Framework for Screening, Assessment and Referrals in Family Relationship Centres and the Family Relationship Advice Line

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1. FRAMEWORK FOUNDATIONS AND PRINCIPLES

1.1 BACKGROUND AND INTRODUCTION TO THE FRAMEWORK

Screening and assessment are central to the work of the Family Relationship Centres and the Family Relationship Advice Line. These processes underpin all stages of contact with clients and are essential in the provision of services which are safe for all, as well as being focused on what children need.

This 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 research and practice experience in this field.

1.1.1 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 and parenting 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 current family law system 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. It is now recognised that with some assistance, most separating families are able to access the broader range of services available to support them, and to develop satisfactory parenting arrangements for their children.

Helping separating parents to reach agreement about parenting arrangements is a very important part of the work of the Centres and the Advice Line. In addition to providing a broad range of information and assistance to families, the Centres and the Advice Line also work to ensure that safety issues and concerns for family members receive proper attention. In particular, using sound screening and assessment methods will assist in identifying and responding to the needs of adults and children who experience violence, children for whom there are concerns about child abuse and/or neglect, and partners where the loss and grief associated with separation can lead to serious concerns about self-harm and/or harm to others.

1.1.2 INTRODUCTION TO THE SCREENING AND ASSESSMENT FRAMEWORK

This document (the ‘Framework’) has been developed as a guide for all staff in the Centres and the Advice Line undertaking screening and assessment, staff who are supporting others in this role, and managers with responsibility for developing and reviewing screening and assessment policies and procedures.

The Framework has been developed through an extensive examination of the existing evidence to build a resource based on ‘best practice’ and has integrated the current experience and practice of the existing Centres and the Advice Line.¹

The Framework has been arranged into six parts for ease of access.

Part One sets out the Framework foundations and principles that underpin screening and assessment including definitions for how concepts are used in the guide. Part Two describes screening and assessment across all functions in the Centres and the Advice Line and outlines the stages of continuous screening and assessment practice and includes dispute resolution and parenting arrangements. Part Three provides Referral Guidelines including linking with other services. Part Four focuses on the three major risk domains and provides indicators of domestic and family violence, child abuse and abduction, and self-harm. Part Five examines supervision and support for practice and discusses quality control and accountability, professional supervision, education and development, and support and staff care. Part Six includes a range of tools to assist practitioners decide on their local approach.

¹ The consultations with the Family Relationship Advice Line reflected the service offer in 2006/2007 which did not include telephone dispute resolution at the time.
A Screening and Assessment and Intake Guide
Consultations with practitioners in the Centres and the Advice Line indicate there is
great interest in developing comprehensive but appropriately responsive screening,
assessment and intake guides. One example of such a guide being used in a Centre,
which brings together all the risk domains and has a logical flow to assist practitioners
engage in dialogue but also carefully enquires into areas of potential concern, can be
found at **Attachment A** (Joondalup Intake Screening and Assessment Guide).
1.2 DEFINITION OF SCREENING AND ASSESSMENT

Screening is a systematic process carried out to identify people who are affected by safety issues in order to take further action, which includes assessment to better understand the level of risk to safety.

In the context of the Centres and the Advice Line, ‘screening’ refers to processes which identify generally:

- 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)

and specifically:

- 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, and
- the urgency of required action.

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 adults to be safe. Assessments take into account:

- the expressed and underlying needs of clients, including children (and others such as grandparents)
- the strengths of clients which can be called upon to build their capacity to deal with the issues facing them, including parenting
- barriers which need to be overcome before a client is able to benefit from the services offered by the Centres and the Advice Line, and
- any factors relevant to making a judgement about the advisability or otherwise of a client participating in any joint dispute resolution process (including telephone or shuttle dispute resolution), or group program.
1.3 FRAMEWORK FOUNDATIONS

Context
This Framework for screening and assessment exists within a wider policy and operational structure that supports the work of the Centres and Advice Line. This in turn exists within a network of other services designed to assist clients with issues that impact on family relationships, including both government and non-government services and services across state and territory jurisdictions.

Framework for screening and assessment
The figure below sets out the various elements of the Framework and their relationship to each other.

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**Figure 1: Framework for screening and assessment in the Family Relationship Centres and the Family Relationship Advice Line**
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 that provide complementary services and who will collaborate with the Centres and the Advice Line to provide 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 requirements for family dispute resolution are governed primarily by the Family Law Act 1975, the Family Law Amendment (Shared Parental Responsibility) Act 2006 and the Family Law Regulations 1984. The operation of Commonwealth legislation does not necessarily exclude or limit the operation of a prescribed law of a State or Territory that is capable of operating concurrently with Commonwealth requirements. Accordingly, practitioners must be aware at all times of the duties imposed under both Commonwealth and the relevant State and Territory legislation.

The Centres and the Advice Line are funded under the Family Relationship Services Program (FRSP) by the Attorney-General’s Department. Generally, the Department of Families, Housing, 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 provide services consistent with the aims, principles and standards for the FRSP.

Formal Knowledge Base
There is a body of knowledge in the social sciences, psychology, social work, medicine, law and other disciplines which have been 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 high quality screening and assessment relevant to their roles in the Centres or the Advice Line.

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.
Continuous Improvement
A continuous improvement approach needs to be taken to ascertain the effectiveness of screening and assessment instruments, the quality of practice and the effectiveness of practice guidelines.

Continuous improvement processes, which includes responding to feedback as well as action research, are needed to ensure the maintenance and development of quality practices in screening and assessment.
1.4 PRACTICE PRINCIPLES FOR SCREENING AND ASSESSMENT

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

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

1.4.1 CHILD FOCUSED PRACTICE

Focusing on children’s needs
The needs of children are kept at the forefront so that parents can be assisted to focus on their children as they make decisions about parenting.

Developmentally appropriate interventions
All interventions take into account the age and developmental level of children across a spectrum of domains that are important to them including health, education, identity, family and social relationships, and emotional and behavioural development.

Participation
Where it is safe and developmentally appropriate, children and young people are encouraged to participate in processes and decisions that affect them. Children are never required to participate against their wishes.

Legal and ethical responsibility to protect children
Practitioners exercise their ethical and legal responsibilities to report child abuse or neglect to the appropriate authorities and support parents, children and relevant adults throughout this process.

Children’s need for direct assistance
Staff are alert to and give direct attention to children’s experiences of trauma resulting from family separation, high conflict and violence and abuse, through assessment and other interventions, including referral to group work and play therapy to assist in their recovery.

1.4.2 EARLY INTERVENTION TO BUILD CAPACITY

Information and support as early as possible
Every effort is made to assist and support families as early as possible - early in the life of the family, and early in the emergence of problems. The capacity of the Centres and the Advice Line to engage early with families is leveraged through the provision of parenting information and information about achieving positive family relationships.

Strengths based approach
Interventions assist clients to improve their wellbeing, the wellbeing of their children and of others who are significant in their lives. Assessment includes identification of personal strengths and other resources to deal with the emotional and practical needs of their children, as well as their own needs.
Linking with other services
Families are linked with the services and supports they need at every opportunity in their contact with the Centres and the Advice Line, including at the first point of contact, during the intake and assessment phases, information provision, and during and after dispute resolution sessions.

1.4.3 PREVENTION OF HARM AND DUTY OF CARE

Screening and assessment in a safe supportive environment
Screening and assessment is conducted in environments that are safe and supportive and afford the greatest degree of privacy possible. Questions are tailored and paced to take account of the cognitive and emotional state of the client. Time is taken to establish rapport with a client before questioning for screening and assessment.

Listening and encouraging disclosure
Staff create a relationship with the client that assists them to recognise risk and to disclose. Screening and assessment instruments should not be used as a substitute for listening to what clients have to say about their assessment of risk. This is particularly important in relation to clients who do not recognise the existence or degree of risk in their own cases.

Screening questions to identify broad areas of concern
A limited number of broad screening questions should be asked universally to all clients to establish areas of concern such as family and other violence, child abuse and self-harm.

A structured approach combined with professional judgement
Questioning in screening and assessment is flexible and used in conjunction with professional judgement. Questioning proceeds from open and broad to the more specific and direct.

Screening and assessment as an ongoing process
Screening is done as soon as possible at the first point of contact and it continues to be done at each point of contact with the client - through the intake and assessment phases, information provision and dispute resolution. Staff also assess for ‘needs’ as well as for ‘risks to safety’ at every point on the service continuum. It is critical that the issues identified in screening and assessment are communicated to all practitioners who have a role in decision making, support and service delivery.

Explain the limitations of privacy and confidentiality
Clients must be given information from the beginning about the type and purpose of client information that is maintained and used in the Centres and the Advice Line, in any data provided to other organisations, and the circumstances under which the confidentiality of client data may not be maintained, such as suspected child abuse and/or neglect, the risk of harm to others and people at risk of self-harm.

Planning for safety
The screening process is always linked to the timely development and execution of a safety plan in the event that risk is identified. Where there is immediate danger, there is immediate action taken to ensure safety.
Organisational accountability for decisions where there are significant risks
Where screening and assessment identifies risks to safety, there are processes in place to ensure that practice or other decisions are made in consultation with other experienced professionals wherever possible.

1.4.4 REACHING OUT TO THOSE WHO NEED ASSISTANCE
Access
Staff are actively committed to ensuring that clients are provided with the fullest possible access to services irrespective of differences arising from race, religious belief, language, cultural 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.

However there are circumstances where it may be appropriate to decline a service to a client, including when there are safety risks to other clients or staff and where a client is clearly acting in bad faith (Operational Framework for Family Relationships Centres, July 2007).

Cultural sensitivity
The cultural backgrounds of clients are taken into account in the planning and delivery of all services offered by the Centres and Advice Line, including screening and assessment processes. Cultural beliefs and practices are treated respectfully, however, the paramount consideration is the safety and wellbeing of children, young people and other vulnerable family members.

Screening and assessment for action not exclusion
The use of screening and assessment is based on the assumption that this will lead to action being taken to address risk and need, not to exclude clients from services. While some interventions may not be appropriate, eg dispute resolution, vulnerable clients are not turned away.

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

1.4.5 ACCOUNTABILITY AND SUPPORT FOR PRACTICE
Education and professional development
The organisation fosters professional confidence and the development of staff talents, knowledge and skills through ongoing education and professional development. This is carried out through formal training, learning and reflective practice teams, individual and group supervision and support, and the provision of relevant professional literature.

Through funding requirements, the Centres and the Advice Line must have policies and procedures to ensure the safety of clients and staff, and that all staff are familiar with these. In addition, staff in the Centres and the Advice Line must have the relevant skills to screen and assess.
Family dispute resolution practitioners also need to be guided by the professional standards for registration in the *Family Law Regulations*.

**Quality control and accountability**
The quality of work undertaken by staff is carefully monitored through formal workload, case planning and reviewing processes. Staff receive regular performance appraisal and are kept up-to-date with developments in available resources, statutory requirements, departmental and organisational policies and procedures.

Other avenues to review the quality of work undertaken by staff can also include peer review, client feedback/surveys and complaints.

**Professional support and critical incident stress management**
Supportive interventions are offered which explicitly recognise the stresses involved in the work. Supervisors are 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. A range of techniques are employed based on the emotional impact of events on the coping skills of an individual or group.

**1.4.6 COLLABORATIVE APPROACHES**
The safety and wellbeing of children, young people and their parents is promoted through collaborative approaches across agencies, sectors and jurisdictions. At each stage in assessment, case planning, service development and implementation, consideration is given to forming partnerships with others who can assist in the delivery of integrated responses to protect them and increase their wellbeing, including internal collaboration with co-workers with specific skills, and external services.
2. SCREENING AND ASSESSMENT ACROSS ALL FUNCTIONS

2.1 CONTINUOUS SCREENING AND ASSESSMENT

2.1.1 INTRODUCTION

This Framework will assist in identifying clients’ needs and the services that will benefit them, any risks to safety and wellbeing of children, their parents and others, and the strengths they can draw upon to address issues.

Importantly, it will help determine the best way for clients to develop parenting arrangements. This includes assessing the preferred process for negotiations and dispute resolution. It will also assist in the decision **not to proceed** with dispute resolution processes when there are reasons to be concerned that decision making in this way would occur under duress or could put adults or children at risk of harm.

2.1.2 CONTINUOUS SCREENING AND ASSESSMENT

While the Centres and the Advice Line carry out the various functions in different ways, all staff and practitioners\(^2\), should understand the scope of work across the services and how they can work together. (This will enable staff of the Advice Line, for example, to effectively describe how Centres and other services can assist families in need, and vice versa).

Consideration of client needs should be viewed within the context of relevant objectives of the Centres and the Advice Line. To meet these objectives, the Centre and Advice Line services must be attuned to safety screening and assessment at every point of interaction with service users. These key points are:

- **ENGAGEMENT** (including all efforts to reach out to people who may benefit from the system, making the service attractive and welcoming for potential service users, and first point of contact work)
- **ASSESSMENT** (first point of contact, intake and in-depth assessment for needs, including children’s needs, assessing for dispute resolution)
- **PLANNING** (planning the interventions that will assist children and their parents and others who are important to children), and
- **LINKING** (with services and interventions such as providing information, involving children, making referrals and conducting formal dispute resolution)
- **REVIEWING** (review plans with clients as needed and at agreed intervals).

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\(^2\) **First Point of Contact Staff** (Advice Line Information Officers or reception staff in the Centres)

**Practitioners** (all professional staff working in the Centres regardless of the roles they undertake such as intake, assessment, linking people with services and dispute resolution, and Parenting and Legal Advisers and Telephone Dispute Resolution Practitioners on the Advice Line)

**Managers** (Centre and Advice Line managers and team leaders, and managers of lead and other auspicing agencies)
A key message from the consultations with practitioners in the Centres and on the Advice Line is that effectively determining service user needs is often a continuous, discursive, non-linear process requiring systems that are flexible and responsive to the needs of different people and the same people at different points in time.
2.2 ENGAGEMENT OF THOSE WHO MAY BENEFIT FROM ASSISTANCE

If people don’t feel comfortable in their first moments of contact they may not stay or come back. It takes a lot of courage to come into a Centre (FRC).

Engagement of clients and callers of the Centres and Advice Line includes making all efforts to reach out to the people who may benefit from the services, and making the services attractive and welcoming for potential service users. This will assist clients and callers to be responsive to, and benefit from, screening and assessment processes which identify their needs and the needs of their children, including risks to safety.

2.2.1 ACTIVE ENGAGEMENT
The research on risks to children, their parents and others in the family relationship context, indicates that people most at risk of harm often do not use mainstream services. One of the first considerations in program design, therefore, is how people who can benefit will know about services and want to use them. This section suggests ways of addressing barriers experienced by some groups. They are drawn from the research literature and the experiences of practitioners currently working in the Centres and the Advice Line.

2.2.2 ENGAGING THE OTHER PARENT
In arranging joint sessions (whether face-to-face, telephone or shuttle), consideration should be given to how best to engage the partner/ex-partner or other extended family members who have caring responsibilities for the children.

Common elements from approaches made by Centres who have reported high levels of success in getting the second party involved include:

- a child-focused approach that emphasises the benefits to children of their parents attending dispute resolution
- an assumption of a co-operative and positive response by the other parent, along with the avoidance of any adversarial language
- an outline of the possible benefits that can be achieved
- an explanation that an individual interview will first be conducted to discuss their options and concerns privately, prior to any decision to proceed to a joint session
- the legal basis for the approach is made clear but not threatening
- the full range of service is stated, not just dispute resolution
- clients should be reassured about their safety and how the service deals with safety issues, and
- clients should be invited to call the Centre first and discuss the services offered before making an appointment.
Screening and Assessment across all Functions

The way to make contact with the other parent (including by telephone or in writing) will take into account local area and individual needs such as cultural background and past history. For example, cases involving previous litigation may need all approaches to be made in writing, whereas a telephone call may be a preferred starting point for parents who are already co-operative. Feedback from Centres suggests that in some regional areas letters are seen as being too formal, hence the first approach is typically made by telephone. Conversely, clients in metropolitan areas tend to prefer the first contact to be made in writing as contact by telephone is considered to be intrusive.

Practitioners will therefore use a variety of approaches in making contact with the second parent, depending on the specific needs of each parent, as well as local community expectations and demographics, privacy and safety concerns. After careful screening for safety, issues between the parents and the best means to contact the other party should usually be explored with the presenting client and, if it is safe to do so, their wishes taken into account. For example, the presenting parent may prefer to contact the second parent first, before the practitioner makes contact. Contact by the practitioner may be made first by letter, with a follow up telephone call, or vice versa. In some cases, a practitioner may want to use a third party (for example, a community liaison officer) to assist them to engage one or both parties.

The *Family Law Regulations* outline the primary requirements for practitioners regarding preparation for family dispute resolution sessions, including the requirements for contact with second parties. Under the Regulations, a practitioner may only issue a certificate if that practitioner has contacted the second party at least two times, with at least one of those contact attempts being in writing:

- giving the party a reasonable choice of days and times for attendance at family dispute resolution
- telling the party that, if the party does not attend family dispute resolution:
  - the practitioner may give a certificate under paragraph 60I (8) (a) of the Act, and
  - the certificate may be taken into account by a court when determining whether to make an order under section 13C of the Act referring the parties to family dispute resolution or to award costs against a party under section 117 of the Act.

The Regulations do not provide a maximum limit for the number of attempts a practitioner can make, nor do they specify that written contact must be the first or final contact made.

Decisions around the best way to approach other parties may require consultation with supervisors.

It is important to note that, in addition to requirements for contacting parties, the regulations stipulate that, prior to conducting family dispute resolution, practitioners must be satisfied that:
• the parties have undergone a satisfactory assessment, and
• consideration has been given to whether the ability of any party to negotiate freely in the dispute is affected (giving weight to a number of factors stipulated in the Regulations).

2.2.3 ENGAGING ABORIGINAL PEOPLE AND TORRES STRAIT ISLANDERS

Aboriginal and Torres Strait Islander Australians face significant barriers because mainstream services are often not delivered in a culturally sensitive manner. In Indigenous communities, issues often do not fit the structures which have been developed to address western needs (The National Alternative Dispute Resolution Advisory Council 2006).

Importance of community development
Community development approaches are important in helping to build rapport and trust with Indigenous families which will assist with the screening and assessment. A number of practitioners at the Centres have commented on the importance of working first with mainstream, non stigmatising services that have already successfully engaged Indigenous people, such as local schools and maternal and child health programs.

Aboriginal and Torres Strait Islander focussed services and confidentiality
It is not uncommon for confidentiality issues to prevent Indigenous people from accessing services, even when they are staffed by Indigenous workers. People are very cautious about answering questions such as the screening and assessment questions if they do not trust that the information provided will be confidential. Indigenous people may also have particular reservations about what may happen to their children if they engage with services that are associated with both governments and non-government agencies.

Physical layout of services
Aspects of physical layout can also hinder or assist screening and assessment and utilisation of services by Indigenous people (for example, outdoor areas can be welcoming rather than office environments, see Weeks, 2004).

