joint sessions as physical violence.

People subjected to any form of violence need to understand why they should talk to the specialist or professional about it and its impact on them and their capacity to take part properly in joint sessions if they are to disclose its existence. Specialists or professionals should therefore set out the reasons why disclosure is important.

The practices that assist clients to disclose domestic or family violence are set out earlier in the section on Screening for Risks to Safety: Risk Domain: Domestic and Family Violence and Violence towards Others.

Clients who have been subjected to violence and have dealt with it by attempting to appease the other person may have unrealistic ideas about their capacity to negotiate effectively in joint sessions.

Under no circumstances should clients be asked questions on safety issues or the history or presence of domestic or family violence when their partner/ex-partner is present.

An Australian assessment model for assessing violence in relation to joint sessions is given at Attachment I.

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24 Keys Young, 1996
Notes for specialists or professionals

In cases where there has been or is violence, it is necessary to:
- screen out unsuitable cases
- allow the victim to make an informed decision about the type of mediation to take place (i.e. shuttle, joint)
- ensure the client understands and agrees to the process
- be aware of non-physical forms of abuse and understand their impact
- understand trauma and how it affects capacity
- validate the experience of the victim – acknowledge/believe and yet remain neutral
- explain to the victim that neutrality during mediation does not prevent the mediator from being aware of the abuse and its impact on the victim
- provide counselling prior to mediation and coaching prior to and during mediation
- continuously check the victim’s emotional state and capacity to continue
- provide frequent breaks/time out during mediation (without making it obvious that it is being done for the victim)
- be aware of and vigilantly manage any abusive behaviour, particularly non-verbal behaviours by the abuser during mediation
- be willing to not continue with a session if the process becomes unsafe or potentially could create a risk to safety that was not previously identified.

Modified processes where family violence is a factor

In cases where there has been or is violence and a joint session is to take place, the Centre should provide for:
- monitoring of safety (before, during and after mediation sessions)
- separate waiting rooms / exit points
- continuous assessment
- shuttle mediation and/or a non-neutral mediator and/or co-mediation
- third party support for the victim (e.g. coach, support worker, friend, lawyer) – but not to be directly involved in any joint sessions
- frequent individual sessions with the mediator.

Additional guidelines on management of cases involving violence in the Family Relationship Centres are given at Attachment J.

Terminating joint sessions

The specialist or professional must terminate the joint session if:
- requested to do so by a client, or
- the specialist or professional is no longer satisfied that a joint session is appropriate.

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25 Adapted from DVIRC, Victoria, www.dvirc.org.au
26 Co-mediation refers to mediation where both a female and male mediator facilitate the session.
5. GUIDE FOR FIRST POINT OF CONTACT

Guidance for first point of contact

- People contacting the Centres and the Advice Line will have diverse queries and come from a broad range of groups in the community and from around Australia.

- Some people will contact with a specific query, seeking information which you will be able to provide.

- Some people may have found it difficult to contact the service. Their concerns could range from a reluctance to seek help, to fear that what they wish to disclose will be embarrassing or even dangerous for them.

- It is critical that staff at the first point of contact establish a rapport with the client which demonstrates that you:
  o will understand what they are saying
  o understands the importance to the caller of what they are disclosing
  o will be empathic and not be judgemental, and
  o will be able to offer help to deal with the issue/s either directly or by referral to others who can help.

- The client’s initial request for information, advice or assistance may not be comprehensive. Some client’s may be reluctant to disclose some issues – particularly safety issues such as domestic violence, child abuse, and/or intentions of self harm – until or unless they gain confidence in the person to whom they are speaking.

- The client may not be willing to disclose information unless asked about it directly – particularly on safety issues (and especially on suicide intentions).

Privacy and confidentiality

- Clients must be given comprehensive information about the privacy and confidentiality provisions before they disclose information about themselves or others.

Safety and freedom to speak

- Early in a conversation a check can be made that it is safe for the caller to speak. For example:
  
  *Is it safe for you to speak with me at the moment?*

- While it is important to screen for safety and assess for need at an early stage in people’s contact with the Centres and Advice Line, this must not be done at the expense of establishing rapport. Questions and comments should be tailored and paced to take account of the state of mind and of the emotional state of the client at
any point in time. The questioning for screening and assessment purposes may need to be interspersed with conversation with the client designed to establish rapport.

Establishing rapport

- The style of questioning should be as natural as possible, but where a series of questions need to be asked, an introduction to them may assist in making the client feel at ease with the process as well as helping them understand your role. For example:

  - So that I can work out what type of service would best assist you right now, I would like to ask you some questions. Is that OK with you?
  - You can interrupt me at any time when I am asking them if you like, especially if you think they don’t really apply to you or I don’t understand what you’re telling me. Shall we begin?

Allowing space

- The client needs to be given permission to say what they need to. This is given by you encouraging the client to talk and by empathising with them. However, the conversation should be contained to what is necessary for the person providing the first point of contact service to determine the services appropriate for the client.

- The following actions will assist you to understand what area of service will meet the caller’s needs while dealing with any distress the client has, establishing rapport and keeping the conversation within manageable bounds:

  - Allow enough space for the client to explain why they have contacted the service, for example if the caller is upset you would say:

    “Take your time, I’m listening…”

  - Maintain focus on how you can assist by acknowledging what you are hearing, and letting the client know you understand the information they are sharing

  - Listen for specific issues – financial, legal, parenting, concerns about children, mental health, substance abuse, violence and abuse. Ask clarifying questions and paraphrase the caller’s concerns to test whether these are concerns for the caller and to ensure you understand:

    “Let me see if I understand what you are saying?”
    “Are you concerned about…?”
    “What makes you concerned about that?”
    “Do you think speaking with someone about this would help?”
    “Have you spoken to anyone about this?”
• Listen for indicators of threats to safety and reflect back your concern based on the caller’s words:

“It sounds like you’re saying…. Do you think you are safe in this situation?”

Normalising

• It is important that the client be made to feel comfortable about telling you their story, so you should, where appropriate, normalise what they say they are feeling or thinking. For example:

“Yes, people often feel/think that way about ….”
“Yes, a lot of people say that too when that sort of thing happens.”

• However, it is just as important to not let such statements seem to diminish the importance of what the client is saying, so it is important to acknowledge that. For example:

“While it is normal to feel/think that way, I know it doesn’t mean it is any less painful.”
“It sounds like this has been very painful for you.”

Containing

• Because the interaction at first point of contact needs to be managed so that it does not exceed the role of the staff at first point of contact, given other demands and their level of expertise, you may need to say at some point something along these lines:

“My colleague is very experienced in dealing with the matters you have mentioned, and I can transfer your call right now.”

