Screening Tool – Child Victim-Survivor

STOP: Before screening, consider if it is safe to do so, and how you can respond to a possible disclosure of DFV. See the guidance on 'before you begin' on page 2.

If you are screening a young person in the context of risk in an intimate partner relationship, you may use the Adult Victim-Survivor Screening Tool.

- **Who can use this tool:** All organisations and practitioners (Tiers 1 to 3) can use this tool. For information on tiers and roles and responsibilities, please see the ACT RAMF.
- **What is the purpose of this tool:** This tool helps practitioners identify 'red flags' that may suggest a person is at-risk of – or experiencing – domestic and family violence. This is not an assessment of risk.
- **When to use this tool:** Use this tool as part of routine screening questions for children or young people accessing your service for the first time OR if you suspect they are experiencing domestic and family violence.

Step 1: Identify the signs	This tool provides a list of some common signs of DFV in children and young people. This is not an exhaustive list and not all children experiencing DFV will display signs of victimisation.
Step 2: Ask	If there is a sign DFV is present or you suspect it may be, and if it is safe to do so, this tool provides questions for you to identify whether DFV is occurring. Screening should be conversational. These questions are a guide and you should ask them in a way that is appropriate for the child you are engaging with. Depending on the scope of your role, experience and expertise, you may: • Ask questions directly of the child or young person; or • Ask questions of the parent/care giver.
Step 3: Act	If screening identifies that domestic and family violence is occurring, this tool provides some actions for you to take to support appropriate referrals and immediate safety.

Name of worker completing this tool:	
Date:	

Before you begin

Screening for possible DFV is a sensitive process, and it is important you and the client have the time, space and privacy to have a sensitive discussion where a disclosure can be both heard and talked about. See the ACT RAMF for further information on identification practices.

Screening should not occur in the presence of the person suspected of using violence or anyone who may disclose what was shared to that person.

If a safe environment cannot be created – do not screen. The goal is to create an environment that encourages a conversation and where the child feels safe and comfortable to disclose possible violence.

Building opportunities to talk to, listen to and include children and young people is critical and often involves similar skills to building those opportunities for adults, such as being able to listen carefully, validate and respond to feelings.

Children and young people, particularly those who have experienced trauma, are attuned to the reality of the adults around them so to encourage them to communicate there must be a genuine willingness to listen. Be prepared to give them the time they require.

Remember

Screening for DFV can be done by speaking directly to the child (where appropriate and where a person is suitably qualified to work with children) or asking a parent or guardian about the child. The most appropriate option is dependent upon the age of the child, their cognitive abilities and other factors, however it is preferrable to speak to the child directly, without either of their parents present.

Personal information – Victim-survivor

Full name:	
Date of Birth:	
Client ID:	
Contact details:	
Gender identity:	☐ Woman/Girl ☐ Man/Boy ☐ Non-binary ☐ Preferred not to say ☐ Unknown ☐ Self-described, please specify:
Intersex status:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown
Transgender history, experience or identity:	☐ Yes ☐ No ☐ Preferred not to say ☐ Unknown Pronouns:
Sexuality:	☐ Straight or heterosexual ☐ Gay, lesbian, or homosexual ☐ Bisexual or pansexual ☐ Asexual ☐ Preferred not to say ☐ Unknown ☐ Other, please specify:
Aboriginal and/or Torres Strait Islander origin:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Preferred not to say ☐ Neither ☐ Unknown
CALD:	☐ Yes ☐ No ☐ Not known Details:
LGBTIQA+:	☐ Yes ☐ No ☐ Not known
People with disabilities:	☐ Yes ☐ No ☐ Not known Details:
Additional information and adjustments (if needed):	

Legal guardian (if applicable)

If you undertake screening with a child or young person and an adult guardian is supporting them, please record their details.

Full name:	
Date of birth:	
Contact details:	
Relationship to victim-survivor:	

Person using violence

You should record details on the person using violence **if** the victim-survivor discloses this information to you. The victim-survivor may choose to not disclose their identity, and you should not push them to do so.

Full name:	
Date of birth:	
Relationship to victim-survivor:	
Additional information:	

Step 1: Identify the signs of DFV

Below is a list of age-related signs of trauma for a child or young person which may indicate that DFV is occurring. The effects of violence on children and young people will be distinct and varied – there is no set list of behaviours that can inevitably tell us which children are living with violence. Practitioners who have ongoing contact with children and young people may observe changes or regression in behaviours or mastery of skills. In isolation, some of these signs are not indicators of DFV (e.g., defiant behaviour or bedwetting). This is not an exhaustive list. If you have any concerns that DFV could be occurring, proceed to Step 2.

Impacts of violence on children and young people by age group



Babies and toddlers	Preschoolers	School age/ pre-adolescent	Adolescents
• excessive crying or irritability • feeding and sleep difficulties • underweight for their age • may have delayed mobility or language • react to loud noises and are wary of new people • may be very demanding or very passive • may acquire physical injuries from being held in a mother's arms whilst the mother is being assaulted	• extreme clinginess • eating and sleeping difficulties • concentration problems • bedwetting • inability to play constructively • physical complaints • fearfulness • numbing • increased arousal • adjustment problems (for example, when moving from kindergarten to school)	• rebelliousness • defiant behaviour • temper tantrums • irritability • cruelty to pets • physical abuse of others • limited tolerance • overly compliant behaviour • loss of interest in social activities • withdrawal • avoidance of peer relations • school performance affected negatively • self-harm	• increased risk of academic failure • school disengagement • delinquency / offending • eating disorders • substance misuse • depression • suicidal ideation • difficulty trusting adults • use of controlling behaviours • homelessness • violent behaviour • violence towards a parent (particularly their mother)

Step 2: Ask

STOP: You should never begin screening for DFV if there is a possibility the person using violence is present. This could escalate risk of harm to the victim-survivor.