Models of decision making
Models of decision making that have been successful with Indigenous communities in other contexts, such as youth justice and child protection, involve family decision making strategies and incorporate extended family and wider care and support systems who will help develop and implement plans. Learning from these other contexts could inform the development of Indigenous-specific dispute resolution models, including screening, assessment and intake. Outreach is particularly important for Indigenous families.
Suggestions from Indigenous staff in the Centres and the Advice Line
Indigenous staff have a number of suggestions for increasing the involvement of Indigenous people with both the Centres and the Advice Line. These include:

- People should always be asked as early as possible if they identify as Aboriginal or Torres Strait Islanders. This should be followed by an offer of a specific Indigenous-focused service, such as an Indigenous practitioner in the Centres or a transfer to an Indigenous Information Officer on the Advice Line if it is possible to do so.

  It’s important that all staff in the Centres and the Advice Line remember there are Aboriginal and Torres Strait Islander IOs and Parenting Advisers on the Advice Line (Aboriginal and Torres Strait Islander Parenting Adviser, Advice Line).

- Disseminate information to key Indigenous leaders and services about the Indigenous Information Officers who staff the Advice Line. The Advice Line can then ‘warm transfer’ (three way conversation) people to the Centres where this is appropriate and when trust has been established.

- Recruit Indigenous staff who are highly trusted by the community and who have a ‘good name in terms of confidentiality, accountability and integrity’ (FRC Aboriginal and Torres Strait Islander practitioner).

  We actively seek workers from the Aboriginal and Torres Strait Islander community. You need to ask established trustworthy people in other parts of the community who can help you find the right people to employ and can help get you connected with leaders’ (FRC).

- Conduct home visits and be prepared to meet people outside of the Centre. Consideration should also be given to Indigenous friendly waiting areas’.

  Many Aboriginal and Torres Strait people will not come into a common waiting room (FRC Aboriginal and Torres Strait Islander practitioner).

- To address power imbalances, it is sometimes necessary to have large numbers of people present. It may be necessary to have everyone who is significant in a child’s life at the meetings.

  A lot of yarning needs to go on. It can take 3 or 4 hours at a time. It may take sessions every week for a long time (FRC Aboriginal and Torres Strait Islander practitioner).

- Staff who are not Indigenous need cultural supervision from an Aboriginal and Torres Strait Islander person and cultural awareness training from someone who is from ‘that country’ (FRC Aboriginal and Torres Strait Islander practitioner).
2.2.4 ENGAGING DIFFERENT CULTURAL GROUPS

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. 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. The barriers are obviously much greater for those who have arrived more recently.

Cultural barriers may be overcome to an extent by having:

- staff available from the cultural background concerned
- cross-cultural sensitivity orientation/training for all client-contact staff (bearing in mind that cultural competence is not static and requires regular updating)
- established at the first point of contact if the client requires an interpreter
- consulted the client on language, dialect and gender requirements as this will impact on any future contact and counselling
- interpreter services
- staff who have a sound understanding of the culture of the client, and/or
- staff who have been trained to have knowledge of, and sensitivity to, cultural differences and how to overcome these in the services.

Staff need to be aware that victims of violence may have specific concerns regarding their immigration status. They may have been told they face deportation if there is disclosure about family violence. Their passports may have been taken from them by the other parent.

Community development workers in the Centres are working with culturally and linguistically diverse (CALD) communities through community leaders. Leaders and other key community representatives of recently arrived migrants and refugees are encouraged to visit the Centres so that they can act as a link between their communities and the Family Relationship Services Program. Schools have become important vehicles for outreaching to CALD communities in some areas. Generally practitioners find that a gradual process of building trust through the provision of general parenting information is more effective than going out ‘cold’ to talk about separation, assessing the needs of families and participating in family dispute resolution.

We go out to the Mosque and had the Iman at our launch. We’ve noticed that many cultural groups like working in groups so we are looking at how we can run parenting courses at their centres. It is much less threatening to talk about parenting than it is about separation (FRC practitioner).
There are a number of considerations in using interpreters. Some clients may appear proficient in English, but become lost at times during discussions, and so will benefit from using an interpreter. Friends and family members may have a limited ability to remain neutral, and may interpret information in particular ways, thus professionally trained interpreters are to be preferred, including separate interpreters for each party. Where possible, use interpreters who are accredited and recognised by the National Accreditation Authority for Translators and Interpreters as this will provide assurance that the interpreter is bound by a professional code of conduct. Interpreters may require briefing and debriefing before and after sessions if required. Also the client may not want to disclose personal information about their relationship to their family and friends. (*Behind Closed Doors, DVIRC, 2007*).

**2.2.5 WHERE THERE ARE SPECIAL NEEDS**

Models of dispute resolution need to be particularly flexible where other people are involved with the day-to-day care of children, such as when parents have intellectual disabilities, serious drug and alcohol problems and mental health issues.

There is a growing interest in finding out more about models which include extended families and other interested parties in seeking solutions for the care of children and in identifying the issues that will keep children safe. Exploration of how family decision making models are being used by state child protection and juvenile justice services to resolve care issues for children in these circumstances may provide some important learnings for the Centres and the Advice Line. A contemporary paper which scopes Family Group Conferencing approaches can be found at: [http://www.acu.edu.au/research/flagships/icps/current_and_previous_work#Family-Group-Conf](http://www.acu.edu.au/research/flagships/icps/current_and_previous_work#Family-Group-Conf)

**2.2.6 GENDER ISSUES**

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

Some women may be reluctant to access the Centres or call the Advice Line for a range of reasons. These reasons may include, but are not confined to:

- fear that approaching or dealing with a Centre, the Advice Line or another agency about separation issues will lead to violence from their partner or ex-partner and/or to their children not being allowed to live with them
- fear that they will be in an inferior position to their partner/ex-partner in negotiations
- fear that they will not be believed about violence or abuse
- fear that a telephone service might call them back at home and expose them to risk of harm from their partner, and
- fear that involving professionals might result in the removal of their children.
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. All communication (written or verbal) to parents about attending the Centres or using the Advice Line should clearly explain the steps that are taken to ensure the safety of all who use the services.

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.

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.

Practice experience is showing that a great many men are using both the Centres and the Advice Line. They appear to be finding the non-judgemental and empathic hearing by the first point of contact staff and practitioners extremely helpful. The positive and calming impact of a listening ear to men who are very emotional, distressed and angry is extremely important in de-escalating potentially dangerous situations.

2.2.7 ACCESS AND SAFETY

Services take account of access issues
Service costs, the ability of people to talk on the telephone or visit the Centres, and the availability of transport, interpreting, language services and child care are important considerations in providing services which are able to be accessed in a fair and equitable way by all.

People encouraged to make contact but reassured about safety
The Centres and the Advice Line need to project a strong image to potential clients and the wider community about efforts they make to keep people safe and the benefits generally of attending the Centres or calling the Advice Line. Messages about safety are also important in Centre waiting areas, on all promotional material, in all community development outreach presentations, the message delivered by staff at the first point of contact and in all letters and approaches to other ‘parties’ inviting them to attend the Centres. It is important that the Advice Line make a point of reassuring people about safety when they are recommending that people access the Centres or other services or calling back to the Advice Line.

Collaboration to overcome barriers
Collaborative approaches with other services are the best way to address the complex, interlinked problems of many children and their families who would benefit from the assistance of the Centres and the Advice Line. Of particular importance are good
working relationships with mental health services, drug and alcohol services, child protection and domestic violence services, schools, community health centres, legal assistance services, family support programs and other front line service providers which encounter vulnerable groups on a day-to-day basis. It is important the Advice Line is also familiar with the roles played by these different agencies and what they can offer callers.

We have a funded school focussed youth service in this area – we leverage off that, also through parents and friends. I don’t think you can overestimate those informal networks.

…..also senior citizens and grandparents - I think family and friends are a great repository for knowledge transfer - it is about planting seeds…

We spoke to everyone we could to be genuinely collaborative. We need to let other services leverage off us and our resources. This increases their capability to assist our clients (FRC).
2.3 SCREENING AND ASSESSMENT

This section is designed to provide guidance to first point of contact staff, practitioners and managers in the Centres and on the Advice Line as they screen and triage clients and callers, assess deeper needs and strengths (including the need for safety) and make decisions about the best way to assist people to develop parenting arrangements, including the suitability of dispute resolution.

2.3.1 THE FIRST POINT OF CONTACT

The Centres use a variety of models for the first point of contact and intake role which may be dependent on the Centre’s size and staffing structure.

On the Advice Line, Information Officers are trained to work with callers at the first point of contact. The more in-depth ‘intake’ and ‘assessment’ role is carried out by practitioners (Parenting Advisers) as necessary.

In general, the purpose of the first point of contact is to identify if the client requires further assessment or whether the client’s needs can be met through the provision of information and/or a simple direction to other services.

General words of guidance for the first point of contact are at Attachment B. These steps include:

- asking the screening questions at the earliest opportunity
- provision of general information
- direction or linking to other services
- if the request is simple and straightforward, eg the client or caller very obviously wants information only, the contact can be ended appropriately and respectfully after any available information has been provided
- the request may appear to be simple and straightforward, but there may be issues and concerns in the background for the client or caller
- engaging with the client or caller and asking the screening questions may increase their trust to indicate such concerns
- working within the model of the service, the first point of contact staff will invite the client or caller to talk to a practitioner
- if the request is complex, and/or safety issues are identified and/or the client/caller is in a distressed state, arrange for a more in-depth interview with a practitioner at the earliest opportunity and before going too deeply into their story.
- if a caller is distressed after arrangements have been made for a more in-depth interview, the caller could be offered a referral to a telephone help line for assistance.
All staff should bear in mind that clients and callers 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. This may be due to a natural reluctance to seek help or fear that disclosure will be embarrassing or even dangerous for them. It is critical that staff at all points of service, and very importantly at the first point of contact, establish an empathic and non-judgemental dialogue which conveys the strong impression that the service is able to assist the client/caller with their problems or direct them to where they can be assisted by others.

**Screening questions to identify broad areas of concern**

Separation from a partner can be associated with risks to safety. It is important that clients/callers who could be at risk are asked at the first point of contact about any immediate threat to safety. The client/caller’s own estimation of danger is a powerful indicator of risk. (However, there are clients/callers who have been subjected to such risks over an extended period that they may underestimate the gravity of the risk or the impact it has had, or be too frightened to reveal they are fearful for their own, or their children’s safety). In addition it is important to check whether there are concerns about children’s immediate safety and welfare. There may also be risks to other family members which need to be checked at first point of contact.

Other than in the case of people visiting or calling with requests for very straightforward information, it is essential for first point of contact staff in the Centres and on the Advice Line to screen as early in the interaction as possible.

Suggested screening questions for all clients and callers are:

- Do you have any reason to be concerned about your safety?
- Do you have any reason to be concerned about the safety or wellbeing of your children?
- Do you have any reason to be concerned about anyone else’s safety?

If the client/caller contact is in relation to setting up a dispute resolution process, with engagement with the other party, then an additional question should be asked:

- How do you think your partner/ex-partner would answer these questions?

Centre and Advice Line staff and practitioners advise that there are a number of ways that these questions can be introduced:

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. We ask everyone these 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.*

- *You don’t have to tell me all the details here, but I just need to ask you a few questions first up so that we know how to best help you.*
We will probably be able to help with that. Before we do, would you mind if I ask you a few questions so that I know who the best person is to help you?

I need to also ask you what your partner would have said if I’d asked them these questions. For example if I asked her/him whether she/he had any reason to be concerned for their safety?

**Containment and linking with practitioners at the first point of contact**

At the first point of contact the receptionist will take phone calls or talk to people who walk in off the street. Our family advisers are rostered on duty intake each day. They will sit near the receptionist to support her while they do their administrative and follow up work. The receptionist buzzes them if she needs help containing what is happening. The family adviser will see clients if necessary and make arrangements for a more in-depth assessment interview (FRC).

Getting the client to tell their story in detail is the main tool of our trade … it’s how we can build rapport and ask the difficult questions … so it’s important that the (first point of contact staff) don’t go into too much detail about the story before they transfer the client through to us (FRAL Parenting Adviser).

‘Holding’ and ‘containing’ are well known therapeutic concepts in the helping professions. The response of first point of contact staff in the Centres or on the Advice Line to clients who are emotional or angry, or who want to tell their stories in-depth, will either calm or escalate these emotional states. First point of contact staff need to be particularly aware of responding sensitively and respectfully to clients and callers when they are upset or angry, without encouraging them to unburden themselves at this point.

Most client/callers accessing these services will need to undergo a more in-depth assessment process with a practitioner later. These practitioners report that if clients and callers are encouraged to engage in a lengthy dialogue at the first point of contact, they sometimes feel let down when they are told they need to go over their story again with someone else. Furthermore, the practitioner who will undertake the assessment can do this most effectively if they combine in-depth questioning with information giving and linking with services. This is most effectively carried out where clients have not already told a detailed story.

In the Centres and on the Advice Line, staff dealing with clients and callers at the first point of contact should ideally be in a position to have the client/caller talk to a practitioner as soon as issues emerge, or to be able to tell the client/caller when they may be able to see the practitioner or can expect a call back. The client/caller should be given this information as soon as possible (immediately where there is an indication that the client/caller, their children or others might be at risk) or be advised how long they may need to wait.
Examples of statements to respectfully interrupt client/callers at first point of contact before they get too far into telling their story include:

*I’m just going to ask you to pause right there. It sounds like you are pretty upset/angry/have reason to be worried. It’s important that you are able to speak as quickly as possible with someone who is qualified to help you (FRC).*

*I am endeavouring to transfer you now to (one of our specialist advisers). S/he is specially trained to assist you. I will tell them a little about what you have told me but you know best about this so I think it would be good if you could tell her/him, from the start, what has been happening (Advice Line Information Officer).*

*All the (specialist advisers) are speaking with people at the moment. I can continue trying to transfer you. Are you OK to wait on a little longer or shall I ask them to call you back as soon as one is available? (Advice Line Information Officer).*

It is important that clients and callers are reassured by being kept informed about what is going to happen next.

**Responding to the screening questions**
If clients or callers indicate that they have safety or other concerns for themselves, their children or others, (or if they indicate that their partner has these concerns), first point of contact staff need to inform the client/caller that a practitioner is available to see them or to take their call or will call them back within the shortest time frame possible. A client/caller should not be in the position of disclosing concerns about harm without having an opportunity to talk this over in more depth with someone who can assist them quickly.

**The responsibility of supervisors**
In both the Centres and the Advice Line, supervisors need to be alert to staff working at the first point of contact who are uncertain about the best course of action to take with clients or callers. This is particularly important if first point of contact staff are unable to immediately get a practitioner to talk to the client or caller. The Centres and the Advice Line have policies and procedures, based on their staffing structures, to guide supervisors and staff in this matter. Practice experience from the Centres and the Advice Line appears to show that the first point of contact function is achieved most effectively when practitioners are positioned close by or are readily accessible to assist as necessary.
Provision of general information
The client or caller might simply require general information about the services offered by the Centres or Advice Line or by complementary other services. Such information might be provided orally, in brochures, on websites, or in other forms.

Staff should be aware that clients or callers whose approach to the Centres or the Advice Line appears to be about obtaining information, might have more complex issues they would like to discuss with the practitioners at an in-depth interview, but are reluctant to say so, even if they have answered ‘no’ to the screening safety questions. Staff should therefore ensure that the services offered by the Centres or Advice Line are explained in sufficient detail to enable them to then ask, in a non-intrusive way, whether the client/caller might wish to use such services. Obviously, good judgement is required to avoid imposing on the time (and patience) of those who, in fact, simply want information.

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

Privacy and confidentiality
Clients and callers should be given comprehensive information about the privacy and confidentiality provisions (and the constraints on this) applying to their dealings with the Centre and the Advice Line early on at the first point of contact where it is appropriate to do so.

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

Clients using the Centres must be afforded privacy when dealing with staff so that other clients cannot overhear conversations (or observe the client in distress). Ideally Centres should have a small room close to the waiting areas where people in distress, or who need to share difficult information, can be assisted.

There may be occasions on the Advice Line when, for example a supervisor or other 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).
2.3.2 IN-DEPTH ASSESSMENT OF NEEDS AND RISK BY PRACTITIONERS

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, parents and others to be safe). Assessment takes into account:

- the expressed and underlying needs of children, their parents and others (such as grandparents)
- the strengths of clients which can be called upon to build their capacity to deal with issues facing them
- barriers which need to be overcome before a client is able to benefit from the services offered by the Centres and the Advice Line, and
- any factors relevant to making a judgement about the advisability or otherwise of a client participating in a joint dispute resolution process or a group program.

Assessment of needs, including screening and assessment for risk and safety, is a continuous process which should be consciously undertaken by practitioners at every point in their contact with clients.

Assessment to be done separately

In the Centres, and on the Advice Line, it is essential that clients are seen, or spoken to separately by practitioners so that a full assessment of safety and risk issues can be undertaken. Practitioners undertaking in-depth assessments will be greatly assisted by evidence based tools which assist them to ‘drill more deeply’ into particular areas of concern such as high conflict, family violence, self-harm, child abuse and neglect, including children exposed to domestic violence.

Being attuned to the needs of children

It is natural to focus primarily on the needs of the client with whom the practitioner is conducting a dialogue (whether in the Centres or on the Advice Line), most usually a parent. To ensure that children’s needs are not overlooked and remain at the forefront, it is important to systematically build in questions about children at all points.

Asking parents to consider whether they believe children are safe (both physically and emotionally) is a good way to focus on the children. Sometimes parents are not sufficiently aware of the way high conflict and violence in the home affects children and need to be supported to accept the impact that this has on children’s wellbeing and development.
The Victorian *Family Violence Risk Assessment and Risk Management Framework* (2007) available at [www.women.vic.gov.au](http://www.women.vic.gov.au) includes some excellent suggestions for how information about the impact on children can be provided to parents. For example by:

- providing a pamphlet on family violence from the local state child protection agency or other child focussed agency
- presenting a summary of the literature about the impact of family violence on children, and
- encouraging parents to discuss this further with a professional who works with children.

Sometimes a parent can be guided towards greater understanding through gentle questioning such as:

- How do you think (your child) would describe life at home?
- What changes do you think your child would like to see made?
- What do you think your child is learning about relationships at the moment?

**In-depth risk assessment – dialogue rather than ticking boxes**

The purpose of in-depth risk assessment is to work together with the client to come to conclusions together about risk and safety. Risk assessment works most effectively by first using evidence-based trigger questions (screening). If concerns about specific risks are identified (domestic or family violence, child abuse or self-harm), these should be assessed more deeply using a flexible approach to evidence based tools.

Currently there are no empirically validated screening tools\(^3\) that have been developed through Australian research. Tools that are used internationally, however, are included in the Attachments on Risk Domains.

An example of how the Centres are developing trigger screening questions at every stage to identify the need for more in-depth assessment is at **Attachment A**.

While risk ‘domains’ will be discussed more specifically in Part Four, the essential elements of safety screening and risk assessment are:

- using tools with evidence-based risk factors as the basis for in-depth assessment
- the client or caller’s own assessment of their level of risk, and
- the practitioner’s professional judgement which weaves together both of the above with their own knowledge, skills and experience.