Clarifying

• At appropriate times, you should check with the caller that you have understood what they have told you. For example:

“Can I just ask you to tell me if I have understood what you have been telling me? What I understand you are saying is…[summarise the essential points of what the caller has said].”

• Apart from ensuring that your understanding is correct, clarifying can help you to keep the conversation focussed and contained within manageable bounds.
Questions about safety:

- Do you have any reason to be concerned for your own safety or the safety of your children?
- Do you have any other worries about your children at the moment?
- Do you have any reason to be concerned for the safety of anyone else?

Notes about safety questions:

- Separation from a partner can trigger issues of risk for the non violent partner and children.
- The client may be a person subject to violence or a person who uses violence. Both need help to disclose and obtain assistance to deal with the issues.
- If there is an affirmative answer to any of these questions, the client should be invited to speak to a specialist or professional. For example ‘I have a colleague here who deals with the issues you mentioned, and I can have them speak with you now, if you would like’.
Attachment A: Sample Intake Form

Sample Intake Form
UnitingCare Unifam Counselling and Mediation Service

Section A. Demographic and Statistical Information

Date of Request: __/___/___
Name: __________________________________________________________
Address: ________________________________________________________
Contact Details: _________________________________________________
Occupation/ hours: ______________________________________________
Household configuration: _________________________________________

Section B. Presenting Issues: What is the person’s explanation of their need? Attention
should also be given to issues involving: substance use; mental health; cultural
background; language/interpreters; and special needs – disability, literacy issues,
transport issues, child care issues.

Q. What are you concerned about at the moment?
Q. What do you think you need?
Q. Does your partner/ child/parent/ ex know that you are calling?
Q. Do you have children? …How much do they know about what’s happening?

________________________________________________________
________________________________________________________
________________________________________________________

Genogram:
Q Who is in your family/ who lives with you/ how old are they? How long ago did you
separate? Etc.
Circle the following presenting concern/need:

**Relationship information**
Q. What relationship are you most concerned about? Are you looking for written information/ phone numbers/ places to go to talk about it?
- couple strengthening
- parent/child relationship strengthening
- separation from a couple relationship
- re-partnering – couple
- stepfamily formation
- other relationship __________________________________________

**Relationship assistance (referral for counselling)**
Q. Have you thought of talking to someone about these concerns? If so, who? If not, would you like me to give you some places you could go to talk with someone who can help?
- couple strengthening
- parent/child relationship strengthening
- separation from a couple relationship
- re-partnering – couple
- stepfamily formation

**Separation – (referral for mediation/ PDR or for COP in WA, Victoria and Tasmania)**
After exploring the details of the separation: when, how, responses of each…
Q. Do you need help with how to sort out the property/ finances, or around the children? What have you worked out about supporting your children? Have you thought about sitting down with a mediator to work this out? How well do you think your children are coping at the moment? What has been their reaction to the separation?
- working out a parenting plan: contact and residence
- property settlement
- child support payment
- child inclusive assessment

**Post separation conflict assessment (referral to COP)**
Q. How often do you fight? What is the worst the fights have gotten? How much of the time can you come to a decision? How do you communicate around the children? Have you got any court orders in place? How are the orders working? How aware are the children of your level of conflict?
- resolving conflict over contact
- resolving conflict over residence
- resolving conflict around safety issues – domestic violence, children’s safety
- Resolving conflict over the ending of the relationship – why? e.g. an affair,
- Post separation parenting – communicating, decision making, future planning
Section C. Assessment of safety issues

□ Level of conflict
   Q. Have you ever been worried about your safety? Have the fights ever become physical? What’s the worst it’s gotten? Have the children witnessed heard about this?

□ Risk of self harm, suicidal ideation, substance abuse
   Q. Have you ever thought of hurting yourself? Have you ever wanted to die? How long ago? How are you feeling at the moment? Do you think you can keep yourself safe? Are there any other safety issues?

□ Assessment of risk to others - threats of harm, homicidal ideation
   Q. Are you concerned that he/she would hurt you/ the children? How? Does he/she know your address/ phone number? Have you got an AVO/DVO/Intervention Order? Have they ever threatened to hurt / take the children?
   Q. Have you ever felt like hurting her/him? Have you threatened her/him? Have you ever threatened to withhold/take the children?

Violence (includes abuse: psychological, emotional, financial, sexual)
Q. Have you ever been hurt by your partner? Have you felt afraid of him/her, or their anger? Who manages the money? What happened when you separated, how angry were they? What did they do? What sorts of things have happened since you separated? How safe do you feel at the moment? Do you have a current AVO/DVO/Intervention Order?
   ▪ violence in the current relationship
   ▪ violence during the separation process
   ▪ violence after the separation
   ▪ other issues re violence, e.g. financial, emotional

Child safety
Q. What concerns do you have for the children? What has happened? Who else is concerned? Have ‘Child Protection’ been notified? How have they responded? Were any charges laid? What would you like to have happen?
   ▪ Current concerns for safety of a child, threats to abduct
   ▪ Current: sexual abuse, physical abuse, emotional abuse, psychological abuse
   ▪ Past allegations of abuse, substantiated/unsubstantiated
   ▪ Reports of child-at-risk of harm to State/Territory child protection authority

Section D. Assessment of children and young people’s needs
Q. How well does your child get on with your new partner? Have they got someone to talk to about this? What do you think they need?
   ▪ Children’s relationships with family members
   ▪ Children’s wishes re: separation
   ▪ Children’s responses to the separation
   ▪ Other concerns for a child or young person
   ▪ Other supports for child
Section E. Assessment of suitability for services at the Family Relationship Centre

What are the needs of the client?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What decisions need to be made?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What intervention/s would best fit their needs?
_____________________________________________________________________
_____________________________________________________________________

What can the Family Relationship Centre provide for?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What referrals need to be made?
_____________________________________________________________________
_____________________________________________________________________

Procedural Outcomes: (What intervention was given?)
□ Client given information
□ Client booked in for Family Relationship Centre mediation
□ Client booked in for Family Relationship Centre group
□ Client case managed referral:
  □ Client referred to domestic violence intervention
  □ Client referred to child protection intervention
  □ Client referred to Child Support Agency/ Centrelink
  □ Client referred to mental health intervention
  □ Client referred to other emergency service: _________________
    (i.e. a refuge, doctor, drug and alcohol service, police)

External referral
□ Client referred for relationship or family counselling to range of services
□ Client referred for mediation to range of services
□ Client referred for post separation counselling to range of services
Attachment B: Possible indicators for child murder-suicide

POSSIBLE INDICATORS FOR CHILD MURDER-SUICIDE

- A history of violence.
- Perpetrator’s inability to regard themselves as individual, separate from their spouse and children after relationship breakdown.
- A proprietary attitude to their children and partner.
- A history of intense and long term stalking (such as watching the ex-partner’s residence from a hiding place nearby).
- Perpetrator has previously threatened to harm himself and others such as children and other family members if his partner leaves.
- Obsessive and controlling personality traits which made the partner hard to live with prior to the separation and which deteriorate markedly after separation.
- Previous attempts by the female partner to leave were unsuccessful because of the reactions of the male partner or the fear of how he would react.
- Escalation of violence after separation when the female ex-partner shows signs of asserting herself.
- Signs of personality disorder or depressive illness which may or may not have been clinically diagnosed.

