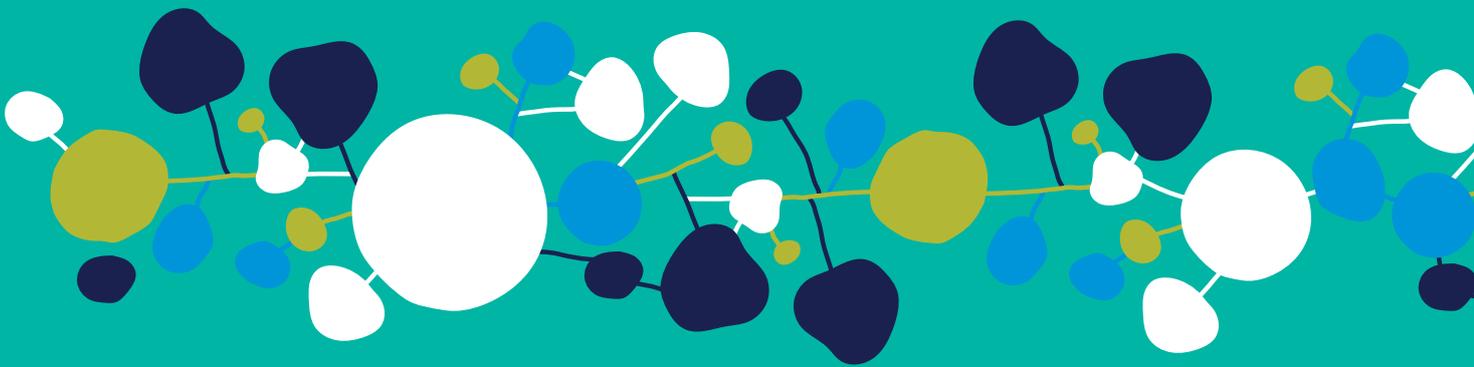


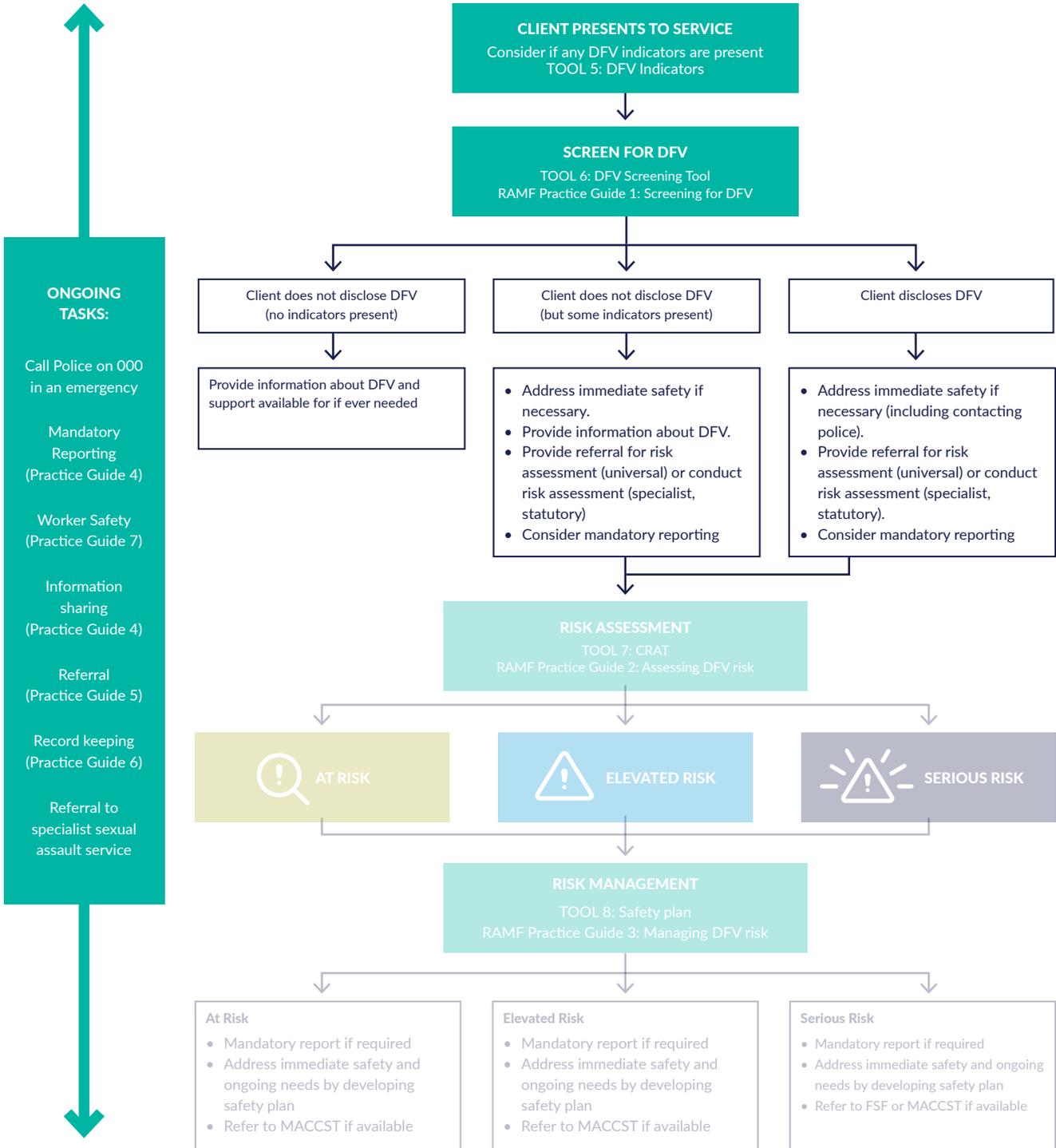
# PRACTICE GUIDE 1: SCREENING FOR DFV

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# PRACTICE GUIDE 1: SCREENING FOR DFV

This practice guide provides information, resources, tools and practice tips about screening for DFV, including what it is, why it is required, when it should be used, who should do it and how it should be done safely and effectively.



# PRACTICE GUIDE 1: SCREENING FOR DFV

Screening for DFV can be done by universal, statutory and specialist workers.

**REMEMBER:** All adults must comply with their existing legal obligations under mandatory reporting laws – see Practice Guide 4 Shared Legal Responsibilities.

It is best practice to inform the client of your responsibility to report DFV, and child abuse and neglect, as early as possible in the interaction, provided this does not compromise their safety.

**NOTE: IF THE CLIENT (OR ANY OTHER PERSON) IS IN IMMEDIATE DANGER, CONTACT POLICE.**

<p><b>What is screening?</b></p>	<p>Screening is a conversational enquiry using a common set of questions to find out if someone is experiencing, or has experienced, DFV.</p>
<p><b>Why is screening important?</b></p>	<p>Victim survivors of DFV may enter the service system at a number of different points. It is often the case that victim survivors have had contact with a range of services, but the DFV has not been identified.</p> <p>Screening provides an opportunity for action to be taken to increase safety for victim survivors and accountability for people who commit DFV, regardless of where the victim survivor enters the service system.</p> <p>If DFV screening doesn't occur, services provided may not be as effective as they could be, and may inadvertently place the victim survivor at further risk.</p>
<p><b>Who should do DFV screening?</b></p>	<p>All services in the NT who come into contact with potential DFV victim survivors should be able to screen for DFV risk. This includes specialist DFV services, universal services, and statutory services.</p>