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\(^3\) In this context empirically validated tools means those that have been tested and evaluated for their veracity, and published in peer reviewed literature.
Practitioners at the Centres and Advice Line should use evidence-based questions as an aide-mémoire about risk factors and to flag information that needs to be followed up. It is important that such questions are not part of a data collection process.

Detailed discussion of risk domains – family violence, child abuse and self-harm, including risk assessment instruments - are found in Part Four.
2.4 DISPUTE RESOLUTION AND PARENTING ARRANGEMENTS

2.4.1 MAKING DECISIONS ABOUT DISPUTE RESOLUTION

When considering appropriateness of family dispute resolution it is important to note that the dispute resolution process can take a number of forms and often continues over time with more than one session.

a) Dispute resolution sessions may be conducted face-to-face:
   - with both clients in the same room and one family dispute resolution practitioner
   - with both clients in the same room and co-practitioners
   - separately in different rooms using the same family dispute resolution practitioner who moves between the two rooms (‘shuttle’), or
   - separately in different rooms using co-practitioners.

b) Dispute resolution sessions may be conducted using technology such as telephone or videoconferencing where clients are in separate venues, using one family dispute resolution practitioner or two.

c) Shuttle and telephone dispute resolution sessions may be conducted separately at different times.

Examples of the kinds of questions which help decide the best form of dispute resolution, according to practitioners, include:

*How do you feel about sitting in the same room as your partner?*

*Do you feel you might agree to something that you might not normally agree to if he/she wasn’t there?*

Practitioners in Family Relationship Centres have commented:

> Often a lot of emotion comes out at the intake interview. Up until then a lot of people minimise [the fear that they have]. At the point of visualising being in the same room they will say ‘no, I don’t think I can do it’. Then I talk with them about all the different forms of dispute resolution such as co-mediation, shuttle, etc. It’s assessment all the way, even in the information sessions.

We don’t go with dispute resolution if we think this will put people in a position of physical or emotional harm, if there is a significant power imbalance, or if we think they will agree to something under duress. If there is any doubt about FDR, we have a meeting and pool our knowledge, views, advice.
Assessing for suitability of dispute resolution in any of the above forms - Family Law Act provisions

In determining whether dispute resolution is appropriate, the family dispute resolution practitioner must, under *Family Law Regulations 1984*, be satisfied that consideration has been given as to 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, and
- any other matter that the practitioner considers relevant to the proposed sessions.

If, after considering these matters, the family dispute resolution practitioner decides that a dispute resolution session is inappropriate, they are obliged, under the Regulations, to not provide dispute resolution (see Attachment C). The compulsory dispute resolution provisions of the *Family Law Act* recognise the family dispute resolution practitioner’s judgement about appropriateness. Under Section 60I a family dispute resolution practitioner may provide a certificate that the matter is inappropriate for family dispute resolution. Therefore, there is no requirement for people in these circumstances to participate in dispute resolution before applying to the court for a parenting order.

Practice issues

The family dispute resolution practitioner may decide that even though a client is not suitable for a 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, and then a further assessment as to their suitability to engage in dispute resolution.

There are a number of cautions to be observed in the way family dispute resolution occurs in the Centres or on the Advice Line. Traditional mediation theory for example, seeks to create a level playing field for all parties through empowerment and self-determination. All family dispute resolution practitioners need to ensure they are sufficiently attuned to the realities of power differences between people when one is violent and/or seeks to control, coerce, intimidate and threaten the other. Models of mediation and dispute resolution that are developed in the Centres or on the Advice Line therefore need to ensure that people are:

- well screened and assessed prior to the sessions
- well prepared for the session(s), and
- provided with adequate follow up afterwards.
As mentioned above, before providing sessions the practitioner must conduct an assessment of the clients (separately) to determine whether sessions are appropriate and safe.

The practitioner will ultimately need to make one of three decisions:

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 co-operate with these special conditions.

3. A joint session is not considered a suitable and/or safe process for these clients.

In assessing how dispute resolution should take place and/or the suitability of dispute resolution as a way of assisting parents to make arrangements for their children, it is important to take account of the client’s:

- overall level of functioning
- ability to communicate
- ability to deal with emotion
- level of anxiety
- willingness to abide by any agreements resulting from dispute resolution
- overall health including mental health, and
- the existence of the risk domains: domestic or family violence, child abuse/child abduction, self-harm and harm to others.

Note: These risk domains are explained in more detail in the Part Four (Risk Domains).

Other indications that family dispute resolution may not be appropriate are:

- there is a child protection investigation in train
- where dispute resolution is clearly being used only as part of a legal strategy, and
- where there are major non-negotiable value differences.

*Family Dispute Resolution is very different from mediation. Mediation is impartial and neutral and non judgmental. Family dispute resolution, as we do it in the Centre, is very different because we actually are on somebody’s side…the children’s (FRC).*
Practitioners also indicated that regardless of whether the parties had been already booked into a session, the session may be cancelled at any time where a reassessment of risks reveals new and relevant information suggesting family dispute resolution is not appropriate.

### 2.4.2 PREPARING FOR DISPUTE RESOLUTION

In addition to assessing for appropriateness, the pre-dispute resolution role involves:

- focussing discussions on the children’s needs
- assessing the risk that dispute resolution may pose for one or both parties
- ensuring informed consent to participate by providing information about the process and power imbalances
- coaching about participation skills and strategies
- ensuring clients know how to communicate that they want to terminate the session without having to say so openly
- providing information about family dispute resolution as required under Regulation 63, for example, advising about admissibility of information/boundaries to confidentiality
- ensuring compliance with the obligations set out under Regulations 64 and 65
- checking whether the client has obtained legal advice, and informing the client that it is not the role of the practitioner to provide legal advice
- checking the client’s understanding that equal shared parental responsibility isn’t the same as a legal presumption of equal shared time, and
- determining the involvement of other parties, interpreters, support people, advocates, and new partners.

**The role of support people in dispute resolution**

If other people are going to be present at a dispute resolution session, it is important for everyone to know beforehand, and to agree to who will be attending and the role that the third person will play. Some third parties, such as interpreters, are present to facilitate the process but not to support a particular party, and this needs to be made clear to everyone.

In general, a support person would not participate actively in the session, except in ‘time out’. However in certain situations, a support person or advocate would participate, as in the case of an intellectually disabled, or speech impaired party. This needs to be negotiated before the session.

Family dispute resolution practitioners in the Centres should ensure the parties receive appropriate support outside of sessions, which may include other people with an interest in the safety and wellbeing of all family members and who the family dispute
resolution practitioner believes will assist the dispute resolution process, thus allowing the focus to be on resolving parenting issues during the sessions.

Other extended family members such as grandparents and people highly relevant to the child’s life may be included in joint sessions where appropriate.

**Child-focused or child inclusive practice**

All dispute resolution sessions should be child-focused, that is, designed to help families focus on the children’s needs, develop parenting arrangements that reflect those needs, and empower parents to resolve their own issues.

Child-focused practice aims to:

- create an environment that supports disputing parents in actively considering the unique needs of each of their children, and
- facilitate a parenting agreement that preserves significant relationships and supports children’s psychological adjustment to the separation, including recovery from parental acrimony and protection from further conflict.

Child-inclusive practice aims to do this but also to consult with children in a supportive, developmentally appropriate manner about the experiences of the family separation and dispute (Moloney & McIntosh, 2004).

An assessment needs to be made about the appropriateness of child-inclusive practice and the form that should take. For example, dispute resolution could include separate consultation with children, with information from that consultation fed back to the parents. For further information on child inclusive practice see the work of Jennifer McIntosh, Lawrie Moloney and others (McIntosh & Deacon-Wood, 2003; McIntosh & Long, 2005; McIntosh, Long, & Moloney, 2004; Moloney & McIntosh, 2004).

In the course of interviewing and working directly with children, it is possible that children will disclose past harm through abuse, or the practitioners will become alerted to situations in which there is a future risk of harm. Practitioners need to be aware of how to respond to children in these circumstances and how to take steps to keep children safe (See Part Four: Domains: Child Abuse or Abduction).

### 2.4.3 WHEN DISPUTE RESOLUTION MAY NOT BE SAFE

**When clients minimise the impact of violence**

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 practitioners 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 practitioner about it, its impact on them and their capacity to take part properly in
joint sessions if they are to disclose its existence (Keys Young, 1996). Practitioners should set out the reasons why disclosure is important.

The practices that assist clients to disclose domestic or family violence are set out in Part Four: Domains: 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 D.

**Where there is violence**

In cases where there has been or is violence, it is necessary for the practitioner to:

- ascertain whether there is a restraining order/DVO/AVO etc in place, and if so, whether it has a clause that allows for the discussions to take place between the parents
- ascertain the status of contact for children with the other parent in any protective orders/restraining orders/DVO/AVO etc
- screen out unsuitable cases (ultimately this decision rests with the practitioner)
- 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
- where dispute resolution may be a possibility under certain circumstances, allow the person affected by the violence to consider different forms of dispute resolution (ie shuttle, joint, telephone)
- refer victims of violence, including children and young people, to appropriate counselling and support programs, and
- refer perpetrators of violence to appropriate counselling and support, treatment programs or report to criminal justice agencies if required.

If, after consideration of all of the above, a decision is made by the parties and the practitioner to proceed with dispute resolution in any form, then the Centre or the Advice Line should consider strategies such as:

- counselling prior to dispute resolution and coaching prior to and during dispute resolution
• monitoring of safety (before, during and after dispute resolution sessions)
• separate waiting rooms/exit points
• continuous assessment of how comfortable clients are with the process
• third party support for the victim (e.g. coach, support worker, friend) and discussion about who can be involved in joint sessions
• frequent individual sessions with the practitioner
• continuous checking of the victim’s emotional state and capacity to continue, and
• frequent breaks/time out during dispute resolution (without making it obvious that it is being done for the victim).

Practitioners should:
• be alert to any violent/abusive or intimidating behaviour, including non-verbal behaviours by the abuser during family dispute resolution, and
• be willing to discontinue with a session if such behaviours are displayed and the process becomes unsafe (or potentially could create a risk to safety that was not previously identified).

Note that Family Law Regulation 64 (c) states practitioners must terminate the family dispute resolution if requested to do so by a party or if the practitioner is no longer satisfied that family dispute resolution is appropriate. Even if the behaviours don’t make the process unsafe, abuse and intimidation could result in an unfair outcome.

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

The Centres and Advice Line also help people for whom dispute resolution is not appropriate. As well as encouraging people to seek family dispute resolution as an alternative to litigation the Centres and the Advice Line will also link people to other support services whether or not the matter may proceed to court. The continuous screening and assessment process undertaken by practitioners means that clients can be supported at every point, including when there are violence issues and/or where a child protection process is underway. Centre and Advice Line practitioners must be clear that vulnerable clients are not to be excluded from services; indeed that screening and assessment is undertaken for ‘inclusion’ rather than ‘exclusion’.

The following case example demonstrates the value of screening and assessment at every point along the way in preparation for dispute resolution and the flexible approaches that can be taken. In this instance the family appears to have genuinely benefited from their visits to the Centres, even though risks were identified and formal dispute resolution was clearly not the main intervention.
The risk to the client became apparent at our group program. She disclosed violence but insisted she still wanted to go ahead with the dispute resolution. I met with her and asked her what she wanted to get out of it. She wanted a parenting plan, so that she could develop better relationships with her adolescent children who lived with her ex-partner. She still wanted to give it a go but was afraid of the power imbalance. I suggested shuttle but she said – no – she wanted to face him. I then suggested we have two practitioners and that I would be one of them. She felt very happy with this. She also agreed to a child consultation so that she could better understand how her children felt. Following these processes we referred this client to family therapy with her adolescent children (FRC).

Incremental nature of making parenting arrangements
All the Centres and the Advice Line need to have in place safe and effective models which involve a number of ways of helping people make parenting arrangements. Many practitioners take the view that the family dispute resolution models being developed are different from traditional models of mediation especially with clients for whom there are safety concerns.

The dad took his young child to his parents’ place and refused to return her. He was scared that the mother would take off with the child because she had threatened he wouldn’t see her again. The father and the paternal grandfather came to the Centre. The mother contacted police. They checked out that the child was safe but they told her they could not bring the child home because there were no formal family law arrangements in place. The father wanted something in place so he could feel secure. We rang the mother and she was very happy to come in and talk. Two days later they took part in a family dispute resolution session at the Centre. We fast tracked the assessment processes because the child was only 15 months old. We diffused what could have become a very hostile situation by using the dispute resolution to put in place a parenting agreement for a week. Then we went from one agreement to the next. In the following week both parents did our group work program then came back for a more comprehensive dispute resolution session. A parenting plan is now in place and the parents will come back and revisit it next year. We believe this is a very good outcome to a situation that could have escalated into something dangerous. (FRC)

Important not to tell people they are entitled to dispute resolution
In referring people for dispute resolution, staff and practitioners on both the Advice Line and in the Centres should be aware that a full screening and assessment process may determine that dispute resolution in this context is not appropriate. Clients and callers should be told that dispute resolution can help many people ‘sort out what they need and how they can safely make decisions about arrangements for their children’ rather than telling people they are ‘entitled’ to mediation/dispute resolution.
2.4.4 TELEPHONE DISPUTE RESOLUTION
Assessing for Face-to-Face or Telephone Dispute Resolution
There are occasions where telephone dispute resolution is an appropriate option for people. In addition to assessing for safety risks, when making the decision whether telephone dispute resolution is appropriate, the following factors need to be considered:

- access issues - distance from a face-to-face service, mobility and transport difficulties, other disability issues
- communication issues - the need for interpreter(s), hearing and speech impediments
- the availability of suitable venues (eg the appropriateness of the use of a client’s home telephone needs to be assessed, interruptions, whereabouts of children, the presence of other people)
- confidentiality issues, and
- telephone equipment availability and its expense (eg Is a teleconference possible? Use of mobile phones, TTY).

At a minimum, the same level of preparation for telephone dispute resolution should occur as it does when dispute resolution takes place face-to-face. Also, there is a risk that the dispute resolution practitioner who is conducting a session by telephone does not have as much control of what is said in telephone dispute resolution as in the face-to-face situation. The absence of body language and eye contact, how to build rapport, the role of tone and the use of particular words all need to be considered. Telephone dispute resolution can leave people feeling isolated and vulnerable. It is therefore important where possible for:

- each client to be supported on their end by a practitioner
- each client to have someone else who can provide them with emotional support
- the practitioner to adequately screen, assess and prepare each person separately, including immediately before engaging in telephone dispute resolution
- there to be an option, even after considerable preparation, for a shuttle style telephone dispute resolution to occur, and
- follow up with each party after each telephone dispute resolution session concludes.
2.4.5 TERMINATING JOINT SESSIONS
The practitioner must terminate the session if:

- requested to do so by a client, or
- the practitioner is no longer satisfied that a joint session is appropriate.

The implications of the decision to terminate these sessions should be discussed with the clients, including what support and referral options need to be in place, according to whether they felt later sessions could be appropriate with adequate support.

Where a session is terminated (either before it begins or during the session) the practitioner may issue a certificate stating that:

- the person did not attend family dispute resolution, but the person's failure to do so was due to the refusal, or the failure, of the other party or parties to the proceedings to attend
- the person did not attend family dispute resolution as the practitioner considered it would not be appropriate to conduct the proposed family dispute resolution
- all attendees made a genuine effort to resolve the issue or issues
- a certificate to the effect that the person attended family dispute resolution but that the person, the other party or another of the parties did not make a genuine effort to resolve the issue or issues.

At termination (and issuing of the certificate), practitioners may inform the parties that when an applicant files one of these certificates in the court, the court may take the kind of certificate into account when considering whether to make an order referring the parties back out to family dispute resolution and in determining whether to award costs against a party.

2.4.6 TIMING AND REVIEWING OF PARENTING PLANS
Practitioners should use opportunities to reiterate that children’s developmental needs change over time and that it is important to plan how these changes will be accommodated.
3. REFERRALS

3.1 LINKING TO OTHER SERVICES

3.1.1 REFERRAL GUIDELINES

The Family Relationship Centres and the Family Relationship Advice Line are gateways to services that can assist families at all stages of their relationships. They help families with relationship issues by providing appropriate information and referral, and can also help separating families to achieve workable parenting arrangements (outside the court system) through information, support, referral, advice and dispute resolution services. In doing this they are required to deliver high-quality, timely, safe and ethical services.

Effective referral practices are therefore critical to providing safe and beneficial services in the Centres and the Advice Line. Such referral practices will assist clients and callers connect with the services which are assessed as being most useful to them.

The relationship with the client or caller
Effective referral starts with the skills and attitudes of staff, including empathy and respect for the client, a non-judgemental attitude and sensitivity to cultural needs. Staff should acknowledge and address the client/caller’s most pressing needs and concerns, and explain the reasons why a particular referral has been made. Safety issues need to be identified and addressed and referrals should not compromise client safety.

Staff should avoid a ‘processing’ attitude in which the referral is seen as merely directing people through an impersonal system. First impressions matter in this regard, especially the manner of first point of contact staff in the Centres and on the Advice Line.

Distressed clients/callers
The referral process needs to take account of the level of distress experienced by the client/caller. For example, it may be necessary to settle distressed clients/callers before referring them on to other services. First point of contact staff should always try and encourage distressed clients/callers to seek the assistance of a practitioner before any referrals are made.

Client choice
Where more than one service may assist clients/callers, it is appropriate to provide them with information about the range of services available and to let them make up their own minds about which particular service or services they want to use. In doing so, staff may need to provide some guidance on any special conditions for using a service. For example, some services may not be available to low income or special needs clients. It is important to refer clients/callers to the most appropriate service at the right time and avoid a ‘merry-go-round’ of referrals.
Barriers to using other services
Staff in the Centres and the Advice Line need to be aware of possible barriers that a client/caller may experience in using another service and, where feasible and appropriate, work with the client to find ways to overcome these barriers as far as practicable. Barriers may include:

- lack of information about services and what is available
- lack of client capacity or interest in taking up the referral
- waiting lists that are too long to meet the client/caller’s needs
- cost of services or transport to access services
- lack of suitable child care
- cultural or language barriers, including availability of interpreters
- difficulties in contacting clients/callers (eg lack of telephone services)
- family/kinship issues
- lack of anonymity issues in small communities
- shame/denial/fear
- lack of services particularly in rural and regional areas
- lack of transport options particularly for disabled, parents with small children or aged clients, and
- availability of suitable appointment times of services.

3.1.2 RELATIONSHIPS WITH OTHER SERVICES

Family Relationship Centres
As outlined in the Operational Framework, Centres are required to engage with a wide range of community groups and services and to build collaborative relationships with these groups and services. Such relationships will underpin effective referral practices and assist clients’ access to the services.