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Attachment C: Examples of questions on violence

Examples of Questions on Domestic and Family Violence Used by Australian Agencies

1. *Taken from* Domestic Violence and Incest Resource Centre\(^{28}\)

Does your partner, your boyfriend or girlfriend, your friend, your carer, or a family member:

- make you feel uncomfortable or afraid?
- often put you down, humiliate you, or make you feel worthless?
- constantly check up on what you’re doing or where you are going?
- try to stop you from seeing your own friends or family?
- make you feel afraid to disagree or say ‘no’ to them?
- constantly accuse you of flirting with others when this isn’t true?
- tell you how the household finances should be spent, or stop you having any money for yourself?
- stop you from having medical assistance?
- scare or hurt you by being violent (eg: hitting, choking, smashing things, locking you in, driving dangerously to frighten you)
- pressure or force you to do sexual things that you don’t want to do?
- threaten to hurt you, or to kill themselves if you say you want to end the relationship?
- Have your children heard or seen these things or been hurt themselves?

2. *Taken from* Domestic Violence and Incest Resource Centre\(^29\)

**Relationship Warning Signs**

If you answer yes to any of the questions below, you could be in an abusive relationship, or your relationship could become abusive.

- do you feel nervous around your boyfriend, girlfriend, or partner?
- do you have to be careful to control your behaviour to avoid their anger
- do you feel pressured by them when it comes to sex?
- are you scared of disagreeing with them?
- do they criticise you, or humiliate you in front of other people?
- are they always checking up or questioning you about what you do without them?
- do they repeatedly and wrongly accuse you of seeing or flirting with other people?
- do they tell you that if you changed they wouldn't abuse you?
- does their jealousy stop you from seeing friends or family?
- do they make you feel like you are wrong, stupid, crazy, or inadequate?
- have they ever scared you with violence or threatening behaviour?
- do you often do things to please them, rather than to please yourself?
- do they prevent you from going out or doing things you want to do?
- do you feel that, with them, nothing you do is ever good enough?
- do they say that they will kill or hurt themselves if you break up with them?
- do they make excuses for their behaviour, for example, by saying it's because of alcohol or drugs, or because they can't control their temper, or that they were 'just joking'?

3. **Taken from Queensland Health Screening for Domestic Violence**
   1. Do you have problems with anyone at home who makes you afraid for your safety?
   2. In the last year, has anyone at home hit, kicked, punched or otherwise hurt you?
   3. In the last year, has anyone at home often put you down, humiliated you, or tried to control what you can do?
   4. In the last year, has anyone at home threatened to hurt you or your children?

4. **Taken from NSW Health Screening for Domestic Violence**
   1. Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?
   2. Are you frightened of your partner or ex-partner?
5. *Taken from* Gold Coast Domestic Violence Service

Domestic Violence Service, Gold Coast
Safety & Risk Assessment

**HISTORY OF DOMESTIC VIOLENCE**

**CURRENT AND PAST PHYSICAL & SEXUAL VIOLENCE**

1. Describe the last incident of violence or abuse: Incident Date:..........................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

2. Has your partner's violence escalated or increased? □NO □YES
   (Describe)
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

2a. What do you think the change in their behaviour means?
   (Describe)
   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................

4. Have you ever required medical attention for injuries? □ NO □ YES (Describe)

................................................................................................................................................
................................................................................................................................................

5. Has your partner ever tried to strangle you? □ NO □ YES (Describe)

................................................................................................................................................
................................................................................................................................................

5a. Did you lose consciousness? □ NO □ YES (Describe)

................................................................................................................................................
................................................................................................................................................

6. Has your partner ever threatened to kill you? □ NO □ YES (Describe)

................................................................................................................................................
................................................................................................................................................

6a. Do you believe your partner is willing and capable of carrying out the threat? □ NO □ YES (Describe)

................................................................................................................................................
................................................................................................................................................

7. Has your partner ever killed or harmed a pet? □ NO □ YES (Describe)

................................................................................................................................................
................................................................................................................................................

7a. Do you think this was done to threaten? □ NO □ YES (Describe)

................................................................................................................................................
8. Has your partner ever been sexually abusive to you?  □ NO  □ YES (Describe)

9. Have you ever been threatened with a weapon?  □ NO  □ YES (Describe)

10. Do you think your partner may use a weapon against you?  □ NO  □ YES (Describe)

11. Has your partner ever hurt your children or threatened to abduct them?  □ NO  □ YES (Describe)

12. Do you think your partner may injure you or your children?  □ NO  □ YES (Describe)

13. Does your partner have a history of violence to others including a past partner?  □ NO  □ YES (Describe)
14. Has your partner ever been charged with offences related to violence?

☐ NO  ☐ YES

(Describe)

15. Is your partner jealous or obsessed with you? (Monitoring you or stalking etc)

☐ NO  ☐ YES

(Describe)

15.a Can you describe the behaviour?

☐ NO  ☐ YES

(Describe)

16. Has your partner ever threatened suicide?

☐ NO  ☐ YES

(Describe)
17. Has your partner ever been treated for mental health issues?  □ NO  □ YES

(Describe)


18. Has your partner experienced any unusual high stress in the past twelve months?  □ NO  □ YES

(eg Job Loss, etc)

(Describe)


18a. Has this made him more dangerous to you?  □ NO  □ YES

(Describe)


19. Does your partner drink excessively?  □ NO  □ YES

(Describe)


19a. How is alcohol linked to his violence?  □ NO  □ YES

(Describe)
20. Does your partner use drugs? □ NO □ YES
(Describe)
............................................................................................................................... ..................
............................................................................................................................... ..................

20.a. How does drug taking affect his use of violence? □ NO □ YES
(Describe)
............................................................................................................................... ..................
............................................................................................................................... ..................

21. Have you ever felt the need to protect your partner? □ NO □ YES
(Describe) (Not laying charges, dropping charges, revoking Protection Orders etc.)
............................................................................................................................... ..................
............................................................................................................................... ..................

22. Does your partner show remorse/sadness about violence? □ NO □ YES
(Describe)
............................................................................................................................... ..................
............................................................................................................................... ..................