<p><b>When should DFV screening occur?</b></p>	<p>Where DFV is suspected, through the presence of indicators (see Practice Tool 5), DFV screening questions should be asked. Some services apply screening questions routinely; others only when indicators of DFV are identified. Screening is not a one-time event, but may be undertaken at any time where indicators of DFV are suspected or become apparent.</p>
<p><b>How should screening be done</b></p>	<p>If there are indicators of DFV (see Practice Tool 5), screening should occur by asking the screening questions (see Practice Tool 6). If a client has already disclosed DFV or it is clear that DFV is occurring, the screening steps do not need to be undertaken.</p>

### TIPS - Preparing for screening

Screening should not be undertaken if the person suspected of committing DFV is present. Make sure the screening for DFV is done away from the person suspected of committing DFV or by people who may inform the person who committed DFV.

- The client can have a support person with them if they feel more comfortable.
- If indicators of DFV are present, find a private and safe area to ask the screening questions. Some services including remote health clinics have women and men only spaces which can be private and safe enough to screen for DFV.
- It is ok to do DFV screening by phone, as long as you clarify that the client is alone, or is with a trusted person and that it is safe to speak.
- When working with people whose English is limited, it is important to use interpreters. You can access interpreters through the [Aboriginal Interpreter Service](#) or through the [Interpreting and Translating Service NT](#).
- Check that you understand confidentiality and its limitations, including your mandatory reporting obligations.
- Prepare for any children/dependents accompanying the victim survivor so that they are looked after and not present during conversations that may be distressing for them.
- Remember that disclosing DFV always carries an element of risk for the victim survivor. This risk may be from the person who is committing the DFV, or from the service system, for example, how the worker or service responds to the disclosure or how the victim survivor perceives they may respond.