Relationships with other services are strengthened through activities such as regular meetings, information sessions, conferences, workshops and inter-agency visits. Other suggestions for facilitating referral connections include:

- having one worker act as a point of contact with each referral agency
- developing common intake and screening processes
- involving Aboriginal and Torres Strait Islander and culturally and linguistically diverse community representatives in reference groups as a way of guiding Centres in local referral practices
- connecting with specific community groups to help Centres gain awareness of local community issues
• being aware of the needs and concerns of other services in relation to referrals from the Centres. For example, other services may be worried about not being able to cope with the volume or type of referrals being made by Centres, or may fear that the Centre will make inappropriate referrals, and

• developing clear protocols between the Centres and other service providers. These could take the form of memoranda of agreement or other forms of formal agreement, which outline the working relationships and delineate the roles and responsibilities of collaborating agencies. Agreements should be reviewed periodically and modified as appropriate. When confidential information is shared between co-ordinating providers, such formal agreements are essential.

Family Relationship Advice Line
As a national service, Advice Line staff in one state will frequently refer callers to services in other States and Territories. The Attorney-General’s Department has developed relationships with certain national services such as the Child Support Agency, Centrelink, the Family Courts and with key state government agencies. In relation to local services, the Advice Line depends upon the information about services registered on Family Relationships Online by the Family Relationship Centres and other services.

3.1.3 FAMILY RELATIONSHIPS ONLINE
Family Relationships Online is the key resource for providing staff in the Centres and the Advice Line with accurate information about the services available to meet client/caller needs. Centres have an important role in nominating local non-government funded service providers for registration on Family Relationships Online. This will expand the range of appropriate local services to which the Centres themselves and the Advice Line can refer. The Centres should also ensure that information about their own services is registered on Family Relationships Online and is regularly updated.

3.1.4 REFERRAL PROCESSES
When referring clients/callers to services, the choice of referral depends on the person’s needs, what arrangements, if any, have been agreed with the service to which the client/caller is to be referred, and the capacity of both the referring organisation and the service to which the client/caller is being referred at any particular point in time.

Referral processes can take many forms. The table below outlines examples of referral processes and the advantage and disadvantages of each. Referral processes can occur in a telephone environment, in face-to-face settings or in the form of written communication (including e-mail) or a combination of these channels. A referral process may combine aspects of each of these processes.

For the reasons outlined in the table, practitioners are encouraged to use facilitated, warm and/or active referrals where feasible, especially for clients/callers who are likely to have trouble using other services without assistance.
Feedback and follow up
A follow-up call to the service where the referral was made can be useful to ensure the referral was effective. With the client/caller’s consent it may be possible to set up feedback processes that take the form of a three-way discussion between the Centre or Advice Line, the service to which the client/caller was referred, and the client/caller, if it is appropriate to do so. Confidentiality and privacy need to be observed in referral processes which include feedback and follow up.

<table>
<thead>
<tr>
<th>Possible term</th>
<th>Characteristics</th>
<th>Possible advantages and disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive referral</td>
<td>The client is given contact information for appropriate service(s) and is left to make her/his own contact at a time that best suits the client.</td>
<td>This process gives responsibility to the client to take action on their own behalf. However, there is a greater likelihood that the referral will not be taken up.</td>
</tr>
<tr>
<td>Facilitated referral</td>
<td>The client is helped to access the other service, for example, the referring organisation makes an appointment with the other service on the client’s behalf, asks the other service to make contact with the client/s or a caller is transferred to the other service.</td>
<td>The other service is made aware of the client, and the client is helped to access that other service. The client may need to wait for a response from the other service.</td>
</tr>
<tr>
<td>Active referral</td>
<td>The referring organisation, with the client’s consent, provides the organisation to which it is referring the client with information that it has collected about the client or with its professional assessment of the client’s needs.</td>
<td>The client does not need to repeat all of their story and the agency to which the client is referred has relevant information about the client. However, there is a risk that the information is communicated out of context and therefore misinterpreted by the service which is receiving the referral, especially if not done as a ‘warm’ referral (see below).</td>
</tr>
<tr>
<td>Cold referral</td>
<td>The client is transferred to another service, without any immediate communication between the Centre or Advice Line and the other services, for example, by putting the client into a call centre queue.</td>
<td>The other service may be unaware of the nature of the call or of any information or services that have already been provided. The client may be frustrated that they have to re-tell their story or may not communicate their needs in a way that allows the other service to see why the client has been referred.</td>
</tr>
<tr>
<td>Warm referral</td>
<td>A ‘live’ three way conversation in the presence of the client (whether face-to-face or by telephone) in which the referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred. If done through a telephone this may be referred to as a ‘warm transfer’.</td>
<td>This provides an open and transparent process in which information can be exchanged between the Centre or Advice Line, the client and the other service. Issues can be clarified immediately. The client does not need to repeat all of their story. The process relies on someone being available at the other service at the time the client is to be referred.</td>
</tr>
</tbody>
</table>
Making effective referrals

Sound skills and practices are critical to effective referral. Staff who make referrals must be able to support people in accessing other services if required, including negotiating ways to overcome barriers to access to services.

The following checklist may assist staff in Centres and the Advice Line to make effective referrals:

- Understand the client’s situation and perceived needs.
- The client and I have talked about how to prioritise these needs and what options exist to help address them.
- The client is willing and ready to be referred.
- We have discussed what issues might make it difficult for the client to follow through with the referral.
- The agency to which I am referring the individual is registered on Family Relationships Online or I am familiar with the agency, including its eligibility requirements and services.

Some additional points for practitioners in the Centres and the Advice Line include:

- I have considered whether a facilitated, warm or active referral would be desirable, based on the client’s:
  - ability to negotiate complex social situations
  - ability to provide and receive information
  - ability to tolerate waiting
  - level of ambivalence about seeking help
  - interpersonal style (eg passive or argumentative).
- If the referral is a passive or cold referral, I have provided sufficient information and ‘coaching’ to help make the referral successful.
- (Where appropriate) I have made a plan to follow up with the client to see how things went and to determine next steps.
4. RISK DOMAINS

4.1 SCREENING FOR RISK

This section of the Framework provides staff of the Centres and the Advice Line with more in-depth information from research and practice experience about the risks to safety and wellbeing of children, their parents and others.

This Framework focuses on three Risk Domains:

A. Domestic or intimate partner and family violence and violence towards others

B. Child abuse or abduction

C. Self-harm

4.1.1 ASKING THE SCREENING QUESTIONS

While the approach adopted in this Framework favours flexibility, there are screening questions to be asked at key stages in client/callers’ contact with the Centres and the Advice Line, including at the first point of contact:

• Do you have any reason to be concerned about your safety?

• Do you have any reason to be concerned about the safety or wellbeing of your children?

• Do you have any reason to be concerned about anyone else’s safety?

If the client/caller contact is in relation to setting up a joint session, then an additional question should be asked:

• How do you think your partner/ex-partner would answer these questions?

This does not mean that these should be the only screening questions to be asked. It means these questions should be asked when the client or caller has contact with the service.

These questions naturally should be asked gently and respectfully, and with an understanding that it may be difficult for the client/caller to disclose safety concerns. If the first point of contact staff or practitioner is concerned that safety issues exist, they will then follow protocols to ensure that a deeper understanding of risk factors is gained and steps are taken to build rapport with the client or caller to address these issues. Protocols should reflect that this deeper understanding should be gained by an appropriately skilled and trained practitioner. It will be necessary to question more deeply if initial screening questions identify concerns in any of the above risk domains, including if the client indicates that their partner/ex-partner may have answered questions in a way that indicates concerns.
4.1.2 THE NEXT STEP – DEEPER QUESTIONING FOR SAFETY

The presence of a risk factor does not necessarily mean that harm has occurred; it 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.

In other words, if the answer to a screening for safety question indicates that a person may be exposed to violence, or a child may be at risk of abuse, or there may be a risk of self-harm, then more in-depth questions about the specific risk/s need to be asked. The series of more in-depth questions which relate to a safety domain are clustered together in ‘safety tools’ or ‘instruments’.

The approach taken to ‘tools’ in this Framework

This Framework favours a structured professional approach to screening and assessment. This approach draws on clinical and research judgements about risk factors or indicators that are not rigidly adhered to, but should be considered in every assessment. Practitioners in the Centres and the Advice Line are encouraged to collect qualitative information about the individual case including taking into account the client’s own assessment of risk. Practitioners can then make their own judgements which are systematically scrutinised by their professional supervisors and other experienced practitioners.

This Framework does not recommend any one tool or instrument to assist in the identification and management of safety factors and risk for each of the three risk domains. Rather it provides information on evidence-based risk factors that have been incorporated in a range of tools. It points practitioners in the direction of existing tools that have been developed nationally and internationally using such risk factors.

To ensure that instruments designed to screen for or predict risk do not distract from broader safety issues and are not used as the sole basis for planning, there is a need to combine discretion, sensitivity, professional judgement and common sense in the asking of these questions. Most importantly the deeper level questions need to be asked by skilled, highly trained, professional staff.

Why not actuarial approaches?

The above approach to risk assessment is in contrast to actuarial models which tend to give numerical weightings to empirically tested risk factors. Actuarial approaches generally require an assessor to score a person’s level of risk to predict the likelihood of experiencing future adverse events (Kropp, 2004; Johnson, 1996 cited in Saunders & Goddard, 1998; Waugh, 2006). Actuarial approaches require location specific research as well as training in the use of specific instruments. No such empirically tested instruments have been developed in Australia at the time of writing. While actuarial approaches have shown to be useful for staff who are not professionally qualified, they have been criticised for the way they rely on predetermined risk factors and do not allow for any ‘unique, unusual or context specific variables’ (Hart, 1988 cited in Braaf & Sneddon, 2007, p.16) which may indicate that there is a risk (Braaf & Sneddon, 2007; Kropp, 2004).
Protocols
In developing good practice the Centres and the Advice Line should give consideration to the tools referred to in this Framework or other evidence-based tools. They should then decide on an approach and develop local protocols around the use of this approach.

A flexible approach to questioning
There are certain key indicators of risk associated with each of the three domains that are the focus of this section of the guide. The presence of one or more of these indicators should alert staff to the potential for danger and the need for skilled staff to use deeper questioning drawn from ‘tools’ or ‘instruments’.

Actions to address risk might range from immediate steps to alert police or child protection authorities, to alerting the person against whom the threat of violence has been made within any limitations imposed by laws relating to confidentiality and privacy.

The indicators referred to in this Framework have not been ranked in an order in which questions to establish their presence or otherwise should be asked. 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 services that they need to assist them, the suitability of joint interview or dispute resolution strategies and the importance or otherwise of putting safety plans in place.

4.1.3 ACTIONS TO DEAL WITH RISK
Those responsible for deciding the actions that should be taken when there is an indication of a risk in any of these domains, must take two factors into account:

- the likelihood of harm occurring, and
- the potential impact if the 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. It is important to note that this duty to inform does not only apply to immediate and substantiated risk of harm, but may also extend to anticipated risks to safety (such as anticipated abuse or neglect).

Consulting with supervisors and other experienced staff
Wherever possible 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. The Centres and the Advice Line should clearly state in protocols what consultation should occur when safety and emergency issues are identified.
Safety plans

The screening process should always be linked to the provision of a safety plan for the client in the event that risk is identified. Although plans need to be tailored to the individual circumstances of those at risk, the 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:

4.2 RISK DOMAIN: DOMESTIC AND FAMILY VIOLENCE AND VIOLENCE TOWARDS OTHERS

4.2.1 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.

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 (Council of Australian Governments, 1997).

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 (Laing, 2000).

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).

4.2.2 SCREENING TOOLS FOR DOMESTIC AND FAMILY VIOLENCE

This Framework does not prescribe the use of a specific screening instrument for identifying risks of domestic and family violence. Researchers have concluded the best approach to screening in this domain involves gathering as much information as possible, given the time available and the circumstances of the assessment, while applying professional judgement to establish the links between the risk factors and the overall level of risk. This structured professional approach requires practitioners to have a high level of skill and knowledge about domestic and family violence.

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4 Family Law Act 1975, s.4 (1)
At the time of writing, no tool or instrument, underpinned by empirical research, has been developed in Australia. If agencies wish to use questions from internationally validated tools (underpinned by empirical research) the following are recommended as those with the highest proven predictive ability:

1. Jacqulyn Campbell’s Danger Assessment can be used, as long as it is not changed without permission from Jacqulyn Campbell. See Attachment F. Information about permission to use can be found on the website www.dangerassessment.com. The Danger Assessment has been downloaded from this site: http://www.dangerassessment.com/WebApplication1/pages/da/DAEngl ish.pdf


3. DV MosaIC. This system was developed by Gavin de Becker and Associates. For information about licensing fees and training, see http://www.mosaicsystem.com.

Assessing for risk when both parties claim violence
Neilson (2004, p.425) suggests a number of ways for professionals and the courts to make sense of mutual claims of violence and abuse to distinguish between high conflict involving both parties (where pushing and shoving are the norm on both sides) and domestic violence. They include:

- making careful scrutiny of the history of violence in the relationship
- examining the power, domination and control dynamics of the relationship
- assessing the context (including the social and cultural context, victim vulnerability and psychological and physical impact), and
- taking into account victims’ fears and perceptions.

Screening questions for family violence
Braaf and Sneddon (2007) identify the following typical screening questions for family violence:

- whether a past or current partner is making the client feel unsafe
- whether a past or current partner is making the client feel afraid or frightened
- whether a past or current partner has ever damaged objects in the home, clothing or other items the client cares about
- whether a past or current partner has threatened or harmed the client, their children or their pets
- whether a past or current partner has hit, slapped or hurt the client in other ways
- whether the client has been forced to have sexual activities against their will by a past or current partner
Risk Domains

- whether the client has had to call the police for protection
- whether the client has ever stayed in a refuge
- whether the client is afraid to be in the same room with the other party
- whether the client feels safe to go home, and
- whether the client would like any assistance with these issues.

Another screening question for use by practitioners and other staff in the Centres and the Advice Line is:

- Are there currently any domestic violence orders in place? (DVOs, AVOs, IVOs etc).

When asking screening questions, clients/callers should be informed about why the questions are being asked and why talking about the violence is important. Direct questions are most effective in identifying violence, and questions should be asked about the various forms of abuse (DVIRC Behind Closed Doors).

Questions for practitioners who work with violent partners
Staff and practitioners who are endeavouring to find out if there is violence in the relationship find it very useful to ask how the partner/ex-partner might answer the same questions. For example, if the client is asked whether they have ever physically intimidated their ex-partner, and the reply is ‘No’, then ask ‘What do you think she/he would say if I asked her/him that question?’

Questions for practitioners working with fathers who use violence include:

- Does he minimise the level of violence he uses?
- Does he believe that the violence he uses adversely impacts on the children in his care?
- How strongly does he believe in his right to act in the way he does within his family?
- Does he know that his actions may constitute a crime?
- Does he take any responsibility for his violent actions or demonstrate remorse?
- Does he believe that the use of violence is a legitimate response in a range of settings?
- Does he use his culture as a reason (or an excuse) for his use of violence?
- Does he believe that he shouldn’t have to pay child support?
Other suggested questions for partners/ex-partners who may use violence can be found in the Joondalup intake form (see Attachment A) and are reproduced below:

- What would you say if I asked you if your partner was afraid of you – how would you know this?
- If I asked your partner the same question what do you think they might say?
- What would you say if I asked you if your child/children was/were afraid of you?
- If I asked your child/children the same question, what do you think they might say?
- Has there been times when you have felt angry, but have managed to calm down?
- Are there times, other than with family members, where you have been abusive/violent?
- Has/have your child/children witnessed any violence/abuse?
- What could you do differently to avoid behaving in abusive/violent ways?
- Have you ever sought assistance for your anger/abuse?

It will be useful to keep in mind that the presence of factors such as substance (mis)use and mental illness may overshadow family violence and make it less likely to be identified (DVIRC Behind Closed Doors).

4.2.3 RISK FACTORS ASSOCIATED WITH VIOLENCE

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.

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.

While there are good reasons to exercise caution about how indicators are used, the research nevertheless consistently identifies a set of indicators or ‘markers’ which are associated with domestic and family violence. Dutton and Kropp (2000), for example, reviewed the research and identified some key factors that appear in many risk factor lists to indicate the likelihood of future assaults. These include:

- a history of assault
- generally antisocial behaviours and attitudes
- instability of relationships
Risk Domains

- instability of employment
- mental health and personality disorder
- childhood abuse
- poor motivation for treatment, and
- negative attitudes toward women.

One of the best-known checklists of risk indicators associated with life-threatening attack on a spouse is developed by the Pennsylvania Coalition Against Domestic Violence (Hart 1990, cited in Laing, 2004). The list of indicators includes:

- 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, and
- victim having contacted law enforcement officials.

**Risk factors associated with homicide**

Similar indicators are often cited as being useful in identifying the risk of homicide.

Additional indicators often cited are:

- abuse of pets or threats to kill pets
- obsessive jealousy about and/or preoccupation with partner, and
- stalking or monitoring of partner.\(^5\)

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\(^5\) These additional indicators are taken from Domestic Violence and Incest Resource Centre, Australia, 2006
**Risk Factors associated with Child Murder-Suicide**

Australian research has shown that there are indicators that could be used specifically in respect of child murder-suicide. The list of indicators identified by Carolyn Harris Johnson’s (2005) research are:

- 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, and
- signs of personality disorder or depressive illness which may or may not have been clinically diagnosed.

The 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 (Kropp, 2004). 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.

### 4.2.4 ASSISTING DISCLOSURE

**Listening to what clients say**

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 repeated studies on domestic violence to have high predictive value (Roehl, O’Sullivan, Webster, & Campbell, 2005). However, there are also clients who have been subject to such violence over an extended period that they may underestimate the gravity of the risk. In these cases, practitioners need to assist the client to become aware of the real nature of the risk.
Two important questions
On many risk instruments used overseas, two questions asked of the victim were found to be consistently predictive of future violence (Campbell, personal communication, February, 2006). These two questions are:

- How likely is it that your partner will be physically abusive with you in the next year? Please rate the likelihood from zero to ten, where zero means there is no chance, and ten means you are sure it will happen.

- How likely is it that your partner will seriously hurt you in the next year? Please rate the likelihood from zero to ten, where zero means there is no chance, and ten means you are sure it will happen.

Why people don’t disclose
The staff member’s style or manner is of critical importance in helping clients feel able to disclose difficult information. Knowledge of the reasons why people subjected to violence may or may not decide to disclose may assist staff in this area.

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

- not wanting to see their partner (and father of their children) 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, and

- fear of being ‘cast out’ by their family or religious community.

Assisting disclosure
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 has been shown to have the advantage of facilitating better disclosure.

An Australian model for screening for dispute resolution where there are concerns about domestic violence is particularly useful and is found at Attachment D.

Further examples of questions concerning domestic and family violence used by some Australian agencies dealing with similar clients are shown at Attachment A. Examples of risk assessment used in Australian agencies are found at Attachment G.

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 (Keys Young, 1996).

Clients who have been subjected to violence over an extended period may underestimate the gravity of the risk. In these cases, practitioners 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.

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, and

• study and work leading to:
  o increased self-esteem and confidence
  o critical reassessment of their situation at home
  o realisation that their situation was neither ‘normal’ nor acceptable.

**Impact of domestic violence on children**

In most States and Territories children exposed to domestic violence are regarded as having been abused. This form of child abuse is discussed in more detail in the next section.
4.3 RISK DOMAIN: CHILD ABUSE OR ABDUCTION

4.3.1 CHILD ABUSE: DEFINITION AND TYPES

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 (National Child Protection Clearinghouse, 2004).