23. Has your partner sought assistance to stop using violence? □ NO □ YES
(Describe)
............................................................................................................................... ..................
............................................................................................................................... ..................
24. Have you separated or attempted to separate from your partner in the past twelve months □ NO □ YES
(Describe)
..................................................................................................................................................................
..................................................................................................................................................................
24a Can you describe how that went? □ NO □ YES
(Describe)
..................................................................................................................................................................
..................................................................................................................................................................
25. Have you had contact with the Police in the past twelve months? □ NO □ YES
(Describe)
..................................................................................................................................................................
..................................................................................................................................................................
25a Can you describe how your partner responded to this? □ NO □ YES
(Describe)
..................................................................................................................................................................
..................................................................................................................................................................
26. Do you have a current protection order? □ NO □ YES
(Describe)
..................................................................................................................................................................
26a Does your partner adhere to the conditions on the order? □ NO □ YES

(Describe)

27. Have you sought other assistance in the past twelve months (eg. Women's Shelter, Counselling etc.) □ NO □ YES (Describe)

27a How did your partner respond to this?

(Describe)

28. Do you have a supportive network of family and friends? □ NO □ YES (Describe)


Gold Coast Domestic Violence Integrated Response  
Domestic Violence Offender Program  
RISK ASSESSMENT GUIDE

LOW

1. No violent incident in previous week or threats suggested.
2. Information consistent with facilitators perceptions and that supplied by partner / other sources.
3. No change in situational factors signaled or suggested as being of concern.
4. Evidence of clear conceptual understanding and position taking on non violence articulated through group participate.
5. No evidence of denial, minimization or blame.
6. Safety strategies developed and demonstrated.
7. **No immediate action required.**

MODERATE

1. No violent incident in previous week or threats suggested.
2. Some inconsistencies with perception of facilitators and with information supplied by partner or other sources.
3. No change in situational factors signaled or suggested as being of current concern.
4. Some evidence of conceptual understanding and position taking on non violence articulated through group participation.
5. Some use of denial, minimization and blame.
6. Some safety strategies developed and demonstrated.
7. **No immediate action required at present. Monitor any change next week. Maintain contact with female part.**

MEDIUM

1. An incident reported in previous week and possibility of threats suggested.
2. Some clear inconsistencies with perception of facilitators and with information supplied by partner or other sources.
3. Possibility of change in situational factors signaled or suggested as being of current concern.
4. Limited evidence of conceptual understanding and position taking on non violence.
5. Continues to use denial, minimization and blame.
6. Some safety strategies articulated but limited demonstration.
7. Follow up required during next week to clarify risk concerns and to discuss appropriate safety strategic participant, partner and others (including relevant agencies). Contact with Female Partner.
HIGH

1. An incident reported in previous week and possibility of threats suggested.
2. Clear inconsistencies with perception of facilitators and with information supplied by partner or other sources.
3. Imminent change in situational factors signalled or suggested as being of concern (e.g. separation, reconciliation, change in contact).
4. Man discloses suicidal/self harm thoughts or plans. Concern over conceptual understanding, safety strategies position taking on non violence.
5. Continued high levels of denial, minimization and blame.
6. If the potentiality for violence exists the Area Manager Community Corrections must be advised.

Actions Required:
(a) Facilitator to inform the Coordinator Domestic Violence Service, the Area Manager of Community Corrections and the relevant Community Corrections Officer (CCO).
(b) Follow up meeting with man as decided in discussion between Community Corrections Area Manager, Facilitator and the CCO.
(c) Discussion between Coordinator of Domestic Violence Service, Area Manager at Community Corrections and the relevant parties of the Gold Coast Domestic Violence Integrated Response.
(d) Domestic Violence Service or Area Manager of Community Corrections to contact the Queensland Police Service to flag female partner address for prompt attendance.

DOMESTIC VIOLENCE RISK ASSESSMENT SHEET
Domestic Violence and Incest Resource Centre, Victoria

STAGE 1 - SAFE PLACE TO CALL – Immediate Safety Assessment

Worker Tips:

- If concerned for caller’s safety, record her phone number if displayed (top of phone), or press Red Trace/MCH button (in red letters, on right-hand-side), noting the time pressed. This will enable the call to be traced at a later stage, if deemed necessary.
- To familiarise yourself with this procedure, discuss with Team Leader or Telephone Service Coordinator (also see Team Leader folder)

A) Physical Danger:

Worker Tips:

- It can be helpful to reflect your concern around the caller’s lack of safety, the severity of the abuse, and the risk of further abuse. They may find the level of abuse “normal” after living with it for so long.

- Are you safe right now?

- Do you have children in your care?

- Is there anyone with you at the moment?

- Are you in danger of immediate physical harm?
• Do you think that you will be killed or injured?
………………………………………………………………………………………………
………………………………………………………………………………………………
• Would you like me to call the police?
………………………………………………………………………………………………
………………………………………………………………………………………………

Worker Tips:
• If difficult, or impossible, for her to call the police – obtain her phone number and/or address – or utilise Trace/MCH button. Don't forget that Police can attend a Phone Box.

• How much time do you have to talk to me? Do you need to go to a Women’s Refuge?
………………………………………………………………………………………………
………………………………………………………………………………………………
• Does anyone know of your situation that can offer further support?
………………………………………………………………………………………………
………………………………………………………………………………………………

Worker Tips:
If only short time available, give relevant Crisis numbers – as listed on the DV SUPPORT/CRISIS SERVICES FOR WOMEN & CHILDREN sheet.

• Does your partner have a weapon, or access to a weapon (obtain details)?
………………………………………………………………………………………………
………………………………………………………………………………………………
• Is the physical abuse getting worse? If yes, what is different now?
………………………………………………………………………………………………
………………………………………………………………………………………………
• What injuries has your partner inflicted on you in the past?
………………………………………………………………………………………………
B) Children’s Safety:

Worker Tip:

- **Make it clear that you are also very concerned about the safety of her child(ren), and that whilst the responsibility for the violence lies with her partner, she is also responsible for their safety.**

- Where are the children now? Are they in any danger, or directly at risk of physical injury?
  
  ........................................................................................................................................

- Can you describe how your partner gets on with the children?
  
  ........................................................................................................................................

Worker Tip:

- **Sometimes women say such things as “He hits me, but he is a good father ---“. An example of a response may be “By abusing you, he is not being good to the children” or “He is denying them a safe and happy childhood” etc etc.**

- **Remember that children ALMOST ALWAYS know about the violence, and are ALWAYS AFFECTED BY IT.**

- Have they ever been hurt or badly frightened by the violence?
  
  ........................................................................................................................................

