

# Domestic and Family Violence Screener

**Printable version** (further information referred to is available on the [website](#))

**Rationale:** NADA recognises the unique opportunity AOD services have to reduce the very serious risks posed by domestic and family violence (DFV). Evidence suggests the use of direct questions can help prevent violence and improve victim safety. The integration of DFV screening questions into the NADAbase will help ensure all women accessing AOD treatment will be screened as part of standard practice. NADA has also developed a [policy template](#) which can support you in this work.

**Process: This is purely a screening tool and should be used in conjunction with other tools and relevant policies to guide practice and client care planning.** All women are to be screened for Domestic and Family Violence (DFV) using the below questions and pre-amble. Female clients are to be made aware that these questions are standard practice and they will not be excluded from the service based on their responses. **Clients will not be asked to complete these questions themselves.** Messages for consideration are included in text boxes like this one.

## **Read the statement:**

Here at [*state your agency*] we take domestic and family violence very seriously. We know that many women experience unsafe relationships and we have some set questions that we ask to help women tell us about their situation. This is so we can provide support and information. We ask these questions a few times throughout the program to help women tell us about their experiences when they are ready. These questions may or may not apply to you and you don't have to answer if you don't want to. No one is excluded from our service because of family or domestic violence. In some situations we may discuss with you the sharing of this information with other support services.

## **SECTION A**

1. In the last 12 months, has someone in your family or someone you were in a relationship with pushed, hit, kicked, punched, grabbed you around the neck or otherwise hurt you?  
 Yes  
 No  
 Don't wish to say  
 Did not ask

**Alert!** If choking/grabbed around the neck, use of any weapons or harm to pets is mentioned more detailed screening and threat assessment using the DVSA

should be prioritised. Response boxes marked in red indicates a high or moderate risk answer. If yes is selected, ensure your agency's policy for assessing the safety of the client is followed.

2. Are you afraid now or have you been afraid of anyone you've been in a relationship with or in your household/family?
- Yes
  - No
  - Don't wish to say
  - Did not ask

**Note:** ensure your agency's policy for assessing the safety of the client is followed. In the absence of specific policies access [NADA's Identifying and responding to Domestic Violence policy template for guidance](#).

**If no, don't wish to say or no response to either question 1 or 2** give the client some information on DFV (e.g. Charmed and dangerous [resource](#)), remind them that they will be asked again at a later time about this and let them know they can talk to staff later if they want to.

## SECTION B

3. When you were hurt, did you get hit on the head, grabbed around the neck or lose consciousness?
- Yes
  - No
  - Not sure/don't remember

**Alert!** If yes, your client may need to be assessed and/or monitored for signs of a cognitive impairment. Any blow to the head or loss of oxygen to the brain can cause brain impairment. Refer to the NADA [www.complexneeds capable.org.au](http://www.complexneeds capable.org.au) resource.

4. Who hurt you and/or who are you afraid of? *(More than one box can be selected)*
- Partner
  - Ex-partner
  - Sibling
  - Parent
  - Child
  - Other family member
  - Other person
  - Don't wish to say/no response

5. Is there anyone else in the family/household who is experiencing or witnessing these things?

*(More than one box can be selected)*

- Child/ren
- Sibling
- Parent
- Partner
- Ex-partner
- Other family member
- Other person
- Don't wish to say/no response
- No one else

**Alert!** Remember to follow the mandatory reporter guidelines where information relates to risk of harm of children/young people.

6. Are you worried about how the experiences we've been talking about may be affecting your children or anyone else in the family/household?

*(More than one can be selected)*

- Child/ren
- Sibling
- Parent
- Partner
- Ex-partner
- Other family member
- Other person
- Don't wish to say/no response
- No one else

**Alert!** Remember to follow the mandatory reporter guidelines where information relates to risk of harm of children/young people.

**Alert:** The clinician is to complete the below risk level of the client based on responses to questions. Where the client has indicated yes to all boxes indicated in red, risk level is automatically **HIGH**. Ensure your agency's policy for assessing the safety of the client is followed.

**Clinician rated risk level of client**

- At risk

Level of risk	Suggested Response
<b>At Risk*</b> <ul style="list-style-type: none"> <li>• Currently in a domestic violent relationship</li> <li>• Experienced loss of consciousness, hit to the head</li> </ul>	<ul style="list-style-type: none"> <li>• Assess/Monitor client for signs of cognitive impairment</li> <li>• If the client has/is experiencing physical violence conduct a more detailed</li> </ul>

<ul style="list-style-type: none"> <li>• Prior violent relationship experienced</li> <li>• Many risk factors</li> <li>• Few/no 'protective' factors</li> <li>• Responded 'YES' to any question</li> <li>• Responded 'CHILD/REN' to Qs 4 and/or 5</li> </ul>	<p>screening and threat assessment using the DVSAT</p> <ul style="list-style-type: none"> <li>• Where children/young people are at risk a mandatory Child Protection Report is made</li> <li>• <b>Consult with a colleague or supervisor for guidance and support</b></li> </ul>
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**7. Action/s taken as a result of the screener. *More than one box can be selected***

- Action added to client care plan
- Referral made to external service
- Referral made to internal service
- Consultation recorded in client progress notes
- DVSAT Completed
- Mandatory Child Protection Report made
- Noted for follow up in Client Care Plan
- Referred to DV Hotline
- No action taken