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 (National Child Protection Clearinghouse, 2004).

Recent research indicates that being exposed to domestic violence also constitutes emotional abuse (Shea Hart, 2004). This is reflected in most Australian State and Territory legislation about child abuse.

Child abuse and types of harm

The following section is adapted from Victorian State Government Guidelines which provide definitions of child abuse and neglect and types of harm (Victorian Department of Human Services, 2002, pp.6-7).

Physical Harm

Physical harm refers to a situation in which a child suffers or is likely to suffer significant harm from an injury inflicted by a child’s parent or caregiver. The injury may be inflicted intentionally or may be the inadvertent consequence of physical punishment, or physically aggressive treatment of a child.

Physical injury and significant harm to a child may also result from neglect by a parent or caregiver. The failure of a parent or caregiver to adequately ensure the safety of a child may expose the child to extremely dangerous or life-threatening situations that result in physical injury and significant harm to the child.

Sexual Harm

Sexual harm refers to a situation in which a person uses power or authority over a child to involve the child in sexual activity. Physical force is sometimes involved. The child’s parent or caregiver may not have protected the child. Child sexual abuse involves a wide range of sexual activity. It includes fondling of the child’s genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or other object, or exposure of the child to pornography.

Emotional Harm

Emotional harm refers to a situation in which a child’s parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put-downs or continual coldness from the parent or caregiver, to the extent that it significantly damages the child’s physical, social, intellectual or emotional development. This includes significant harm to a child or young person’s wellbeing or development because of his or her continual exposure to domestic violence.
Neglect
Neglect refers to a child’s parent or caregiver failing to provide the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child’s health and development is, or is likely to be, significantly harmed. There are a range of indicators of child neglect. One indicator in isolation may not imply neglect. Each indicator needs to be considered in the context of others and the child’s overall circumstances.

More information about indicators of child abuse and neglect can be found at Attachment H.

4.3.2 RESPONDING TO CONCERNS ABOUT CHILD ABUSE

Legal and ethical responsibility to report child abuse
Legislation requiring the reporting of concerns about child abuse differs across jurisdictions. In addition to State and Territory legislation, the Family Law Act specifically requires certain practitioners to report suspected child abuse.

While some professional practitioners are mandated by law to report their concerns that children are suffering harm as a result of abuse and/or 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.

The responsibility to investigate child abuse lies with State and Territory child protection authorities, however, practitioners are able to help keep children safe by staying attuned to their needs, supporting their families and linking them with services.

This duty to report suspected child abuse may also give rise to an ethical duty for practitioners to inform the parents of child clients, prior to any sessions with the child(ren), of the legal obligations to disclose that govern all communications with the child. However, the discretion of the practitioner is paramount in these matters.

Child abuse and family separation
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 (Humphreys & Stanley, 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.

Importance of training
People who work with children and families should be trained in how to identify and respond to child abuse or neglect, to determine whether the issues are at a threshold of risk, and to consider how such issues are impacting upon the parenting role. Without such training there is a concern 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 (Goddard, Saunders, Stanley, & Tucci, 1999).

**Role of practitioners in the Centres and the Advice Line**
Practitioners in 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 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
- observation of physical injuries or information about other forensic evidence
- observations of the behaviour of the child or the parent(s) which indicate possible child abuse
- reports by either parent or third parties, eg grandparents.

Studies on child abuse consistently reinforce the need to listen to children and to take what they say seriously (Goddard, Saunders, Stanley, & Tucci, 1999).

**Procedures for responding to concerns about child abuse and neglect**
It is important that any human services agency (including the Centres and the Advice Line) have protocols in place to respond to concerns about child abuse and neglect.

Useful information to include in such protocols can be found in the State and Territory guidelines. The following links may be helpful in the development of protocols about responding to child abuse and neglect:


**When a child discloses**
It is not the role of practitioners to open up discussion with children about abuse and neglect, or to investigate concerns that children are being harmed. It is, however, very important that practitioners respond appropriately to children who, in the course of their contact with practitioners, disclose things that are happening to them that fall into the definitions of child abuse and/or neglect. There is considerable evidence that the way practitioners respond to children when they disclose difficult information has a lasting impact on their willingness to seek assistance in the future. Some suggestions for responding include:

- listen carefully and try to control any outward display of shock or panic
- tell the child you believe them and they have done the right thing in telling you
- acknowledge that it is hard to talk about some things
Risk Domains

- use the child’s language wherever possible
- emphasise what has happened is not their fault
- tell the child that sometimes adults, even parents do the wrong thing
- tell the child you will do your best to help them, and
- indicate what you will do next, including that it is important that you tell someone else who may be able to help.

Do not:
- make promises that cannot be kept (like saying that you won’t tell anyone), and
- seek further details beyond what the child freely wants to disclose (your role is to listen and support the child, not conduct an investigation).

Do:
- talk to a supervisor or experienced work colleague, and
- take whatever other actions your agency protocol requires.

When a parent discloses
Many of the responses referred to above apply also to situations where parents disclose suspected abuse of their children by the other parent, or another person, or by themselves.

Practitioners need to be very clear about their responsibilities under the *Family Law Act* and their ethical responsibilities to report suspected abuse regardless of whether previous reports made have allegedly been made. Apart from the mandatory requirement to do so, there are important reasons for practitioners to notify statutory child protection agencies of their concerns:

- Firstly, it is often not known if the statutory child protection agency has acted or not on information. Sometimes child protection agencies, like the police, are compiling evidence that will enable them to take the matter before a children’s court. Each new piece of information is important.

- Secondly, research indicates there is more weight given by child protection authorities to concerns expressed by professionals that children are in danger or have been harmed as a result of child abuse and neglect than to concerns by parents who are engaged in adversarial proceedings through the Family Court (Brown & Alexander, 2007). Practitioners have a legal and ethical responsibility to share their professional knowledge of what is happening to children with the child protection agency.

- Thirdly, that a report is not considered sufficiently serious to warrant investigation by child protection authorities does not mean it is irrelevant for the purposes of family law proceedings. The state child protection agencies are concerned with whether the matter is sufficiently serious to warrant statutory
intervention to protect children. Family Law proceedings, however, must consider the competing claims of each parent in relation to living with and spending time with children. It is important that a matter before the Family Court has any such reports before it so that it can take them into account in determining these arrangements (Family Law Council, 2002, p.30).

Where it is safe and appropriate to do so, it is important that practitioners make reports together with parents. If the parent is not prepared to do so, but the practitioner believes the concerns raised are within the scope of their mandated legislative responsibilities, the practitioner must make a report separately. The Centre and Advice Line protocols should clarify how parents should be told a report has been, or will be made, and also those situations in which it is not safe to tell parents about the report.

The following is an example of a case with multiple risk factors which was very ably dealt with by a Centre practitioner and demonstrates excellent collaborative work between agencies:

*The mother was a very intelligent and articulate person. She has a 6 year old boy by a former partner and a 1 year old by another current partner, from whom she is separated but they are living under the one roof. The father has a serious gambling problem and has lost more than $200,000 of their joint capital. He is also very depressed and suicidal. She has a history of post-natal depression and a childhood history of abuse. The practitioner asked her directly whether she had ever thought of harming herself. She admitted to suicidal thoughts and, with further questioning, indicated that she had a plan to drive herself off a cliff. There appeared to be no attachment or bonding with the baby and the practitioner became concerned that she might harm the baby as well as herself. The practitioner arranged emergency housing for her, and got her a crisis appointment with mental health. She then told the woman that she would notify the child protection agency. The mother accepted this, in fact ‘she didn’t even blink’. In all she made three warm transfers (three way conversations) to mental health, to emergency housing and to Department of Community Services. All responded immediately. DOCs took the matter very seriously. The practitioner established an excellent rapport with the mother and followed her up the next day. She will work together with DOCs to assist the mother and to help keep the baby safe (FRC).*

### 4.3.3 CHILD ABDUCTION

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

Abduction refers to a 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 (M. Johnston & Girdner, 1998).

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.

Why do parents abduct?
The increased number of inter-country relationships and the speed and convenience of international travel contribute to international parental child abduction. Child abduction usually eventuates because of a range of factors. These most commonly include:

- fear of and inability to communicate with the other parent
- extensive hostility between the former or estranged parents
- family violence and/or child abuse – a parent fears for their own and/or their child’s safety
- a deep sense of unfairness felt by one parent in relation to residence and contact arrangements
- differences in relation to the parent’s approach to child rearing or discipline
- cultural or religious differences which become intolerable for one parent
- a parent’s belief that the child is their property, without a will or rights of their own
- a wish to control the cultural upbringing of the child, and
- fear of loss of the relationship with the child.

Risk factors associated with child abduction include:

- 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 expresses concerns about the wellbeing of the child and has taken numerous legal steps to get residence of the child which have been unsuccessful
- one partner has strong beliefs about rearing children contrary to the other partner’s beliefs, and
- 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.
An example of questions that might be asked in relation to the risk of child abduction is given at **Attachment I**.

**Working with other agencies**
The responsibilities of staff of Centres and the Advice Line in the area of child abduction are complex and will need to be substantially supported by training and assistance from other sectors, especially the child protection and legal sector, to ensure that children at risk can receive co-ordinated 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 child protection 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
- referrals to legal practitioners for advice about legal options, and
- referring international child abduction concerns to the Australian Central Authority for the Hague Convention on the Civil Aspects of International Child Abduction.
4.4 RISK DOMAIN: SELF-HARM

The Centres and the Advice Line deal with people who are at risk of self-harm. It is particularly important that first point of contact staff as well as practitioners are able to recognise and deal with high risk situations, especially people who threaten suicide or harm to others.

The particular focus for screening for self-harm and suicide lies in the intense emotions and high levels of conflict which can be found in some families undergoing transitions and separations (J. Johnston & Roseby, 1997).

A most helpful resource for this section is the Mental Health First Aid Manual (University of Melbourne) which can be found at http://www.mhfa.com.au/documents/MHFA_Manual_Jan_07.pdf

4.4.1 DEFINITION OF SELF-HARM

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 (Camilleri, McArthur, & Webb, 1999).

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, practitioners should be aware that clients with problems of separating themselves from their family may see killing their partner and/or their children as a part or extension of their suicide. If the practitioner 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 (see Johnson, 2005). The issue of child murder-suicide is dealt with in the first Risk Domain in this Framework on Domestic and Family Violence.

4.4.2 RISK FACTORS ASSOCIATED WITH SELF-HARM

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 the Advice Line to diagnose or treat clients for depression or suicidal intent, but staff will need to be equipped to recognise those at risk, and to make appropriate, respectful, timely and effective referrals to mental health and other appropriate counselling 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 Line 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.
The following are risk factors associated with suicide:

- psychiatric illness including depression, schizophrenia, personality disorder and antisocial behaviour
- drug and alcohol abuse
- previous suicide attempt
- being male
- youth
- homelessness
- being Aboriginal or Torres Strait Islander
- social, educational and employment disadvantage
- those who have suffered loss recently
- people who are isolated
- people with a family history of suicide, and
- young men of low socioeconomic status (Royal Australian College of General Practitioners, 2002).

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 (Bonner, 2001).

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 (Crisis Support Services, 2005).

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

4.4.3 RESPONDING TO POSSIBLE SELF-HARM

First point of contact staff in the Centres and the Advice Line

First point of contact staff will usually be in a position to refer people who they suspect are distressed or suicidal to a practitioner immediately. On occasions this may not be possible. Therefore first point of contact staff will need to help calm the person until a practitioner is available and/or other steps can be taken to keep the person safe. The Centres and the Advice Line need to have clear procedures in place for first point of contact staff to alert experienced practitioners and/or managers for emergencies such as this.
First point of contact staff need to be skilled in how to respond to emergencies involving people who threaten self and others. It is particularly important they know how to remain calm, show genuine concern and encouragement, and gently convey to the client or caller that help is on the way.

**Practitioners in the Centres and the Advice Line**

Practitioners need to use their generic professional training to deal with distressed persons and their specialised training to respond to risks of self-harm. People will rarely volunteer suicidal thoughts but may do so if asked directly. Most of the literature on suicide and self-harm emphasises the importance of asking direct questions, such as:

- Have you ever thought about killing yourself?
- Have you ever made an attempt to kill or harm yourself in the past?
- Are you thinking about that at the moment?
- Do you have a plan for how you would go about it?

Other sample questions to assess risk of self-harm are given at Attachment G, J and K.

**The telephone environment**

Both the Centres and the Advice Line can expect to receive calls from highly distressed people who are potentially suicidal and may also harm others. It is important for any service dealing with threats and actual suicides to provide a general code of practice including procedures and protocols with other agencies designed to inform suicide intervention. A useful guideline for Telephone Counselling Suicide Intervention has been developed by the Victorian Government and can be found at [http://www.health.vic.gov.au/telephone/suhelpline.htm](http://www.health.vic.gov.au/telephone/suhelpline.htm)

This web link outlines general principles for organisational readiness, practitioner competency, confidentiality, legal obligations and public statements. It also includes a list of standards to apply to help lines that deal with suicide such as:

- entry standards and selection requirements for paid staff
- quality assurance training and supervision
- quality assurance call monitoring
- training needs analysis, and
- debriefing, defusing and support.

*Mensline Australia* uses a guided professional judgement risk assessment, using the mnemonic ABCDE: A (Action or Intention), B (Background), C (Current stressors) D (Distress level) E (External and internal resources). This can be found at Attachment K.
5. SUPPORT FOR PRACTICE

5.1 SUPPORT FOR PRACTICE AND PROFESSIONAL SUPERVISION

In a practice context where safety screening and assessment decisions impact on peoples’ lives it is important for all staff in the Centres and the Advice Line to reflect on their practice. This is particularly the case where the most vulnerable clients (children), are the least likely to be seen and heard. One way this reflection is achieved is through comprehensive policies and practices outlining strategies that support practice, including the important role of staff supervision, which includes both first point of contact staff and practitioners.

The overall aim of staff supervision is to enhance the standard of work undertaken so that, in turn, vulnerable clients will be able to make maximum use of services offered in a safe environment.

Specifically staff supervision serves the following purposes:

- managerial (quality and accountability)
- educative (professional development), and
- supportive (ensuring staff are able to process their experiences rather than be overwhelmed by them) (Coulshed & Mullender, 2001; Kadushin, 1976; McMahon & Patton, 2002).

Staff supervision is a flexible mix of all of the above. Examples of supervision policies can be found at:


http://www.linkhousing.co.uk/policies_and_publications/documents/LinkLivingSupportandSupervisionPolicy.pdf

http://www.shetland.gov.uk/socialwork-health/documents/PL34StaffSupervisionPolicy.pdf
5.2 QUALITY AND ACCOUNTABILITY

The literature on related services (especially telephone helplines) indicates the importance of using a range of strategies to continuously improve the quality of services offered, and to ensure accountability for decisions made. Within the context of screening and assessment these include:

- assisting with workload management through reviewing and planning
- monitoring day-to-day work to ensure it is carried out within the policies and priorities of the agency
- keeping staff in touch with developments, statutory requirements, departmental policies etc
- providing a sounding board for ideas, plans, concerns and strategies
- ensuring that manual or computerised recording is at the required standard
- gathering management information needed to oversight throughput of team work
- providing regular feedback to staff about their performance
- identifying peer mentors especially for new staff
- where services are provided over the telephone, actively monitoring calls through, for example ‘dual headsetting’ and co-interviewing, and
- developing Individual Development Plans (adapted from Clarke, 2002; Coulshed & Mullender, 2001).

There is a need for formal decision making processes to be particularly transparent where staff have identified complex and/or safety issues such as domestic violence, child abuse and/or neglect and self-harm. It is critically important to record the decision and the decision making process, especially in relation to family dispute resolution.

**Team-based decision making**

In the Centres, practitioners have found team-based support for decision making particularly helpful in relation to clients where there are safety concerns. For example:

*We have a case management meeting every week which is chaired by the senior social worker from the lead agency. We present every single case and follow up to ensure that adequate safety screening processes have been carried out. It is at the case management meeting that we collectively work out the next steps to be taken (FRC).*
Recording of critical incidents
To enable situations to be monitored and responded to, critical incidents, and the actions taken to address these, must be clearly recorded. Formal arrangements should be in place to record:

- any kind of threat or aggressive episode
- allegations that children have been abused or are at risk of harm
- any concern that a client is suicidal, and
- the actions taken by management and staff in response to any of the above.

Written or verbal reports to the supervisor and/or manager of the Centre or the Advice Line should take place as soon as possible.
5.3 EDUCATION AND DEVELOPMENT

Education and Development
All staff and practitioners conducting screening and assessment must receive regular supervision to ensure they understand and are applying the practice principles at a level appropriate to their work, and to identify the need for education and development. 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.

In addition, supervisors, managers and co-workers should be alert to the need for individual staff to receive debriefing, coaching, advice and other assistance when required, and ensure that they receive this in a timely way.

The key educative and professional development roles of the agency include:

- promoting professional and personal development
- providing learning opportunities so that staff can keep their knowledge and skills up-to-date
- developing awareness of roles and responsibilities within the organisational context
- helping the worker acquire greater understanding of the people, problems and situations, and
- building professional confidence, creativity and new ways of working (Coulshed & Mullender, 2001, p.165).

A study by Urbis Keys Young showed that both Lifeline and Kids Help Line have structured supervision processes. As part of its in-house accreditation process, Lifeline requires its counsellors to analyse one call within a 12 month period and discuss this in formal supervision as well as present a case at a group supervision/peer group session. Its counsellors also receive on-call supervision and de-briefing by a professional supervisor at their convenience (Urbis Keys Young, 2002).

Kids Help Line probationary and post-probationary counsellors are required to attend one hour’s individual supervision each fortnight and month respectively. Group supervision is provided once every two months for special focus areas such as web counselling. The ACT Parentline counsellors work around a particular counselling interest and hold ‘Practice Wisdom’ workshops on an irregular basis as a forum for counsellors to share best practice.
Practitioners require ongoing and systematic input on professional knowledge such as the family law context, child-inclusive practice, family dispute resolution, suicide prevention, child abuse and neglect, and impacts of conflict and separation on children at different stages of development.

All supervisors and managers need professional input on the above as well as human aspects of managing teams in challenging environments such as critical incident stress management, including de-fusing, debriefing and the cumulative and delayed effects of critical incidents.

**Peer mentors**

Peer mentors or buddies are helpful to staff who are new or in isolated venues. Support to first point of contact staff by practitioners in the Centres and in the form of ‘Pod Support’ in the Advice Line (ie small collectives of Information Officers working in groups of four with access to practitioners on the Advice Line) are also useful supportive strategies. It should be noted, however, that peer support of this kind does not replace more formal supervision.
5.4 SUPPORT AND STAFF CARE

Any staff member, whether they are a first point of contact staff or a practitioner, should be assisted to reflect and debrief after a crisis episode in which clients or callers are judged to be at risk of harm.