- What do the children do during the violence (eg do they withdraw, try to ignore it, sleep, cry, scream or hide)?
  
  ........................................................................................................................................

- How do you think that the violence is impacting on the child(ren)(eg indications may be difficult/aggressive behaviour, hyperactivity, bed-wetting, withdrawn, angry with mother etc)?
  
  ........................................................................................................................................

- Would you like to explore (other) ways in which you may help and support your child(ren)?
  
  ........................................................................................................................................
STAGE 2 – OPTIONS AND CHOICES

C) Safety Plans - Staying with the partner

- What sort of things are you doing to keep yourself (and the children) safe when you think your partner may get violent?

- Would it be helpful for you to think more about how to keep yourself (and the children) safe?

Worker tips:
- Some women stay and learn to live with abuse – this is dangerous and may result in serious injury. If she stays, changes cannot happen without the partner’s co-operation.

Do you have:
- Any family members, friends etc. that you may seek temporary refuge with at times of violence?

- Strategies which may reduce contact with your partner at times of approaching violence?

Worker tips:
- Such strategies may include: leaving house for shopping, gardening, having a friend over, running outside & screaming loudly once violence starts etc.

Possible ideas/areas of exploration with the caller:
- Access to a phone, and a list of crisis numbers

- Emergency money (such as a secret bank account, or money stashed away); spare car keys; credit cards; pass-portrs, educational certificates etc

- A secret safety-deposit box for valuables, documents etc.

- A secret Post Office Box or friend’s address – to receive private information

- An emergency suitcase containing essential supplies (eg. left with friend, neighbour; including change of clothing, photos, documents, treasured possessions, favourite toys etc.)

- A pre-arranged warning signal to friends/neighbours indicating potential danger which may require immediate help
• A good understanding of her legal rights, and how to access legal information, or work with the legal system

Important considerations:

• Establishing a Police contact person with some knowledge of the issues
• Arranging for the removal of dangerous weapons to a safe place (eg. guns, knives etc.)
• Establishing contact and support with a DV Outreach Service

• Keeping a diary/record of violent incidents, and other forms of abuse

d) Safety Plans – Leaving the partner:

**Worker tips:**
- It can take enormous courage to leave someone, and especially someone they may still love.

Important considerations:

• Arrange Refuge accommodation via Women’s Refuge service
• Arrange alternative accommodation (eg rental, friend, family etc)
• Determining the safest time for leaving home – and organising removal accordingly
• Organising spare car keys, relevant documents (including credit cards, Health Care and Medicare cards, rental agreement, mortgage and/or car papers, educational & birth/marriage certificates, money etc. - hidden in safe place, with friend etc.)
• Organising support from friend/worker/police at critical times
• Making an appointment with Centrelink for financial support – where necessary (may be a good idea to talk to a Centrelink Social Worker initially – Crisis Payments are available if leaving the home due to D.V. - but only if she applies within 7 days of leaving)
• Establishing contact and support with a D.V. Outreach Service
• Establishing a good understanding of legal rights, and how to access information, and work within the legal system
• Recording as many violent incidents as possible, including dates and times, details of injuries, and level of severity – may also include other forms of abuse

e) Legal and Police/Court action:

**Worker Tips:**
Remember to affirm and validate at each stage; that we hear from many women in similar situations; emphasis the seriousness of the situation, and that physical violence is a CRIME.

- Have the police ever been called in response to your partner's abuse?
- If so, when were they last called, and what happened?
- Is your partner scared of: authority; the Police; going to jail?
- Do you have a current intervention order? Have you ever had one?
- If yes, obtain brief details of the order:
- If no, ask if she would like more information about how to apply for one.
- Do you understand what your legal rights are, and how to work with the legal system?

Worker Tips:

Explain that if she has been assaulted, threatened or property has been damaged, the Police have the power to:

- Apply for an Intervention Order on her behalf.
- Arrest the offender
- Search for and remove weapons (they MUST remove a gun).
- Charge the offender with a criminal offense.
- The Police often tell you to go to the Magistrates’ Court. If she is too afraid to do this, she can insist on the police helping her with the application.

If she is confused about the process, or afraid to go to court, suggest she contacts:

- Victorian Court Information & Welfare Network Inc. (Court Network) on 9603 7433 – free service; may assist with personal support in court, information & referrals; they will explain the process & procedures of Intervention Order applications, or Family Court matters.
Attachment D: Reasons for disclosure / non-disclosure

REASONS WHY VICTIMS OF VIOLENCE MAY DECIDE NOT TO DISCLOSE OR TO DISCLOSE

REASONS FOR NON DISCLOSURE

The reasons victims of violence may choose not to disclose can include:

• not wanting to see their partner harmed, publicly shamed, or damaged financially;
• wanting to protect their privacy and sense of competence;
• being concerned about the effects on their children;
• fearing that their partner will try to get custody of the children;
• being concerned that multiple court appearances will lead to the loss of their job;
• fear being ‘cast out’ by their family or religious community.

REASONS FOR DISCLOSURE

The turning point for victims of violence to disclose can include:

• violence has escalated to such a point the victim feels they would be seriously hurt or killed;
• physical risks of staying with partner outweigh the risks of leaving;
• growing fears for their children’s safety;
• their children are being abused by the partner;
• concern about the longer term impact of violence on their children;
• belief that nothing is going to change;
• realisation that they cannot affect their partner’s behaviour and that they are not responsible for their partner's behaviour;
• study and work leading to:
  o increased self-esteem and confidence;
  o critical reassessment of their situation at home; and
  o realisation that their situation was neither ‘normal’ nor acceptable

Attachment E: Sample questions on child abduction

Sample Questions on Child Abduction

1. Has your partner/ex-partner ever taken your child without your consent, or not returned your child within a reasonable time of any agreement to do so?

2. Has your partner/ex-partner threatened to abduct your child?

3. Does your partner/ex-partner have such different beliefs about how your child should be brought up that they have disagreed strongly with you about this?

4. [For the risk of international abduction:] Is your partner/ex-partner a citizen of another country?

5. Do your partner/ex-partner and children have current passports? Who has the children’s passports at the moment?
Attachment F: Sample questions on suicide

Sample Questions on Suicide

From Suicide Behaviour Questionnaire

- Have you ever thought about or attempted to kill yourself?
- How often have you thought about killing yourself in the past year?
- Have you ever told someone that you were going to commit suicide, or that you might do it?
- How likely is that you will attempt suicide one day?  

From Royal Australian College of General Practitioners

- ‘How is life going for you?’
- Is this unhappy feeling so strong that you ever wished you were dead?
- Have you ever thought about how you might kill yourself?  