### TIPS - Starting the conversation

- Discuss the purpose of screening with the client. Explain that you are asking for information because you are concerned for the client's safety. The following statements can be used to start the conversation.
- ***Many people/women have problems with their family, their husband or partner or someone they live with, so we ask questions about the safety of all our clients so that we can work out what kind of help you need to keep you (and your children) safe; or***
- ***I am worried because [list the DFV indicators that are present]. I would like to ask you some questions about how you feel about your safety so that we can work out what kind of help you need to keep you safe; or***
- ***Sometimes people can hurt other people. Can I ask you some questions about this?***
- Explain that participation is voluntary.
- Acknowledge that some of the questions may be confronting and difficult to answer. Be aware of the distress and fear that disclosing DFV may cause. A client is more likely to disclose if they are feeling safe and supported.
- Check that the client understands confidentiality and its limitations, such as your obligation to follow mandatory reporting procedures.
- If the client finds it hard to talk, you can start by telling a story about a fictional person's experiences of DFV and then ask if anything in that story sounds like what the client is experiencing.
- Always watch and listen closely to what is happening for the client during the conversation. If they appear upset, ask if they would like to stop or take a break. It is important that they go at their own pace and are not pushed to reveal information that they are not ready to.

<p><b>TIPS - Starting the conversation</b> (Continued)</p>	<ul style="list-style-type: none"> <li>• Only seek information that is necessary. Avoid asking unnecessary questions if the information has already been provided.</li> <li>• Don't be afraid to listen to a difficult answer. It is important that client stories are listened to and responded to appropriately. If you feel you do not have the skillset to sit with and respond to challenging information, identify this development need with your workplace.</li> <li>• This may be the first time the client has ever been asked about the DFV. How they are asked, and how they are supported if they disclose DFV, can have a profound effect on their next steps.</li> </ul>
<p><b>Screening questions</b></p>	<p>The following questions are examples to help you screen for DFV. They are part of a conversation and are not intended to be asked one by one in a survey style.</p> <ul style="list-style-type: none"> <li>• <i>Has your partner/husband, ex-partner/husband or someone in your family hurt you or threatened to hurt you; yelled at you, talked down to you or called you bad names?</i></li> <li>• <i>Has your partner/husband, ex-partner/husband or someone in your family become jealous and tried to control what you can or cannot do?</i></li> <li>• <i>Are you worried about the safety of your children or someone else in your family or household?</i></li> </ul>
<p><b>TIPS – if the client discloses DFV</b></p>	<p>When a client discloses DFV it is important to respond in a supportive way. Take care that the client does not feel blamed for the DFV or responsible for making it stop, and hears the message that all people have a right to be and feel safe. The following are examples of what you can say:</p> <ul style="list-style-type: none"> <li>• <i>I am sorry that that has happened to you.</i></li> <li>• <i>It is not your fault that this is happening.</i></li> <li>• <i>I will do what I can to help you.</i></li> <li>• <i>You have the right to feel and be safe and I'm working with you and the people that I know to try to keep you safe.</i></li> </ul>

<p><b>Next steps after screening</b></p>	<p>There are several possible outcomes after screening for DFV:</p> <ul style="list-style-type: none"> <li>• <b>The client has not disclosed DFV and you are satisfied that DFV is not occurring:</b> acknowledge the client and provide them with any resources needed should they ever experience DFV. You should continue to provide your usual services.</li> <li>• <b>The client has disclosed DFV:</b> All disclosures of DFV require a risk assessment. If DFV is part of your core business, you should then do a risk assessment (see Practice Guide 2 – Assessing DFV Risk). If not, make a warm referral to a specialist or trained worker to do a risk assessment (see Practice Guide 5 - Referral). The referral should include the option to accompany the client or provide transport to get to the service safely if possible.</li> <li>• <b>You have a reasonable belief that DFV is occurring, even though the client has not disclosed it:</b> if the client is not yet ready or able to disclose or accept assistance, this must be respected. In this case: <ul style="list-style-type: none"> <li>&gt; It is important not to pressure the client to disclose;</li> <li>&gt; Provide them with information about their options;</li> <li>&gt; Acknowledge their response, and inform them of DFV services that are available, and encourage them to recontact at any time;</li> <li>&gt; Focus your work on building your relationship with the client;</li> <li>&gt; Consider whether you may need to make a mandatory report.</li> </ul> </li> </ul> <p>The client may not disclose DFV for a number of reasons, including fear of escalating the violence, prior negative experiences with services, fear of having children removed, shame, embarrassment, or concern about the consequences for the person who is committing the DFV.</p>
<p><b>What else needs to happen after screening?</b></p>	<p>Screening is an ongoing process, not a one-off event. The risk and occurrence of DFV can change quickly and occur at different times</p> <p>Remember to fulfil your record keeping responsibilities.</p> <p>If the client has experienced sexual assault (recent or historical) AND they consent to support contact a specialist sexual assault service.</p>
<p><b>Related resources</b></p>	<p>Practice Tool 5: DFV Indicators</p> <p>Practice Tool 6: DFV Screening tool</p>