It is not possible to work in an environment which constantly deals with people’s pain, grief and anger without it impacting on the people who deliver services. Part of the purpose of supervision and other support for practice is to help staff talk about and reflect on the personal impact of their work. It is important that the Centres and the Advice Line look at ways in which they can improve the ability of staff to cope in stressful circumstances.

Risks of violence or threats of violence against others place the greatest staff care challenges on organisations. It is important to create a staff culture which prevents and responds immediately to the risk of violence without waiting for events to happen.

The aims of a support and staff care policy usually include the following:

- to identify personal and professional stresses which are having a negative effect on an individual’s operational functioning
- to offer support to help the member of staff deal appropriately with stress or take such other appropriate action as may be required
- to address issues relating to health and safety at work (Shetland Island Council Social Work Department, 2005, p.5).

Some specific techniques to assist staff in potentially stressful situations are discussed below.

**Safety planning and defusing volatile situations**

Staff need to be routinely trained in how to defuse potentially threatening and volatile situations. See Attachment L for ideas on defusing angry people in both face-to-face and telephone situations.

Managers need to ensure that services are fitted with a range of safety features and that, in the event of a critical incident, all staff are familiar with their safety and security plans via participation in regular safety drills so they are aware of what to do in the event that an incident occurs.

Staff should also be aware of good practices which reduce the likelihood of physical harm to staff, such as:

- ensuring staff are positioned closest to the door
- being within earshot of other staff
- not having moveable heavy objects in the room
- co-working when there are concerns about safety, and
• having procedures in place for debriefing after a critical incident and during the days and weeks that follow.

The following example shows the importance of these strategies:

_The practitioner told me about a very menacing client. He positioned himself between her and the doorway. She became too frightened to use her duress button because she wasn’t sure if an alarm would sound, thus alerting him to her fear. She managed to calm him down finally by giving him some resources to take away. Afterwards, despite feeling very emotional, she attended to the next appointment straight away. The manager was away from the Centre at the time so she had no one to tell at the end of the day. She was clearly still emotionally affected as she told this story a week later (ICPS)._

Not all incidents can be prevented. When an incident does occur staff must know:

• how to report it

• that something will be done about it, and

• they will receive support in the aftermath (Coulshed & Mullender, 2001:189).

Following a critical incident, it is important to review safety and security plans and policies to determine what changes may be required.

**Debriefing staff**

Debriefing provides an opportunity to work through feelings and responses to work related incidents. It specifically aims to:

• assist the worker in managing personal and professional boundary issues

• provide professional support through effective listening

• validate and explore the worker’s feelings

• affirm their reactions to calls and events, and

• provide them with an opportunity to depersonalise the negative effects of their work (Clarke, 2002:295).

The following strategy is found to be helpful for debriefing.

Shift supervisors and supportive practitioners on the Advice Line and in the Centres should be rostered around the times of highest demand for services so that debriefing may be timely and accessible when the demand is highest.


Some debriefing tips and questions for supervisors to ask of workers are provided at **Attachments M, N and O.**
ATTACHMENTS

A  Australian examples of intake, screening and assessment tools

B  Guide for first point of contact

C  Regulations 62-65 *Family Law Regulations 1984* - Family Dispute Resolution Practitioners

D  Model for screening for joint sessions

E  Management of cases involving violence

F  Danger assessment - Jacquelyn Campbell

G  Examples of questions used in Australian agencies to assess risk to themselves and others

H  Reporting arrangements for family counsellors and family dispute resolution practitioners in the Family Relationship Centres and the Family Relationship Advice Line

I  Sample questions on child abduction

J  Sample questions for assessing risk of suicide

K  Examples of suicide risk assessment guides

L  Ideas for de-escalating angry people

M  Debriefing tips and questions for supervisors

N  Debriefing tips and questions for supervisors in a telephone environment

O  Debriefing strategies
ATTACHMENT A

AUSTRALIAN EXAMPLES OF SCREENING AND ASSESSMENT FORMS

INTAKE, SCREENING AND ASSESSMENT FORM

Adapted From: Joondalup Family Relationship Centre

Client Case No: ________________ Client ID: ____________ Date of Intake Session:

Family Advisor: ________________ Contact by: Face-to-face □ Phone □

Has a Consent Form been signed?    Yes □ No □
Limits of Confidentiality explained? Yes □ No □
Privacy Act explained? Yes □ No □
Fees Policy explained? Yes □ No □
Advised client of the assessment process Yes □ No □
Advised client of the FDR process Yes □ No □

Number of clients in the session: ____________

1. Are there any specific cultural issues I need to be aware of? Yes □ No □
Details:

2. Are there any medical conditions or health issues that we should be aware of in order to provide you with effective service (hearing, vision, speech, other disabilities)?
   Yes □ No □
Details:

3. Have you made contact with the Family Relationship Centre before?
   Yes □ No □
Details:

4. How did you find out about the FRC (who referred you / did you receive a letter from us)?
Details:

5. If separated or considering separation, does your partner know you are here?
   Yes □ No □ Unsure □

6. If separated or considering separation has your partner attended the FRC?
   Yes □ No □ Unsure □

7. Do you give us permission to inform your ex-partner that you have visited the FRC?
   Yes □ No □

8. Do you give us permission to write to your ex-partner and invite them in for an Intake and Assessment session with a Family Advisor?
Yes ☐ No ☐

Client Signature: __________________________ Date:
Contact details of parent (if letter needs to be sent please complete section on contact sheet)

LEGAL ASSESSMENT

9. Are there any agreements, Court Order or Court proceedings in place? Yes ☐ No ☐
   (if ‘yes’, please give details and provide a copy of the orders):

10. Do you have any issues pending in Court? Yes ☐ No ☐
    When and where is your next Court date? (if applicable)

11. Are there (or have there been) any restraining orders in place? Yes ☐ No ☐
    Details (provide a copy):

12. Have you had legal advice? Yes ☐ No ☐
    Details:

13. Are there any Parenting Orders in place? Yes ☐ No ☐
    Details (provide a copy):

14. Are there any other reports we need to be aware of (eg Psychologist)? Yes ☐ No ☐
    Details (provide a copy):

ASSESSMENT OF SAFETY ISSUES (To ensure clients safety it is necessary that we ask the following questions regarding safety. You just need to answer yes or no to the questions)

Do you have problems with anyone who……… (tick one) Past Present Current
Makes you afraid for your safety? Yes ☐ No ☐ Current ☐
Makes you feel uncomfortable or afraid? Yes ☐ No ☐ Current ☐
Often puts you down, humiliates you, or makes you feel worthless? Yes ☐ No ☐ Current ☐
Constantly checks up on what you are doing or where you are going? Yes ☐ No ☐ Current ☐
Tries to stop you from seeing your own friends or family? Yes ☐ No ☐ Current ☐
Makes you feel afraid to disagree or say ‘no’ to them?  Yes □  No □  Current □
Constantly accuses you of flirting with others when this isn’t true? Yes □  No □  Current □
Stops you having any money for yourself? Yes □  No □  Current □
Stops you from having medical assistance? Yes □  No □  Current □
Scares or hurts you by being violent, eg hitting, choking, smashing things, locking you in? Yes □  No □  Current □
Drives dangerously to frighten you? Yes □  No □  Current □
Pressures or forces you to do sexual things that you don’t want to do? Yes □  No □  Current □
Threatens to hurt you? Yes □  No □  Current □
Hurts you or your children? Yes □  No □  Current □
Threatens to hurt themselves? Yes □  No □  Current □
Threatens to kill themselves if you say you want to end the relationship? Yes □  No □  Current □
Have your children heard or seen these things? Yes □  No □  Current □
Has your partner/ex-partner been verbally or emotionally abusive towards you? Yes □  No □  Current □
If ‘yes’, in what way?

CHILDREN’S SAFETY ASSESSMENT
(In order to assess the safety of children we need to ask you the following questions)

15. Do you worry about your children’s safety? Yes □  No □  (if ‘yes’ go to question 16.)
16. Has anyone physically harmed the children? Yes □  No □
If ‘yes’ give details:
17. Are you worried in relation to any of the following?
   Threats to abduct Yes □  No □  (if ‘yes’ complete Child Abduction Assessment below)
   Sexual abuse Yes □  No □
   Physical abuse Yes □  No □
   Emotional abuse Yes □  No □
18. Have you spoken to anyone about these concerns? Yes □  No □
Can you provide more information? (Release of Information)
19. Did you contact Child Welfare (DCD)? Yes □  No □
Can you provide more information? (Release of Information)
20. Do you have concerns about the children being with your ex-partner? Yes □  No □
What are these concerns?
21. Who else is concerned?

### CHILD ABDUCTION ASSESSMENT

22. 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?  
Yes ☐ No ☐

23. Has your partner/ex-partner threatened to abduct your child?  
Yes ☐ No ☐

For the Risk of International Abduction:

24. Is your partner/ex-partner a citizen of another country?  
Yes ☐ No ☐

25. Do your partner/ex-partner and children have current passports?  
Yes ☐ No ☐

26. Who has the children’s passports at the moment?  


### OTHER ISSUES (To identify other issues that may be of concern to the client)

27. Do you have any financial concerns, eg. Child Support Agency, Centrelink?  
Yes ☐ No ☐  
Details:

28. Do you have any concerns about alcohol or drug issues?  
Yes ☐ No ☐  
Details:

29. Do you have any mental health issues or concerns?  
Yes ☐ No ☐  
Details:

30. What supports do you access to help you manage these issues?

31. Are there any major stress factors in your life?  
Yes ☐ No ☐  
Details:

32. What do you do to manage these stressors?

33. Are there any other issues that we should be aware of?  
Yes ☐ No ☐  
Details:

### SUICIDE BEHAVIOUR QUESTIONNAIRE

34. Can you tell me about how you feel currently?

35. Do you ever feel so unhappy that you wished you were dead?  
Yes ☐ No ☐

Please explain further:
(If the answer to the above question is ‘Yes’ continue with *Questions adapted from Royal Australian College of General Practitioners, 2002, p.45*)

**CURRENT FAMILY DYNAMICS** (To gain a picture of the current situation in regards to the family)

36. Can you tell me about your current situation in relation to your family? Are you:
   - Married/partnered [ ]
   - Separated [ ]
   - Divorced [ ]
   - Re-partnered [ ]
   - Blended Family [ ]

37. If married: Are you considering separating?  
   - Yes [ ]  
   - No [ ]

38. Have you tried/considered relationship counselling?  
   - Yes [ ]  
   - No [ ]

Details:

39. Would you like to know more about relationship counselling?  
   - Yes [ ]  
   - No [ ]

40. If considering separation what would you like to know more about?

Details of information supplied:

41. If already separated: What is your ex-partner’s name?

42. When did you separate? _________ How long were you together/married? _________

43. Do you have children?  
   - Yes [ ]  
   - No [ ]

   Ages:  
   - 0 – 1 [ ]
   - 1 – 4 [ ]
   - 5 – 9 [ ]
   - 10 – 13 [ ]
   - 14 – 18 [ ]
   - older [ ]

44. What are the present arrangements for caring for the children?  
   - shared care [ ]
   - weekends only [ ]
   - overnight stay [ ]
   - day only [ ]
   - no contact [ ]
   - irregular [ ]

Details:

45. Have you had legal advice?  
   - Yes [ ]  
   - No [ ]

Details:

**PRESENTING ISSUE** (To identify what brought the client to the FRC)

46. What are you most concerned about at this present time?  

What have you tried before to help you with this issue? What was helpful/unhelpful?

47. Are you currently involved with any services/agencies?
**COMMUNICATION SECTION** *(To explore issues in relation to parent communication)*

48. On a scale 0 (terrible) to 5 (great) what is the communication with your ex-partner/family like now?

        (terrible) 0 □ 1 □  2 □  3 □  4 □  5 □ (great)

49. How do you communicate with the other parent?  Face-to-face  □  phone □

        email □  text messages □  Third Party/family □  No communication □

50. On a scale of 0 (terrible) to 5 (great) how well do you think you communicate with the other parent with regards to the children?

        (terrible) 0 □ 1 □  2 □  3 □  4 □  5 □ (great)

51. What do you think would help you to communicate with the other parent in order to be an effective parenting team?

**REFLECTIONS ON PARENTING** *(To gain a picture of parenting styles and issues)*

52. Tell me about your ex-partner’s strengths as a parent? What do they do really well as a parent?

53. What do your children enjoy about that parent?

54. What would you regard as your strengths in parenting? What do you do really well as a parent?

55. What do your children enjoy about you as a parent?

56. What things relating to your children do you and your ex-partner agree upon?

57. What things do you disagree on?

58. As parents how do you manage these disagreements?

59. How do you think these disagreements affect the children?

60. Parenting is a long term commitment for both parents, what do you think would help to enhance this commitment to your children?

61. Parenting can be a wonderful experience but it can also be challenging. There are a number of agencies/websites/groups that offer supports to parents. Would you like to know more about these?

        Yes □  No □

Details of information supplied:
**ASSESSMENT OF CHILDREN’S AND YOUNG PEOPLE’S NEEDS** (The FRC is focussed on the needs of children. This section will highlight issues and areas of focus in regards to the children)

62. Have you told your children about the separation (issues)? Yes ☐ No ☐

63. On a scale 0 (*none at all*) to 5 (*large effect*) what is the present effect of the separation/issue on the children/young people?

*none at all* 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ (*large effect*)

64. Has there been any discussion with the children about what they want? Yes ☐ No ☐ too young ☐

65. What sorts of things have the children/young people expressed?

66. On a scale of 0 (*not at all*) to 5 (*completely*) to what extent do you feel the children/young people should be involved in discussions regarding the separation/issue?

*not at all* 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ (*completely*)

67. How have you supported your children through this separation?

If you were to ask your children how they felt about the separation/issue, what do you think they would say?

68. If we are looking into the future, say 10 years from now, what would you hope the children would be saying about the current situation (how their feelings were managed/were they listened to etc)

69. Have any of the children received counselling? Yes ☐ No ☐ too young ☐

Details:

70. Do you think your children may need someone to talk to? Yes ☐ No ☐ too young ☐

71. Would you be open to your children having a session with the FRC’s Child Advocate? Yes ☐ No ☐

**Remember** to explain the purpose of this, as it is not counselling. The purpose is to explore how the children feel about the separation and what they need from the process

**EXPLORING FOR POWER BALANCE** (To focus on issues relating to family violence and conflict resolution)

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

73. How would you argue if you disagreed about something?

74. Did you ever feel unsafe when you argued?
75. Before you separated how did you usually resolve arguments/conflicts?
76. Now you are separated, how do you resolve arguments/conflicts?
77. What would your partner say about how you manage conflict?
78. What would your child say about how you manage conflict?
79. What do you think the impact (pushing/breaking things and areas of conflict) is on your partner/child (if applicable)?
80. I wonder if it happened again, how would you react – what would be different (if applicable)?
81. What would you say if I asked you if your partner was afraid of you – how would you know this?
82. If I asked your partner the same question what do you think they might say?
83. What would you say if I asked you if your child/children was/were afraid of you?
84. If I asked your child/children the same question, what do you think they might say?
85. Has there been times when you have felt angry, but have managed to calm down?
86. Are there times, other than with family members, where you have been abusive/violent?
87. Has/have your child/children witnessed any violence/abuse?
88. What could you do differently to avoid behaving in abusive/violent ways?
89. Have you ever sought assistance for your anger/abuse? Yes □ No □
   Details:
ATTACHMENT A (CONT’D)

SAMPLE INTAKE ASSESSMENT FORM

Adapted from 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 POP 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 POP)
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 or 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
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:

• understand what they are saying
• understand the importance to the client/caller of what they are disclosing
• are empathic and non judgemental, and
• are able to offer help to deal with the issue/s either directly or by referral to others who can help.

The client/caller’s initial request for information, advice or assistance may not be comprehensive. Some clients/callers 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/caller 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/callers 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/client to speak. If on the telephone for example:

Is it safe for you to speak with me at the moment?

While it is important to screen for safety and determine the needs of the client/caller at an early stage in people’s contact with the Centres and the 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 may need to be interspersed with conversation designed to establish rapport with the client/caller.

**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/caller 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/caller needs to be given permission to say what they need to. This is given by you encouraging them 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/caller.

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

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

  *Take your time, I’m listening…*

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

- Listen for specific issues – for example financial, legal, parenting, concerns about children, mental health, substance abuse, violence and abuse. Ask clarifying questions and paraphrase the client/caller’s concerns to test whether these are concerns and to ensure you understand.
Ask the Screening Questions
Assure the caller/client that they can probably be helped with these issues.

Tell them that before they go any further there are a few questions that need to be asked, and everyone is asked these questions:

I’m sure we can help you, but before we go any further I need to ask you a few questions so that we can be sure you get the help you need. I hope you don’t mind but it is routine to ask everyone these questions

- Do you have any reason to be concerned for your own safety?
- Do you have any reason to be concerned about the safety or wellbeing of your children?
- Do you have any reason to be concerned about anyone else’s safety?

If the client/caller contact is in relation to setting up a dispute resolution process, with engagement with the other party, then an additional question should be asked:

- How do you think your partner/ex-partner would answer these questions?

Listen for indicators of threats to safety and reflect back your concern based on the client/caller’s words.

Normalising
It is important that the client/caller 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, as soon as it is sensitively possible to do so, something along these lines:

*If I can just ask you to pause right there, my colleague is very experienced in dealing with the matters you have mentioned. It’s important you are able to talk to them in detail about these concerns. Is it OK if I transfer your call right now/get my colleague now/Can I ask them to give you a call back as soon as possible?*

It can be confusing to use terms like Parenting Adviser or Intake Officer as clients/callers are unlikely to know what they mean. It is better to indicate the person’s role, for example, a person with a particular expertise in family relationships, a person whose role it is to conduct a full assessment of the client/caller’s family situation, etc.

It is important to seek the client/caller’s permission to pass the client/caller to the practitioner. For example:

*Because of the nature of your concerns I am going to put you through to someone who has professional knowledge in this area who can assist you. Is that OK?*

**Clarifying**

At appropriate times, you should check with the client/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 client/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.
Notes about safety questions:

- Separation from a partner can trigger issues of risk for the non violent partner and children.

- The client/caller 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/caller should be invited to speak to a practitioner.

- If the client/caller indicates that their partner/ex-partner might answer yes to any of these questions then they should be invited to speak with a practitioner.
ATTACHMENT C

FAMILY LAW REGULATIONS 1984. REGULATIONS 62 - 65

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.

62A Family dispute resolution practitioner certificates

(1) For subsection 60I (7) of the Act, an applicant may file a certificate only within 12 months after the latest family dispute resolution or attempted family dispute resolution.

(2) The practitioner may give a certificate under paragraph 60I (8) (aa) of the Act only after having regard to the matters mentioned in subregulation 62 (2).

(3) A family dispute resolution practitioner must not give a certificate under subsection 60I (8) of the Act to a person more than 12 months after the person last attended, or attempted to attend, family dispute resolution about
the issue or issues that the order, for which the application was made, would deal with.