You can screen for domestic and family violence by speaking directly to the child or young person (where appropriate and where a person is suitably qualified to work with children), or asking about the child to the parent or guardian. The most appropriate option is dependent upon their age, cognitive abilities and other factors, however, it is preferrable to speak to the child directly, without either of their parents present.

Any disclosure should be taken seriously, and re-enforcing that you believe them and that you are here to support them.

Starting the conversation

Some children and young people may find screening questions confronting or upsetting to answer. It is important to begin with broad prompting questions to begin a conversation and build rapport, such as:

- I'm pleased to see you today – how are you?
- What's something fun you've done recently?
- Tell me something you like to do.
- Tell me a little bit about your home. Who lives there with you?
- Tell me a bit about yourself.

Children should be encouraged to give narrative accounts, based on open ended questions and using age-appropriate language. You should pick up on key details and ask follow on questions, like "*what happened then*" or "*tell me more about [X]*".

Select either Option A or Option B to complete Step 2. Where possible, start with risk screening questions that relate to observations that you have made about the child's manner or situation.

Option A: Screening for risk by talking directly to the child or young person

Questions	Response
1. When you are at home, has anyone:	
a. Ever touched you in a way that hurt, or made you feel bad or upset?	☐ Yes ☐ No ☐ Not disclosed Comments:
b. Ever made you feel unsafe or scared?	☐ Yes ☐ No ☐ Not disclosed Comments:
c. Made you worry about your [other family members or pets] for any reason?	☐ Yes ☐ No ☐ Not disclosed Comments:
2. Who is an adult you feel safe with all the time? If a child responds to the question, a useful follow up might be: *What makes you feel safe with them?*	Details:
Further details:	

Option B: Screening for risk to a child or young person by speaking to an adult parent or carer

Questions	Response
1. I've noticed that [child's name] is [describe sign of DFV]. Is there anything which might be causing this?	☐ Yes ☐ No ☐ Not disclosed Comments:
2. Has anyone done anything to make [child's name] feel afraid?	☐ Yes ☐ No ☐ Not disclosed Comments:
3. Are you worried about your child's safety for any reason?	☐ Yes ☐ No ☐ Not disclosed Comments:
Further details:	

Step 3: Act on the information

If you are concerned the client or someone else is in danger (e.g., serious injury or illness, immediate threat of harm including self-harm), contact Triple Zero (000).

All actions should be considered in line with roles and responsibilities under mandated statutory responses (including mandatory reporting).

Screening outcome

If domestic and family violence is suspected or disclosed, it is important to first respond in a supportive way. For example:

- Home should be a place where we all feel safe.
- Thank you for telling me that. I will help you to feel safe as much as I can.
- It is not your fault this is happening.

<table>
<tr><th>Outcome</th><th>Suggested actions</th></tr>
<tr><td>☐ Domestic and family violence is disclosed or indications are present</td><td>Ensure the child is in a safe space while seeking advice on actions to be taken. Do not leave the child alone with the adult they have identified as using violence, if present.
Consider the safety and wellbeing of any other children in the family and share risk information as needed and appropriate.
Speak with a colleague, and/or seek support from a child protection worker, specialist children's service or DFV service.
If you are a mandated reporter, consider your roles and responsibilities under mandatory reporting legislation.
If there are urgent concerns (e.g. serious injury or illness, or immediate threat of harm) contact Triple Zero (000).
<table>
<tr><th>Tier 1</th><th>Tier 2</th><th>Tier 3</th></tr>
<tr><td>Refer the client to a Tier 2 organisation that can undertake a risk assessment.</td><td>Conduct an intermediate risk assessment.</td><td>Conduct a comprehensive risk assessment (if appropriate).</td></tr>
</table>
</td></tr>
<tr><td>☐ No domestic and family violence disclosed and indicators are not present</td><td>No action required at this time.
If there is no evidence of immediate risk or significant harm, continue to build a relationship with them. If appropriate, offer the parent or guardian information about support services should they need them in the future.</td></tr>
</table>

Record of actions

You should record what actions, if any, you take arising from the outcome of screening. If domestic and family violence is disclosed or you suspect it is occurring and no actions are taken, you should detail the reasons why.

Were actions taken following screening?	☐ Yes ☐ No
If no, detail reasons why:	

If yes, document your actions below.

Actions taken	Response	Details
Referral Referrals to other services (e.g., specialist DFV service/practitioner, GP, other support services)	☐ Yes ☐ No ☐ N/A	
Information sharing Has the information in this tool been shared under the ACT Domestic and Family Violence Information Sharing Scheme? If information was shared, record if consent was given.	☐ Yes ☐ No ☐ Other	
Contact Police (if immediate emergency response is needed)	☐ Yes ☐ No ☐ N/A	
Contact Children, Youth and Families (if mandatory reporting obligations apply)	☐ Yes ☐ No ☐ N/A	
Other actions		

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