## PRACTICE TOOL 5: DFV INDICATORS

The list of possible indicators of DFV in adults are provided for the purpose of forming judgements about when to undertake DFV screening. It is essential that workers initiate a conversation about DFV if a number of indicators or a pattern of recurring indicators are present. This process should be guided by the screening tool or other similar prompting questions.

Area	Indicator
<b>Physical</b>	<ul style="list-style-type: none"><li>• Bruising, cuts and scars;</li><li>• Fractures;</li><li>• Terminations of pregnancy;</li><li>• Complications during pregnancy;</li><li>• Sexually transmitted infections;</li><li>• Strangulation - neurological and physical signs such as visual changes, movement disorders, bruising around the neck;</li><li>• Head, eye, jaw, neck and facial injuries;</li><li>• Injuries to unexposed parts of the body;</li><li>• Injuries that do not match explanations;</li><li>• Delayed presentation between time of injury and treatment; and</li><li>• Memory loss.</li></ul>
<b>Behaviour</b>	<ul style="list-style-type: none"><li>• Unconvincing explanations of any injuries;</li><li>• Describe a partner as controlling or prone to anger;</li><li>• Partner speaks for client and/or insists on remaining with client;</li><li>• Anxiety in the presence of a partner; and</li><li>• Needing to be back home by a certain time and becoming stressed about this.</li></ul>

Area	Indicator
<b>Psychological and Emotional</b>	<ul style="list-style-type: none"><li>• Ongoing emotional health issues, such as stress, anxiety, panic attacks, depression or Post Traumatic Stress Disorder (PTSD);</li><li>• Self-harming behaviour and suicide thoughts, plans or attempts;</li><li>• Phobias;</li><li>• Sleep problems;</li><li>• Impaired concentration;</li><li>• Harmful alcohol and other drug use (including prescribed medications);</li><li>• Physical exhaustion;</li><li>• Eating disorders;</li><li>• Withdrawal from physical contact;</li><li>• Fear, shame or anger;</li><li>• Feelings of worthlessness and hopelessness; and</li><li>• Feeling disassociated and emotionally numb.</li></ul>
<b>Social/ financial</b>	<ul style="list-style-type: none"><li>• Homelessness;</li><li>• Isolation from family and social supports;</li><li>• Unemployment;</li><li>• Financial debt;</li><li>• Recent separation or divorce; and</li><li>• Parenting difficulties.</li></ul>

## PRACTICE TOOL 6: SCREENING FOR DFV

This tool should be used in conjunction with Practice Guide 1 – Screening for DFV.



### Starting the conversation

The following are examples to help you start the conversation leading to screening for DFV.

- Many people/women have problems with their family, their husband or partner or someone they live with, so we ask questions about the safety of all our clients so that we can work out what kind of help you need to keep you (and your children) safe; or
- I am worried because [list the DFV indicators that are present]. I would like to ask you some questions about how you feel about your safety so that we can work out what kind of help you need to keep you safe; or
- Sometimes people can hurt other people. Can I ask you some questions about this?



### Screening questions

The following questions are examples to help you screen for DFV. They are part of a conversation and are not intended to be asked one by one in a survey style.

- Has your partner/husband, ex-partner/husband or someone in your family hurt you or threatened to hurt you; yelled at you, talked down to you or called you bad names?
- Has your partner/husband, ex-partner/husband or someone in your family become jealous and tried to control what you can or cannot do?
- Are you worried about the safety of your children or someone else in your family or household?



### Responding to a disclosure

The following are examples to help you acknowledge a disclosure of DFV after screening.

- I am sorry that that has happened to you.
- It is not your fault that this is happening.
- I will do what I can to support you.
- You have the right to feel and to be safe and I'm working with you and the people that I know to try to keep you safe.