(4) A family dispute resolution practitioner may give a certificate under paragraph 60I (8) (a) of the Act only if the practitioner, or a person acting for the practitioner, has, at least twice, contacted each party who has failed to attend, with at least 1 contact in writing:

(a) giving the party a reasonable choice of days and times for attendance at family dispute resolution; and

(b) telling the party that, if the party does not attend family dispute resolution:

(i) the practitioner may give a certificate under paragraph 60I (8) (a) of the Act; and

(ii) the certificate may be taken into account by a court when determining whether to make an order under section 13C of the Act referring the parties to family dispute resolution or to award costs against a party under section 117 of the Act.

(5) If the family dispute resolution practitioner who is entitled to give a certificate under subsection 60I (8) of the Act becomes incapable of giving the certificate, the certificate may be given on behalf of the practitioner by an organisation for which the practitioner has provided family dispute resolution services.

Examples of incapacity

Death of the practitioner, loss of accreditation, inability to be contacted.

63 Information to be given to parties before family dispute resolution

(1) Before family dispute resolution is started under subregulation 62 (3), each party to the family dispute resolution must be given the following information:

(a) that it is not the role of the family dispute resolution practitioner to give people legal advice (unless the family dispute resolution practitioner is also a legal practitioner);

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

(c) 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;

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

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

(f) 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;
(g) that, if a person wants to apply to the court for an order under Part VII of the Act, the family dispute resolution practitioner may provide a certificate under subsection 60I (8) of the Act, including a certificate to the effect that the person:
   (i) did not attend family dispute resolution due to the refusal, or the failure, of the other party or parties to the proceedings to attend; or
   (ii) attended family dispute resolution with the other party or parties to the proceedings but that the person, the other party or another of the parties did not make a genuine effort to resolve the issue or issues;

(h) if a certificate under subsection 60I (8) of the Act is filed, the court may take it into account in considering whether to make an order under section 13C of the Act referring the parties to family dispute resolution or to award costs against a party under section 117 of the Act;

(i) information about the complaints mechanism that a person who wants to complain about the family dispute resolution services may use.

Note 1  Paragraphs (b) and (c) outline the general rule that communications during family dispute resolution are confidential and not admissible in court. However, sections 10H and 10J of the Act specify exceptions to the general rule when disclosure by a family dispute resolution practitioner is permitted.

Note 2  Sections 12G and 63DA of the Act may impose additional information-giving obligations.

(2) A family dispute resolution practitioner must not start family dispute resolution until subregulation (1) is 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.

65 Obligations of family dispute resolution practitioner — avoidance of conflicts of interests

(1) This regulation applies if, in relation to a person who is a party to a dispute that is the subject of family dispute resolution, or any other party to that dispute, a family dispute resolution practitioner:
   (a) has acted previously in a professional capacity (otherwise than as a family dispute resolution practitioner, a family counsellor or an arbitrator); or
   (b) has had a previous commercial dealing; or
   (c) is a personal acquaintance.

(2) A family dispute resolution practitioner may provide family dispute resolution services to a party mentioned in subregulation (1) only if:
   (a) each party to the family dispute resolution agrees; and
   (b) the previous professional dealing (if any) does not relate to any issue in the dispute; and
   (c) the previous commercial dealing or acquaintance (if any) is not of a kind that could reasonably be expected to influence the family dispute resolution practitioner in the provision of his or her family dispute resolution services.
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 focussed 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 stopped you from doing something you wanted to do?

36. If yes, can you provide more detail about that?

37. Did/has your partner ever stopped 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.
MANAGEMENT OF CASES INVOLVING VIOLENCE

Screening and assessment processes are conducted to identify a range of issues including domestic and family violence. They should also differentiate cases where there is ‘high conflict’ from those where violence has been present. When violence is identified, services should have a policy that determines how to handle such cases, whether any form of joint session is appropriate and, if so, under what circumstances joint sessions can be held.

Assessment process
When considering whether joint sessions are appropriate for parties when there is a history of violence:

- an extended assessment and intake process must be undertaken to ensure that it is safe to proceed and that effective participation is feasible, and
- assessment needs to be conducted at individual, not joint sessions, including a more extensive assessment of the history and extent of violence identified.

In deciding whether it is appropriate to proceed, practitioners need to take into account:

- the ability of the client who has been subjected to violence to negotiate on their own behalf
- the preparedness of the person using violence to accept the ‘ground rules’ for the sessions to ensure that the process is fair and safe and does not allow further intimidation or disadvantage into the process, and
- whether the person using violence has acknowledged the impact of their behaviour and shown they are taking responsibility.

Before sessions can commence, the service 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, and
- 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).
Preparation and safety planning
Where violence is identified, practitioners must:

• undertake safety planning:
  
  o with the client subjected to violence – for example, contingencies in the event of an incident (including pre- and post-service)
  
  o with the person using violence – for example, a cooling off mechanism, and
  
  o 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.

In situations where there has been violence, or there is the potential for power imbalances for other reasons, a practitioner may assist in preparing a client for dispute resolution by discussing the following:

• identifying the key issues and concerns. The client may wish to write down and bring with them to the session the points that they wish to make in their opening statement

• the ‘ideal’ agreement and the ‘bottom line’ agreement – ie what the client is prepared to compromise on and what is non-negotiable

• the range of alternatives that might work for everyone concerned

• what the other party may be wanting and possible responses

• how the client can make themselves as comfortable as possible to participate, for example, support persons, clothing, what to bring

• taking ‘time out’, asking questions, taking time to clarify and manage emotions

• ways that the client may feel pressured or intimidated by the other party and possible ways that the practitioner and the person might manage these

• how the client can communicate that they need time out, or that they want to terminate the session without having to say so openly, and

• whether the client has all the information and resources they need to discuss and make decisions about the issues.

Deciding the process to use
With the client, design the most effective and safe process for family dispute resolution if it is safe to proceed. This may involve shuttle, telephone 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 joint sessions, consider:

- using short multiple sessions
- allowing for individual follow up between sessions, or consider having short pre-mediation sessions before each session
- including 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, and
- considering drafting up a draft agreement/parenting plan and encourage the parents to discuss this with their legal advisor and/or support people before returning to ‘finalise’ – ie sign and date - the agreement.

Training
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.

Referral
Build links with crisis and support services and refer to violence prevention services as appropriate:

- Victim support
- Perpetrator programs
- Legal assistance services (eg Legal Aid Commissions, Community Legal Centres and Women’s Legal Services).
DANGER ASSESSMENT

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher numbers apply, use the higher number.)

Mark Yes or No for each of the following.

(“He” refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes  No
1. Has the physical violence increased in severity or frequency over the past year?
2. Does he own a gun?
3. Have you left him after living together during the past year?
   3a. (If you have never lived with him, check here.)
4. Is he unemployed?
5. Has he ever used a weapon against you or threatened you with a lethal weapon?
   5a. (If yes, was the weapon a gun?)
6. Does he threaten to kill you?
7. Has he avoided being arrested for domestic violence?
8. Do you have a child that is not his?
9. Has he ever forced you to have sex when you did not wish to do so?
10. Does he ever try to choke you?
11. Does he use illegal drugs? By drugs, I mean “uppers” or amphetamines, speed, angel dust, cocaine, “crack”, street drugs or mixtures.
12. Is he an alcoholic or problem drinker?
13. Does he control most or all of your daily activities? (For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)
   (If he tries, but you do not let him, check here.)
14. Is he violently and constantly jealous of you?
15. Have you ever been beaten by him while you were pregnant?
   (If you have never been pregnant by him, check here.)
16. Has he ever threatened or tried to commit suicide?
17. Does he threaten to harm your children?
18. Do you believe he is capable of killing you?
19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don’t want him to?
20. Have you ever threatened or tried to commit suicide?

Total “Yes” Answers
Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.
ATTACHMENT G

EXAMPLES OF QUESTIONS USED IN AUSTRALIAN AGENCIES TO ASSESS RISK TO SELF OR OTHERS

Adapted from Domestic Violence and Incest Resource Centre (2006)

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?

Adapted from Domestic Violence and Incest Resource Centre (2006).

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’?
**Adapted 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?

**Adapted 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?

**Adapted 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?

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Attachment G – Examples of questions used in Australian agencies to assess risk to themself or others

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? (eg Job Loss, etc) (NO/YES (Describe)
18.a Has this made him more dangerous to you? (NO/YES (Describe)
19. Does your partner drink excessively? (NO/YES (Describe)
19.a 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 effect 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)

VICTIM’S PRIOR ATTEMPTS TO BE SAFE
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)
Conditions:................................................................. Expiry Date:.........................
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)
Attachment G – Examples of questions used in Australian agencies to assess risk to themself or others

Adapted from Gold Coast Domestic Violence Integrated Response

Domestic Violence Offender Program
Risk Assessment Guide for Practitioners

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 signalled or suggested as being of concern.
4. Evidence of clear conceptual understanding and position taking on non violence articulated through group participation.
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 signalled 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 signalled 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, minimizing 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.

Adapted from Domestic Violence and Incest Resource Centre (DVIRC)
Victoria, www.dvirc.org.au

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

STAGE 1 - SAFE PLACE TO CALL –
Immediate Safety Assessment

Worker Tip:
- 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 Tip:
- 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?
Attachment G – Examples of questions used in Australian agencies to assess risk to themself or others

- Do you think that you will be killed or injured?
- Would you like me to call the police?

**Worker Tip:**
*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 Tip:**
*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.*

**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 tip:

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 tip:

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-ports, 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:
attachment G – Examples of questions used in Australian agencies to assess risk to themself or others

• 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 tip:
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 Tip:
Remember to affirm and validate at each stage; that we hear from many women in similar situations; emphasise 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 Tip:
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 offence.
• 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 H

REPORTING ARRANGEMENTS FOR FAMILY COUNSELLORS AND FAMILY DISPUTE RESOLUTION PRACTITIONERS IN THE FAMILY RELATIONSHIP CENTRES AND THE FAMILY RELATIONSHIP ADVICE LINE

1. BACKGROUND

The Family Law Act 1975 (the Act) sets out the circumstances in which communications made in family counselling (section 10D) or family dispute resolution (section 10H) must or may be disclosed. These legislative provisions relate to family counsellors and family dispute resolution practitioners in the Family Relationship Centres, and to Parenting Advisers in the Family Relationship Advice Line who are designated family counsellors under the Act.

At the Commonwealth level, a mandatory reporting obligation is imposed on family counsellors and family dispute resolution practitioners in relation to child abuse or suspected child abuse under subsection 67ZA(2) of the Act. Furthermore, a family counsellor or family dispute resolution practitioner may make a voluntary report regarding ill treatment/suspected ill treatment/ psychological harm/suspected psychological harm under section 67ZA(3) of the Act.

In addition, the Act also provides that family counsellors/family dispute resolution practitioners may disclose a communication if consent is given by the person making the disclosure, or if the family counsellor/family dispute resolution practitioner reasonably believes that the disclosure is necessary for the purpose of:

• protecting a child from the risk of physical or psychological harm,
• preventing or lessening a serious and imminent threat to the life or health of a person,
• reporting the commission, or preventing the likely commission, of an offence involving violence or a threat of violence to a person,
• preventing or lessening a serious and imminent threat to the property of a person,
• reporting the commission, or preventing the likely commission, of an offence involving intentional damage to the property of a person or a threat of damage to property, or
• assisting an independent children’s lawyer to properly represent a child’s interests.

Whilst not mandatory under the Act, family counsellors/family dispute resolution practitioners should be aware of the legal duties imposed under other Commonwealth
and State and Territory legislation (particularly those relating to criminal offences against the person) and make a report where a matter falls within any of the above risks. For example, a report should be made to a prescribed child welfare authority in the first instance regarding pregnant women who are subject to physical abuse. Such reporting could prevent or lessen a serious and imminent threat to the life or health of the mother and the unborn baby.

2. REPORTING OBLIGATIONS UNDER THE FAMILY LAW ACT 1975

The Act provides for voluntary and mandatory reporting under section 67ZA, Part VII of the Act. Compliance with this provision will ensure that any state or territory laws have also been met given that section 67ZA is couched in very broad terms.

(a) Voluntary reporting
Under subsection 67ZA(3) of the Act, family counsellors/family dispute resolution practitioners may make a voluntary report to a prescribed child welfare authority where 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 or subjected, or is at risk of being exposed or subjected, to behaviour which psychologically harms the child.

Ill-treatment is not specifically defined in the Act. However, it is a legal term that encompasses neglect, psychological and emotional abuse. Approximately 80 per cent of substantiated notifications in 2005-2006 across the nation related to emotional, psychological abuse (42 per cent) and neglect (28 per cent).

Voluntary reports are made for moral and ethical reasons, rather than because the law has compelled someone to make a report. However, while reporting of ill treatment or psychological harm is not mandatory, it is important that children are also protected from these forms of abuse.

The non mandatory nature of reporting neglect, emotional and psychological abuse recognises widely varying interpretations of what constitutes harm of this kind. While the Act allows discretion, family counsellors/family dispute resolution practitioners are encouraged to report their concerns where they form the view that children are being harmed or are at risk of being harmed.

It is important for practitioners to note that the operation of Commonwealth legislation does not necessarily exclude or limit the operation of a prescribed law of a State or Territory that is capable of operating concurrently with Commonwealth requirements. Accordingly, Practitioners must be aware at all times of the duties imposed under both Commonwealth and the relevant State and Territory legislation.

(b) Mandatory reporting
Under subsection 67ZA(2) of the Act, family counsellors and family dispute resolution practitioners must make a report to a prescribed child welfare authority where they
have reasonable grounds for suspecting that a child either has been abused or is at risk of abuse.
3. MEANING OF SPECIFIC TERMS

(a) What do ‘reasonable grounds’ & ‘risk’ mean?
Section 67ZA of the Act uses the term ‘reasonable grounds’. This is the standard that a family counsellor or a family dispute resolution practitioner must use in deciding whether or not to report to a prescribed child welfare authority. It refers to the need to have an objective basis to deduce that a child may be at ‘risk’ of abuse/ill treatment/psychological harm. This could be derived from such things as:

- what a family counsellor/family dispute resolution practitioner has been told by a child, their parent or another person, or
- what a family counsellor/family dispute resolution practitioner can reasonably infer based on professional training and/or experience.

Section 67ZA of the Act also uses the term ‘risk’. This refers to the relative likelihood of something occurring in the future. That is, something which is possible, likely or has a probability of occurring. Therefore, the current and future impact of the abuse/ill treatment/psychological harm needs to be considered.

Family counsellors/family dispute resolution practitioners are not required to undertake a risk assessment in relation to child abuse and neglect – that is the role of the prescribed welfare authority.

Questions that could be asked to ascertain risk of harm include:

- Who was responsible?
- What was involved (eg any utensils/weapons involved?)
- When the last incident occurred and frequency?
- Where did the incident occur?
- What was the outcome (eg injuries etc)?
- Was the incident witnessed and by whom?
- Are there any orders in place concerning the child(ren)?
(b) **What does ‘abuse’ mean?**

Subsection 67ZA(2) of the Act uses the term ‘abuse.’ Abuse in relation to a child is defined under subsection 4(1) of the Act to mean:

- an assault, including a sexual assault, of the child which is an offence under a law, written or unwritten, in force in the state or territory in which the act constituting the assault occurs, or
- a person involving a child in a sexual activity with that person or another person in which the child is used, directly or indirectly, as a sexual object and where there is unequal power in the relationship between the child and the person.

Assault can take the form of physical abuse. Physical assault of a child is a crime when it falls outside the bounds of ‘reasonable chastisement’. It includes non-accidental injuries caused by excessive discipline, beating or shaking, bruising, lacerations or welts, burns, fractures, poisoning, attempted suffocation or strangulation or physical mutilation. However, there does need to be physical contact or the application of force for an assault to occur. An assault occurs when a person puts fear or apprehension of immediate and unlawful violence, such as by making a serious threat of physical assault.

In relation to sexual activities, the range of those activities that are considered harmful to children are broad. These include:

- any form of sexual touching;
- any form of sexual suggestion to children, including exposure to pornographic material;
- the use of children in the production of pornographic video or films;
- exhibitionism; and
- child prostitution.

(c) **What does ‘ill treated’ mean?**

Subsection 67ZA(3) of the Act uses the term ‘ill treated’. Ill treatment encompasses neglect, psychological and emotional abuse.

Neglect is the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and psychological, intellectual or physical development, such as providing adequate food, clothing, shelter, effective medical, dental, therapeutic or remedial treatment, and/or adequate care, nurturance or supervision.

While it is voluntary to report ill treatment, family counsellors/dispute resolution practitioners should report such matters to a prescribed child welfare authority in order to protect the child(ren).
(d) **What does ‘behaviour which psychologically harms the child’ mean?**

Subsection 67ZA(3) uses the term ‘behaviour which psychologically harms the child’ which amounts to psychological abuse. Psychological abuse is the sustained, repetitive, inappropriate, ill treatment of a child or young person through behaviours including threatening, isolating, neglecting, discrediting, misleading, disregarding, ignoring and inappropriate encouragement.

Such abuse is detrimental and can impair the child’s psychological, social, emotional, cognitive or intellectual development or behaviour. This includes harm to the child’s wellbeing or development because of his or her continual exposure to domestic violence. In particular, exposure to domestic violence encompasses a range of children’s experiences that go beyond merely seeing or hearing violence, such as: being physically assaulted or threatened; being used as a hostage or as a physical weapon against a spouse; and being forced to watch, or participate in, assaults.

As with ill treatment, family counsellors/family dispute resolution practitioners should report such matters to a prescribed child welfare authority in order to protect the child(ren).

4. **MAKING A REPORT**

(a) **Who should a report be made to?**

Under section 67ZA of the Act, family counsellors/family dispute resolution practitioners are required to make a report to a ‘prescribed child welfare authority’, which means an officer of a state or territory responsible for the administration of child welfare laws. If the matter is urgent, a report should also be made to the police.

If the child is the subject of proceedings under the Act, then the report should be made to the relevant officer in the state or territory of the proceedings. Otherwise, the report should be made to an officer of the state or territory in which the child is located or is believed to be located.

All oral reports (either mandatory or voluntary) are to be confirmed in writing as soon as practicable to a prescribed child welfare authority. This is a mandatory requirement under the Act.

If a prescribed authority advises that a written confirmation is not required, family counsellors/family dispute resolution practitioners need to emphasise to prescribed child welfare authorities that it is a legal requirement under the Act and that such a report will still be made.

(b) **Consent or knowledge required?**

Generally, family counsellors/family dispute resolution practitioners do not need permission from parents or caregivers to make a report, nor do they need to be informed that a report is being made. However it is good practice for counsellors/practitioner to assist a parent to make a report or to advise the parent that a report will be made, as long as it does not increase the likelihood of harm to a child.
(c) **What information should be provided in a report?**
When a family counsellor/family dispute resolution practitioner contacts a prescribed child welfare authority, he or she may be asked for specific information concerning the child(ren), including:

- What specifically has happened to the child.
- Who was responsible for the harm?
- Assessment of immediate danger.

A notification should still be made, even if a family counsellor/family dispute resolution practitioner does not have all the necessary information. What is important, as a minimum, is that the report needs to relate to an identified child or a child who could reasonably be identified. The identification need not be by name, it could be by a description of their circumstances or the circumstances of other people connected to them.

It is **important to note** that family counsellors/family dispute resolution practitioners are not required to confirm their suspicions or provide conclusive evidence before making a report to a prescribed child welfare authority.