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33 Questions used in the four-question Suicide Behaviour Questionnaire – see Range and Knott, 1997.
34 Royal Australian College of General Practitioners, 2002, p. 45
Attachment G: Risk assessment guide for suicide

RISK ASSESSMENT GUIDE FOR SUICIDE
*Taken from training CD: Suicide Assessment and Intervention: Men at Risk,*
Crisis Support Services Inc., 2005

RISK ASSESSMENT GUIDE
Client: ____________________________

[Circle answers]

A. Action or Intention

Has the client taken action to harm themselves or others?

No / Yes

If yes, implement emergency procedures.
If no, proceed to questions below.

Do they have a specific plan? No / Yes

If yes:

- Does the client intend on harming self or others or have ideation only?
  - Self
  - Others
  - Idea only
  - Thoughts about possible methods
  - Specific method identified: ____________________________

- How immediate are their plans?
  - Immediate
  - Next 24hrs
  - Week
  - Non-specific
  - Other ____________

- How lethal are their plans? ____________________________

- Have access to means? No / Yes

  If drugs: Name: __________________
  Quantity? __________ Dose? ______________
  Takes medication regularly? ____________________________

Action Plan:
_____________________________________________________________________
_____________________________________________________________________


B. Background
Has the client engaged in risk-taking or suicidal behaviour previously?  No / Yes

If yes:
• Type of behaviour: __________________________
• When did it first occur? ______________________
• In what circumstances? ______________________
• How frequently? _____________________________
• Last episode occurred? _______________________
  o What was the outcome? ____________________

Prior Diagnosis/Psychiatric Episode?  No / Yes
• Details: ___________________________________

Does the client know others who have engaged in suicidal behaviour?  No / Yes
• Significance of relationship: ___________________
• Outcome: _________________________________

Action Plan:
_____________________________________________________________________
_____________________________________________________________________

C. Current stressors

Are there current stressors affecting the client?  No / Yes

If yes:
• Relationship break-up
• Family Conflict
• Disability or Illness
• Abuse or DV
• Injury or Accident
• Assault
• Job Loss/Unemployment
• Loss or Grief
• Other __________________

Significance for client:
• High
• Moderate
• Low

Action Plan:
_____________________________________________________________________
_____________________________________________________________________

D. Distress Level
Is client significantly distressed?  **Yes** / **No**

If yes:
- What symptoms of distress does the client display?
  
  - Emotional: Mood swings
    - Anger
    - Alienation
    - Numbness
    - Anxiety
    - Deep sadness
    - Other ________________
  
  - Thoughts:
    - Irrational
    - Narrow
    - Extreme
    - Slowed
    - Global
    - Incoherent
    - Other ________________
  
  - Physical:
    - Lethargy
    - Panic
    - Disturbed sleep
    - Other ________________
  
  - Behavioural:
    - Withdrawal
    - Crying
    - Aggression
    - Erratic
    - Other ________________

**Action Plan:**

_____________________________________________________________________
_____________________________________________________________________

E. External / Internal Resources

External: Are there any external supports available?  Yes /  No

If yes:

- Who is available for support?
  - Family members
  - GP
  - Friends
  - Colleagues
  - Partner
  - Mental Health Worker/Service
  - Other ______________________

Level of support received:
- Poor
- Good
- Excellent

Contact frequency __________________

Time of next contact? ____________

Anyone present/contactable?  No  Yes

Action Plan:
_____________________________________________________________________
_____________________________________________________________________

Internal: Does the client have coping strategies?  Yes /  No

Strengths / Coping mechanisms: ______________________

Strategies used/Crises managed: ______________________

Connections that give client a sense of meaning or belonging: ________________

Reasons client identifies for living: ___________________________

Action Plan:
_____________________________________________________________________
_____________________________________________________________________

Risk of Suicide Attempt
(Count the number of underlined/bolded Yes or No answers circled)

- Low (0-1)
- Moderate (2-3)
- High (4-6)
- Emergency (4-6) + Immediate Plan
Division 1 Family Dispute Resolution Practitioners

62 Family dispute resolution practitioners — assessment of family dispute resolution suitability

(1) Before providing family dispute resolution under the Act, the family dispute resolution practitioner to whom a dispute is referred must be satisfied that:
   (a) an assessment has been conducted of the parties to the dispute; and
   (b) family dispute resolution is appropriate.

(2) In determining whether family dispute resolution is appropriate, the family dispute resolution practitioner must be satisfied that consideration has been given to whether the ability of any party to negotiate freely in the dispute is affected by any of the following matters:
   (a) a history of family violence (if any) among the parties;
   (b) the likely safety of the parties;
   (c) the equality of bargaining power among the parties;
   (d) the risk that a child may suffer abuse;
   (e) the emotional, psychological and physical health of the parties;
   (f) any other matter that the family dispute resolution practitioner considers relevant to the proposed family dispute resolution.

(3) If, after considering the matters set out in subregulation (2), the family dispute resolution practitioner is satisfied that family dispute resolution is appropriate then, subject to regulations 63 and 65, the family dispute resolution practitioner may provide family dispute resolution.

(4) If, after considering the matters set out in subregulation (2), the family dispute resolution practitioner is not satisfied that family dispute resolution is appropriate, the family dispute resolution practitioner must not provide family dispute resolution.

63 Information to be given to parties before family dispute resolution

(1) At least 1 day before family dispute resolution is started under subregulation 62 (3), each party to the family dispute resolution must be given a written statement that sets out the following information:
   (a) that the process of family dispute resolution is one by which the parties involved, together with the assistance of the family dispute resolution practitioner:
      (i) isolate issues in the dispute; and
      (ii) develop and consider options to resolve those issues; and
(iii) if appropriate — attempt to agree to 1 or more of those options; and
(iv) if a child is affected — attempt to agree to options that are in the best interests of the child;

(b) if the dispute involves a child:
   (i) that each parent has parental responsibility for the child, within the meaning of section 61B of the Act; and
   (ii) that the best interests of the child are the paramount consideration in any decision that affects him or her;

(c) that it is not the role of the family dispute resolution practitioner to provide the parties with legal advice (unless the family dispute resolution practitioner is also a legal practitioner);

(d) that family dispute resolution may not be appropriate for all disputes, particularly if a dispute involves violence that renders one party unable to negotiate freely because of another’s threats;

(e) that family dispute resolution must be attended if required under section 60I of the Act, before applying for an order under Part VII of the Act;

(f) that a party has the right to obtain legal advice at any stage in the family dispute resolution process;

(g) that a party has the right to terminate the family dispute resolution at any time;

(h) that, provided section 10J of the Act applies, evidence of anything said, or an admission made, at family dispute resolution is not admissible:
   (i) in any court (whether exercising federal jurisdiction or not); or
   (ii) in any proceedings before a person authorised by a law of the Commonwealth or a State or Territory, or by the consent of the parties, to hear evidence;

(i) the family dispute resolution practitioner’s confidentiality and disclosure obligations under section 10H of the Act;

(j) the qualifications of the family dispute resolution practitioner to be a family dispute resolution practitioner;

(k) the fees (including any hourly rate) charged by the family dispute resolution practitioner in respect of the family dispute resolution.