(d) **What happens if a report has been already made to a prescribed child welfare authority?**
In accordance with subsection 67ZA(4) of the Act, a family counsellor/family dispute resolution practitioner does not need to notify a prescribed child welfare authority if they have evidence that the authority has already been notified of the relevant information. However, where no such evidence exists, it is good practice for family counsellors/family dispute resolution practitioners to follow up where there is a disclosure that a report has already been made to a prescribed child welfare authority.

There are important reasons for family counsellors/family dispute resolution practitioners to not only follow up reports that they have made but also to follow up for example, those reports whereby a parent has disclosed that he/she has made a report to a prescribed child protection authority and there is no sufficient evidence to support that such a report has indeed been made. In this instance, it is important for a family counsellor/family dispute resolution practitioner to gather as much information as possible in order to follow up such reports for the following reasons:

- It is often not known if a prescribed child welfare authority has acted or not on the information. Sometimes, child welfare authorities, like police, are compiling evidence that will enable them to take the matter before a Children’s Court. Each new piece of information is very important.
• Research indicates that more weight is given by child welfare authorities to concerns expressed by professionals than to concerns raised by parents who are involved in family law proceedings in the Family Court.\(^7\)

• Even if a report is not considered sufficiently serious to warrant an investigation by a child welfare authority, it is important that the Family Court has any such reports so that it can consider them when determining living arrangements for the child(ren). This is so because family law proceedings consider the competing claims of each parent in relation to living with and spending time with their child(ren).\(^8\)

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SAMPLE QUESTIONS ON CHILD ABDUCTION

1. Has the other parent ever taken the child without consent, or not returned the child within a reasonable time of any agreement to do so?

2. Has the other parent threatened to abduct the child?

3. Does the other parent have such different beliefs about how the child should be brought up that they have disagreed strongly about this?

4. Has the other parent taken numerous legal steps to get custody of the child which have been unsuccessful?

5. Has the other parent expressed concerns about the wellbeing of the child in question?

6. Does the other parent have a family history of abduction?

7. [For the risk of international abduction:] Is the other parent a citizen of another country?

8. Does the other parent and children have current passports? Who has the children’s passports at the moment?

9. Do you know how to put a stop on children being allowed to leave the country?

REMEMBER – IF YOU HAVE ANY CONCERNS REGARDING CHILD ABDUCTION CONTACT THE FAMILY RELATIONSHIP ADVICE LINE 1800 050 321
SAMPLE QUESTIONS FOR ASSESSING RISK OF SUICIDE

Adapted from The Suicidal Behaviours Questionnaire (Cotton, Peters, & Range, 1995)

The four questions in the Suicidal Behaviours Questionnaire are:

1. Have you ever thought about or attempted to kill yourself?
   0 (no) to 6 (attempted to kill myself and I think I really hoped to die)

2. How often have you thought about killing yourself in the past year?
   0 (never) to 4 (very often)

3. Have you ever told someone that you were going to commit suicide, or that you
   might do it?
   0 (no) to 2 (yes, during more than one period of time)

4. How likely is it that you will attempt suicide one day?
   0 (no chance at all) to 4 (very likely)

Adapted From Royal Australian College of General Practitioners (Royal
Australian College of General Practitioners, 2002)

- 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?(p.45)
ATTACHMENT K

EXAMPLES OF SUICIDE RISK ASSESSMENT GUIDES


The two most important risk factors to look for are:

1. **Current plan**
   - Does the person have a plan about how they will kill themselves? Have they got the means to do it?

2. **Previous attempt**
   - Has the person attempted to kill themselves in the past? Another factor that may increase the risk that someone will choose suicide as a way to end their suffering is if a significant person in their life has chosen suicide.

**Warning signs of suicide**
- Expressions of wanting to die, not wanting to go on living, to put an end to their relentless suffering
- Organising their affairs
- Giving away possessions
- Sudden change (better or worse) of appearance or behaviour
- No longer including themselves in plans for the future
- Withdrawing into themselves

If you think someone may be at risk, ask the following question directly: **“Are you thinking of killing yourself?”** or **“Are you planning suicide?”**

Take seriously any communication of distress. If you believe the person is at risk of harming themselves, seek professional help immediately.

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**The SAD PERSONS suicide risk assessment tool**

- **S**ex: males kill themselves four times more often than females
- **A**ge: certain age groups are more at risk
- **D**epression: depressed persons are significantly more at risk
- **P**revious attempt: more likely to attempt in future
- **E**thanol: alcohol abuse very often implicated in suicide
- **R**ational thought: more prone to suicide if psychotic (out of touch with reality)
- **S**ocial network: the less social support, the greater the risk
- **O**rganised plan: greater risk if suicide plans are organised
- **N**o spouse: greater risk of suicide if there is no partner
- **I**llness: a chronic physical sickness makes suicide more likely
## How to help a suicidal person

1. Do not get involved physically if person is distressed and threatening.
2. Ensure the person is not left alone - stay with the person if you consider the risk of suicide is high or try to arrange that someone be with them while they get through the immediate crisis.
3. Seek immediate help:
   - phone the mental health crisis number in your area (see end of chapter) or
   - phone Emergency 000 or
   - take the person to a hospital emergency department or
   - take the person to a GP.
4. If the person is consuming alcohol or drugs, try to stop them from consuming any more.
5. Try to ensure the person does not have ready access to some means to take their life.
6. Encourage the person to talk. Listen without judgment. Be polite and respectful. Don’t deny the person's feelings. Don’t try to give advice.
7. Give reassurance about a favourable outcome for the person.
ATTACHMENT K (CONT’D)

EXAMPLES OF SUICIDE RISK ASSESSMENT GUIDES

Adapted from training CD: Suicide Assessment and Intervention: Men at Risk,
Crisis Support Services Inc., 2005

RISK ASSESSMENT GUIDE

Client: _________________________

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?
  
  o Self
  
  o Others
  
  o Idea only
  
  o Thoughts about possible methods

Specific method identified: _________________________

• How immediate are their plans?
  
  o Immediate
  
  o Next 24hrs
  
  o Week
  
  o Non-specific
  
  o Other _________________

• How lethal are their plans? _________________________
Attachment K – Examples of suicide risk assessment guides

- 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? _______________________
  - 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? No / Yes

If yes:
- What symptoms of distress does the client display?
  - Emotional: Mood swings
    - Anger
    - Alienation
    - Numbness
• Anxiety
  o Deep sadness
  o Other ________________

• Thoughts:
  o Irrational
  o Narrow
  o Extreme
  o Slowed
  o Global
  o Incoherent
  o Other ________________

• Physical:
  o Lethargy
  o Panic
  o Disturbed sleep
  o Other ________________

• Behavioural:
  o Withdrawal
  o Crying
  o Aggression
  o Erratic
  o Other ________________

Action Plan:
______________________________________________________________________________
______________________________________________________________________________
E. External / Internal Resources

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

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?  No / Yes

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
Attachment K – Examples of suicide risk assessment guides

ATTACHMENT K (CONT’D)

EXAMPLES OF SUICIDE RISK ASSESSMENT GUIDES

Adapted from Suicide Assessment Guide From Community Counselling And Crisis Centre In Oxford, Ohio (http://www.suicidology.org)

Counsellor’s name ___________________________ Date ___________ Begin time ______ am pm

Suicide Risk Assessment

This call is from:
- the suicidal person themselves
- someone concerned about a suicidal person (check boxes below that apply to the suicidal person in question)

Primary Risk Factors (High risk if ANY ONE factor is present - consider seeking consultation)
- Recent suicide attempt (last 6 months) with lethal method (firearms, hanging, strangulation, jumping from high places, or any other lethal method).
- Recent suicide attempt (last 6 months) resulting in moderate to severe wound or harm.
- Recent suicide attempt (last 6 months) with low escuroability (no known communication regarding the attempt, discovery unlikely because of chosen location and timing, no one near by or in contact, active precaution to prevent discovery).
- Recent suicide attempt (last 6 months) with subsequent expressed regret that it was not completed AND contained expressed desire to commit suicide.
- Stated intent to commit suicide immemorially.
- Stated intent to commit suicide with a lethal method selected and readily available.
- Stated intent to commit suicide AND preparations made for death (writing a will or a suicide note, giving away possessions, making certain business or insurance arrangements).
- Stated intent to commit suicide with time and place planned AND foreseeable opportunity to commit suicide.
- Stated intent to commit suicide without ambivalence OR with inability to see alternatives to suicide.
- Stated intent to commit suicide with current acute psychosis.
- Stated intent to commit suicide with major affective disorder, schizophrenia, or recent alcohol abuse.
- Stated intent to commit suicide during the week after hospital admission or the month immediately after discharge.
- Presence of acute command hallucinations to kill self whether or not there is expressed intent.

Secondary Risk Factors (Consider seeking consultations if SIX OR MORE factors are present)
The following factors all significantly contribute to suicide risk but are of a less critical nature.
- Recent separation or divorce
- Recent death of significant other
- Recent loss of job or severe financial setback
- Other significant loss/stress/life changes
- Social isolation/poor social support
- Current or past chemical dependency/abuse
- Persistent long-standing insomnia
- Recent history of self-harm
- History of suicide attempt(s) or aborted attempts without actual harm.
- Current or past difficulties with impulse control or antisocial behavior
- Significant depression, especially accompanied by guilt, worthlessness or helplessness

Major Contributing Demographic Factors
- Male
- Single, divorced, separated or widowed
- Living alone
- Elderly

Assessment of Risk - Use your clinical judgement to rate the level of risk: (check only one)
- High Risk (risk factors are severe; suicidal person needs to be contained to ensure safety)
- Moderate Risk (suicidal person has enough risk factors with enough severity to merit special precautions including supervisory review)
- Low Risk (suicidal person can be treated in a community setting; risk factors do not suggest imminent risk)

Comments ___________________________ ___________________________ ___________________________

_________________________ ___________________________ ___________________________ 

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ATTACHMENT K (CON’T)

MENSLINE SUICIDE RISK ASSESSMENT GUIDE

Adapted from Mensline Australia. (2005)
Mensline Australia Safety Management, pages 15-16.

Note this Suicide Risk Assessment Guide is utilised in conjunction with the overall Mensline Australia Safety Management policies and in particular, the policies on ‘Responding to Suicide and Self-Harming Behaviour’ on page 4 which provide different guidelines depending on the training background of the worker. It should be read in conjunction with these resources. The Mensline Australia Safety Management provides policies on safety across a range of areas including domestic and family violence, and child abuse.

ACTION OR INTENTION

1. The client already taken action to harm themselves: Y / N
   If so, implement emergency procedures

2. The client has an intention to harming themselves:
   Intention Self / Ideation only

3. How specific are there plans:
   No method / Thoughts about possible methods / Specific method identified / Ideation only

4. How immediate are their plans?
   Immediately / Next 24hrs / Month + / Nonspecific

5. How lethal are their plans?

6. The client has access to means? Y / N
   If drugs are at hand what are they?
   Check Quantity? Dose? Whether caller takes medication regularly?

BACKGROUND

1. Previous attempts: Y / N
   Frequency of attempts:
   Date of last attempt / episode:
   What was the outcome:

2. Prior Diagnosis or Psychiatric Episode? Y / N
   If yes, what?

3. The client knows others who have engaged in risk behaviour? Y / N
   What was the significance of the relationship?
What was the outcome?
Other relevant details:

**CURRENT STRESSORS**

What current stressors are affecting the client?
- Relationship breakup Y / N
- Family Conflict Y / N
- Job Loss/Unemployment Y / N
- Injury / Accident Y / N
- Abuse / DV Y / N
- Disability / Illness Y / N
- Assault Y / N
- Loss / Grief Y / N
- Other

**DISTRESS LEVEL**

What symptoms of distress does the client display?
- Emotional
  Mood Swings / Anger / Deep Sadness / Anxiety / Numbness / Alienation
- Thoughts
  Irrational / Extreme / Narrow / Slowed / Global / Incoherent
- Physical
  Sleep disturbance / Lethargy / Panic
- Behavioural
  Withdrawal / Crying / Aggression / Erratic

**EXTERNAL / INTERNAL RESOURCES**

1. External: Who is available for support?
   - Mental Health Worker / Service
   - GP
   - Family Members
   - Friends / Colleagues
- Partner
- Other

2. How do they perceive the level of support received by these people?
   - Poor / Good / Excellent

3. Is anyone present / available / contactable now? Y / N

4. Internal: Caller’s coping strategies:
   - Personal strengths / prior achievements Y / N
   - Coping mechanisms Y / N
   - Caller has previous strategies for managing crises: Y / N
   - Caller has a sense of meaning or belonging? Y / N

5. Summary: Risk of suicide attempt (counsellor)
   - Low risk / Moderate Risk / High Risk
IDEAS FOR DE-ESCALATING ANGRY PEOPLE

Adapted from Nebraska Psychological First Aid Curriculum (Zagursky, Bulling, & Chang, 2005) and Lifeline Canberra – training to staff on the Family Relationship Advice Line

De-escalation
Sometimes, despite our best efforts at active listening, people become agitated

Anxiety
A state of intense apprehension, uncertainty, and fear
Resulting from the anticipation of a threatening event or situation
Normal and appropriate in disaster
Can sometimes escalate to anger or agitation

Elements of escalation
Challenging authority or questioning
Refusal to follow directions
Loss of control, becoming verbally agitated
Becoming threatening

Elements of de-escalation
Establish a relationship
Use concrete questions to help the person focus
Come to an agreement on something
Speak to the person with respect
Don’t make global statements about the person’s character
Lavish praise is not believable
Empathy and care

Some approaches to calming people down when providing face-to-face services:
L-shape Stance (sit or stand adjacent, not opposite)
    Demonstrates respect
    Decreases confrontation
    Allows the person to dictate the spatial distance between you
Do not stare coldly or seem indifferent
Soft tone, interested facial expression
Smile
Open, welcoming gestures
Focus on the speaker, not the paperwork

What should you do when faced with an angry person
Don’t fight
Stay still
Try to make your body smaller
Full eye contact can be threatening so look at their forehead or chin
Reflect the anger to deflate it

**Working with aggressive people**
Safety first
Call in a colleague
Set limits on the behaviour
Use assertive communication
Be firm and clear about what you need
‘I am unable to continue this interview if you continue to yell at me or threaten me’

**Some approaches to calming people down when providing telephone services:**
Use a non challenging tone
Reflect that you can hear how angry they are – be careful to match the intensity
Stay calm
Set limits

**Working with aggressive callers**
Remember their anger/aggression is not personal
Set limits as soon as the behaviour occurs
Us statements like ‘I am sorry you feel that way’
Don’t try to defend yourself or justify your actions
‘I am unable to continue talking to you if you continue to use that language’
ATTACHMENT M

DEBRIEFING TIPS AND QUESTIONS FOR SUPERVISORS
(adapted from Nebraska Psychological First Aid Curriculum (Zagursky, Bulling, & Chang, 2005)

- focus on behaviour rather than the person
- be specific
- give feedback as soon as possible after the event
- make sure all participants know what use will be made of the outcomes of the debriefing session
- feedback must be confidential
- give positive feedback first
- be aware of the balance between positive and negative feedback
  - positive feedback on its own does not allow room for improvement
  - negative feedback alone can be depressing
- it is important to consider how and when you give feedback, not just a matter of what you say
- always allow those being debriefed to say something about their session first before you give feedback
- allow them to highlight problems and possible solutions first
- effective feedback should be focussed on the amount of information that the receiver can make use of rather than the amount you feel capable of giving
- It is very important that facilitators validate all that is shared.
- Some people are scared by their own physical and emotional reactions. It is very important to let them know that whatever they are experiencing is a natural reaction.
ATTACHMENT N

DEBRIEFING TIPS AND QUESTIONS FOR SUPERVISORS IN A TELEPHONE ENVIRONMENT

(adapted from Lifeline Canberra – training to staff on the Family Relationship Advice Line)

Debriefing
• is necessary to reduce the impact of the call
• can also be used to coach an operator where the call has not been handled well
• is not about the caller or the callers situation
• focuses on the needs of the person who answered the call

Questions
• What is happening to you?
• What has been triggered?
• What are you carrying?
• What do you need to do?
• How are you different to the caller?
• How is your situation different to the callers?
• What was the call about?
• What happened to you during the call?
• What were you reminded of during the call?
• What was the most difficult aspect?
• If you could do the call over, what would you change?
• What have you learnt?
DEBRIEFING STRATEGIES

*Adapted from Incident reporting protocol for the alcohol and drug sector*  
Drugs Policy and Services Branch  
Victorian Department of Human Services  
October 2005  

Common debriefing strategies to create and sustain an environment of safety, calmness, connectedness to others, self-efficacy or empowerment and hope.

It is fundamental that debriefings do not attach any ‘blame’.

**Do**

*Promote safety*

- Help people meet their needs for food and shelter, and obtain emergency medical attention.
- Provide repeated, simple and accurate information on how to obtain these.

*Promote connectedness*

- Help people contact friends or loved ones.
- Keep families together. Keep children with parents or other close relatives whenever possible.

*Promote calm*

- Listen to people who wish to share their stories and emotions and remember there is no wrong or right way to feel.
- Be friendly and compassionate even if people are being difficult.
- Offer accurate information about the incident or trauma and the relief efforts underway to help victims understand the situation.

*Promote self-efficacy*

- Give practical suggestions that steer people towards helping themselves.
- Engage people in meeting their own needs.
- Incident reporting protocol for the alcohol and drug sector.
Promote hope

- Find out the types and locations of government and non-government services and direct people to those services that are available.
- Remind people (if you know) that more help and services are on the way when they express fear or worry.

Don’t

- Force people to share their stories with you, especially very personal details (this may decrease calmness in people who are not ready to share their experiences).
- Give simple reassurances like ‘everything will be OK’ or ‘at least you survived’ (statements like these tend to diminish calmness).
- Tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier (this decreases self-efficacy).
- Make promises that may not be kept (broken promises decrease hope).
- Criticise existing services or relief activities in front of people in need of these services (this undermines an environment of hope and calm).

Other strategies

For staff

- Provide short break from counter/current duties.
- Remove from public contact entirely for a specified time.
- Relieve from duties temporarily by providing different role, but ensure staff remain within the social network of normal work group.
- If hospitalised, arrange visits, provide amenities for example, television, telephone, send flowers/chocolates.
- Offer counselling with option to use either in-house counsellors or local professionals.
- Involve family members of staff by, for example, providing copy of a videotape, provide explanation of incident to help them understand what trauma their family member is going through.
- Ban clients possessing a record of aggression toward staff by directing them to leave the premises if appropriate.
- Issue injunction prohibiting client from entering the service.
For clients

- Talk to family members and offer support through, for example, contacting next of kin, organising medical, participating in the investigation of the case and other arrangements.

- Offer counselling with option to use either an in-house counsellor or local professionals.

- If hospitalised, arrange visits, provide amenities (for example, television, telephone), send flowers/chocolates.

- If client died, offer condolences to the family and attend funeral, if possible.
REFERENCES


Urbis Keys Young. (2002). *J102-01 Tele Web Counselling*