Note  Sections 12G and 63DA of the Act may impose additional information-giving obligations.

(2) Before starting family dispute resolution, each party to it must certify on a copy of the statement that he or she has received the statement.

(3) A family dispute resolution practitioner must not start family dispute resolution until subregulations (1) and (2) are complied with.

64  Obligations of family dispute resolution practitioner — general

In providing family dispute resolution services under the Act, a family dispute resolution practitioner:

(a) must ensure that, as far as possible, the family dispute resolution process is suited to the needs of the parties involved (for example, by ensuring the suitability of the family dispute resolution venue, the layout of the family dispute resolution room and the times at which family dispute resolution is held); and
(b) must ensure that:
(i) family dispute resolution is provided only in accordance with this Division; and
(ii) any record of the family dispute resolution is stored securely to prevent unauthorised access to it; and
(c) must terminate the family dispute resolution:
(i) if requested to do so by a party; or
(ii) if the family dispute resolution practitioner is no longer satisfied that family dispute resolution is appropriate; and
(d) must not provide legal advice to any of the parties unless:
(i) the family dispute resolution practitioner is also a legal practitioner; or
(ii) the advice is about procedural matters; and
(e) must not use any information acquired from a family dispute resolution:
(i) for personal gain; or
(ii) to the detriment of any person.
Attachment I: Model for screening for joint sessions

Model for Screening for Domestic Violence for Dispute Resolution - Louise Lamont

Introduction

Screening for the presence of domestic violence in clients presenting to Dispute Resolution Services is critical to maximizing client and worker safety. Extensive screening procedures, have the potential to identify risk, inform assessment of suitability for mediation, and minimize any potential harm to either clients, their dependants or significant others including workers. Although an intake screening process can not guarantee that domestic violence will always be identified during that phase, if screening is extensive and the appropriate questions are asked, then clients experiencing domestic violence will more likely be identified earlier at the point of intake. In addition, if a program is operating according to good practice recommendations then screening will continue throughout mediation. Please note that the process of mediation can be concluded at any time, should any issues present later that are of concern in relation to fairness or equity, power balances, personal safety, or future risks.

Screening for domestic violence at intake is usually conducted so that mediators or workers responsible for an intake role within a program can assess the appropriateness of dispute resolution. The outcome of a screening assessment is usually:

1. Mediation is considered a suitable process for the parties seeking dispute resolution.
2. Mediation is considered suitable but only if it is conducted with special conditions attached to the process, and that both parties are willing to agree to, and cooperate with these special conditions.
3. Mediation is not considered a suitable and/or safe process for the parties seeking dispute resolution.

This ‘model’ has been developed specifically as an ‘example’ and to demonstrate the type of process, and questions that could be asked in face-to-face interviews with clients seeking dispute resolution. This 'model' is specifically focused on identifying the presence of domestic violence, (not other relevant issues) and the 'model' also incorporates the essential elements of good practice.

This ‘model’, advocates where possible conducting these interviews face-to-face rather than resorting to telephone interviews, or written questionnaires, except for when face-to-face interviews are viewed as not being feasible.

This ‘model’ screening process begins by asking more general and open-ended questions that can then lead on to more specific and direct questions. The initial phase of interviewing allows an intake and screening worker or a mediator time to build a rapport with clients before asking the more direct questions aimed to identify any history of domestic violence or risks to safety.

Below are 'samples' of the types of questions that could be asked. Obviously, not all of these questions would need to be asked. However, the more comprehensive the process undertaken, the greater confidence intake and screening workers and mediators can have that their practice has provided clients with the best opportunity to disclose, and that they have obtained enough information to be able to make a reasonable assessment that maximizes safety.
Phase 1. Joining & Rapport Building: (Examples of questions)

1. How did you hear about this program/service?
2. Has anyone explained to you what dispute resolution/mediation is?
3. Would you like me to give you more detailed information about mediation, and what we offer here in our program?
4. Have you ever had any sort of dispute resolution/mediation before?
5. If yes, did you find that helpful?
6. Did you initiate the idea of using dispute resolution/mediation, or was it someone else?
7. What are your expectations from dispute resolution/mediation?
8. What are your expectations of the mediator during the mediation process?
9. What are your expectations of your partner during the mediation process?
10. Do you have any particular questions about mediation?
11. Do you have any particular concerns about mediation?
12. Are you confident that you can negotiate for your needs in mediation?
13. If no, what are you unsure about?
14. What would you hope will happen during mediation?
15. What would you hope would not happen during mediation?
16. How long have you and your partner been separated/divorced?
17. Was it a mutual decision to separate or was it initiated by one of you?
18. Was there very much fighting/conflict during that time?
19. Is yes, is there still a lot of fighting/conflict now?
Phase 2. Exploring the Power Balance:  (Examples of questions)

20. When you were together with your partner how would you describe what it was like to live with them?

21. Before you separated, and when you were still together, how well were you able to manage conflict then?

22. When you were together how did you make decisions about things related to the children, finances, other responsibilities etc?

23. If one of you couldn’t get your way on something that was important to you what would happen?

24. When you and your partner were together, how would you argue if you disagreed about something?

25. Did you ever feel unsafe when you both argued?

26. How did you generally resolve these arguments?

27. Have you had any problems negotiating things with your partner since you separated?

28. If you were to get upset or angry with your partner during mediation how would you handle that?

29. If your partner was to get upset or angry with you during mediation how do you expect they would deal with that?

30. If your partner were to get upset or angry with you during mediation would that change anything for you?

31. If your partner was to get upset or angry with you during mediation would you feel unsafe after the mediation session was finished?

32. What would need to happen so that you could feel safer?

33. Are you generally afraid of your partner?

34. If yes, what are your reasons for being afraid?
Phase 3. Specific Questions About Domestic Violence
(Examples of questions)

35. Did/has your partner ever stop you from doing something you wanted to do?
36. If yes, can you provide more detail about that?
37. Did/has your partner ever stop you from seeing family or friends?
38. Has your partner ever prevented you from having access to money?
39. Has your partner ever been verbally or emotionally abusive to you?
40. If yes, in what ways has your partner been abusive?
41. Has your partner ever frightened you?
42. If yes, in what ways has your partner frightened you?
43. Has your partner ever threatened you?
44. If yes, in what ways has your partner threatened you?
45. Does your partner own or have access to any weapons? (eg gun, hunting knife etc)
46. Has your partner ever threatened you with these weapons?
47. Has your partner ever hit you or used any other physical force towards you?
48. If yes, can you tell me more about what happened?
49. How often has your partner been violent towards you?
50. When has this happened, e.g. when you were together, since you have separated, or both?
51. Have you been physically injured by your partner’s violence?
52. If yes, what type/s of injury have you had?
53. Did this injury require you to seek medical assistance or be hospitalized?
54. Was the doctor or the hospital aware that your partner had inflicted your injury?
55. Has your partner ever damaged your property?
56. Has your partner ever threatened to hurt any of your pets?
57. Has your partner ever actually hurt or killed a pet?
58. Does your partner abuse alcohol or drugs?
59. Has your partner ever had any financial problems, e.g. gambling, unemployment?
60. Is your partner extremely jealous and/or possessive?
61. Has your partner ever followed you, harassed you with unwanted phone calls, letters, or other unwanted contact?
62. Does/Has your partner ever had a mental illness?
63. Has your partner ever threatened suicide?
64. Have you ever threatened suicide?
65. Have you ever been violent to your partner?
66. If yes, can you describe what happened?
67. Have your children ever witnessed you or your partner being violent?
68. Have your children ever had the violence directed at them, been caught in the middle of the violence, been injured trying to protect you or your partner, or tried to stop the violence?
69. If your partner has been violent have they taken responsibility for their actions?
70. Have the police ever been called to a violent incident between you and your partner?
71. Have criminal charges ever been laid against your partner in regards to any violence towards you or your children or others?
72. Have you in the past, or currently do you have a Protection Order against your partner?
73. Has your partner ever breached the conditions of that Protection Order?
74. Is your partner still violent towards you?
75. Has your partner ever threatened to kill you or your children or other family members?
Phase 4. Assessment of Suitability for Mediation:

Process to undertake and what needs to be considered in that process

1. Inventory of Violence – review of information obtained from client/s
   - History of physical violence past and present
   - History and patterns of non-physical forms of domestic violence
   - History of the frequency and severity of physical violence
   - History of threats, property damage, involvement of children etc
   - History of the use of weapons, or ownership of, or access to, weapons
   - History of substance abuse, and/or mental health issues
   - History of legal or criminal justice interventions/convictions past or present
   - History of current or past Protection Orders including breaches
   - History of any Family Court orders
   - History of any medical intervention for injuries sustained
   - History of secrecy surrounding the violence

2. Risk Assessment – determining the level of dangerousness

Indicators:
   - Current Protection Order or history of breaches of past orders
   - Existence of current or past violence that is frequent and/or severe
   - Presence of current or past threats to kill or harm their partners, their children, themselves, or significant others including workers in a service
   - Presence of stalking, or behaviours that constitute intimidation or harassment
   - Presence of threats to damage property, or harm/kill pets
   - Presence of weapons or access to weapons and threats to use them
   - Presence of denials, minimizations or rationalizations of the abuse perpetrated
   - Presence of current alcohol or drug use, or current or past mental health issues
   - Presence of child abuse allegations or lack of concern by user of violence for children having witnessed past/present violence
   - Level of fear reported by the victim, and inability to feel safe in presence of perpetrator
   - Level of harm/fear experienced or reported by children
   - Separation is very recent, and partner using violence is not accepting of separation
   - Avoidance of acceptance of responsibility for violence by the partner using violence

3. Responses by workers to high level risks to safety

   - Seek urgent supervision or debriefing if necessary, or as in accordance with service policies
   - Assess clients as unsuitable for mediation
   - Provide crisis intervention if necessary
   - Develop a safety plan with the victim
   - Determine if additional support is required and make appropriate referral/s
   - If the screening process reveals that a crime has possibly been committed or threats to commit a crime are made, then ensure the victim is informed about their options in relation to reporting, proceeding with charges or seeking protection.
Screening and assessment processes will be conducted at Centres to identify a range of issues including domestic and family violence. When violence is identified, Centres should have a policy that determine how to handle such cases, whether any form of joint sessions is appropriate and, if so, under what circumstances joint sessions can be held.

The suggested process for proceeding to a joint session where there is a history of violence follows:

- An extended assessment and intake process to ensure that it is safe to proceed and that effective participation is feasible:
  - Assessment needs to conducted at individual, not joint sessions, including a more extensive assessment of the history and extent of violence identified
  - The Centre needs to be satisfied that:
    - the threat of violence is not current
    - safety can be assured and that any children of the parties are not currently at risk or likely to be put at risk by the process, or the presence of past violence
    - the client who has reported being subjected to violence is giving genuine and informed consent (this includes helping them to consider other options where they feel they have no real choice but to participate)
  - The client who has been subjected to violence, and the practitioner, needs to be confident in their ability to be able to negotiate on their own behalf.
  - The person using violence is prepared to accept the ‘ground rules’ set for this process, to ensure that the process is fair and safe and does not allow further intimidation or disadvantage into the process.
- Undertake safety planning:
  - with the client subjected to violence – for example, contingencies in the event of an incident (including pre and post service)
  - with the person using violence – for example, a cooling off mechanism
  - contracting with the person using violence that any further use of violence will result in discontinuation of service and potentially the incident may be reported to police if it is a breach of a protection order, or constitutes criminal behaviour
- Build links with crisis and support services and refer to violence prevention services as appropriate:
  - Victim support
  - Perpetrator programs
- With the clients, design the most effective and safe process. This may involve shuttle mediation or video-conferencing in which the clients do not have to meet face to face.
  (Note: physical separation of the clients may not eliminate the patterns of fear and control that may be present in relationships where there has been a history of violence. A person who has been subjected to violence may also fear that the person using violence will manipulate the practitioner, or that the practitioner may collude with any minimisations or denials, or may not recognise the signs of intimidation or control. Indeed some victims of
violence may feel safer in a face to face session as they can then directly observe their partner and the practitioner.)

- If using face to face sessions, the following guidelines are suggested:
  - Use short multiple sessions.
  - Allow for individual follow up between sessions, or consider having short pre-mediation session before each session.
  - Include break out private sessions (caucus) during sessions, and always have a private session to do a reality and safety check before moving towards finalising an agreement or parenting plan.
  - Consider drafting up a draft agreement/parenting plan and encourage the parents to discuss this with support people before returning to ‘finalise’ – ie sign and date - the agreement.

Staff involved in such sessions must have special training and be appropriately skilled in dealing with cases in which violence has been identified. These staff must attend regular professional supervision for these cases, and must be supervised by someone who is experienced in working with domestic and family violence.