MARAM ALIGNED INFORMATION CARD TEMPLATES



**OBSERVABLE SIGNS OF TRAUMA**

**FOR CHILDREN & YOUNG PEOPLE**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lifeline | Safe Steps | 1800 RESPECT | With Respect | Police |
| 13 11 14 | 1800 015 188 | 1800 737 732 | 1800 542 847 | 000 |

|  |  |
| --- | --- |
| * Being passive & compliant * Showing wariness/distrust of adults * Demonstrating fear of certain people/places * Poor sleeping patterns/emotional dis-regulation * Developmental regression * Bruises, sprains, dislocations, bites, cuts, fractures * Poisoning * Internal injuries * Hiding injuries (long sleeves on a hot day) * Excessive washing or bathing | * Being excessively friendly to strangers * Being excessively clingy to certain adults * A strong desire to please or receive validation from certain adults * Unclear boundaries and understanding of relationships between adults & children * Excessive sexualised behaviour/advanced sexual knowledge * Violence or sexualised behaviour directed at peers |



**SCREENING QUESTIONS**

**Identifying family violence ipresent**

1. Has anyone in your family done something that made you or your children feel unsafe or afraid?
2. Have they controlled your day-to-day activities or put you down?
3. Have they threatened to hurt you in any way?
4. Have they physically hurt you in any way?
5. Do you have any immediate concerns about the safety of your children or someone else in your family?
6. Do you feel safe to leave here today?
7. Would you engage with a trusted person or police if you felt unsafe or in danger?



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**RISK FACTORS**

**BY THE PERPETRATOR**

|  |  |
| --- | --- |
| **Adults & Children/**  **Young People** | Controlling behaviours, access to weapons, threat to harm/kill, caused physical harm, strangled or choked the victim, threatened or harmed pets/animals, threatened or attempted self-harm/suicide, stalking, sexual assault, breach of orders, history of violence, obsession, jealousy, AOD abuse, isolation, emotional abuse, property damage, unemployed, mental illness |
| **Adults ONLY** | Physical assault while pregnant/following a new birth, self-assessed level of risk, planning to leave or recent separation, escalation (severity/frequency) of violence, financial abuse/difficulties, imminence. |
| **Children/**  **Young People ONLY** | Exposure to family violence, sexualized behaviour towards a child by the perpetrator, child intervention in violence, undermining the child-parent relationship, professional and statutory intervention. |



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**OBSERVABLE SIGNS OF TRAUMA**

**FOR ADULTS**

|  |  |
| --- | --- |
| **Physical** | Bruising, fractures, fresh scars/cuts, pregnancy termination/complications, chronic pain, STDs, strangulation |
| **Psychological** | Depression, anxiety, EDs, self-harm/suicidal behaviours, phobias, somatic disorders, exhaustion, AOD use |
| **Emotional** | Fear, shame, anger, no support networks, feelings of worthlessness/hopelessness, feeling disassociated/numb |
| **Social /**  **Financial** | Homelessness, unemployment, financial debt, no friends/family support, isolation, parenting difficulties |
| **Demeanour** | Unconvincing explanations of injuries, descriptions of controlling behaviour/anger by partner, accompanied by partner who does the talking, anxious in presence of partner, divorce/separation, reluctance to follow advice |



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**RESPONDING TO FAMILY VIOLENCE**

**IMMEDIATE DANGER**

**FURTHER ASSISTANCE:**

* Call Police (000) if crime has been or is likely to be committed
* Seek support of a specialist family violence service
* Consider child wellbeing and safety and share information if appropriate.

IF **NOT WILLING TO RECEIVE ASSISTANCE**, PARTICULARLY IF CHILDREN ARE AFFECTED CONSIDER REFERRAL AND **CALL POLICE (000)**



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**RESPONDING TO FAMILY VIOLENCE**

**NO IMMEDIATE DANGER**

**FURTHER ASSISTANCE:**

* Note the services and options available to the person
* Consider child wellbeing and safety, and share information to provide if needed
* Refer and collaborate with a specialist family violence service for comprehensive assessment.
* Make a safety plan including for children

**NO FURTHER ASSISTANCE:**

* Provide information about help and support that is available
* Consider child wellbeing and safety, and share information to provide if needed
* Monitor closely
* Let the person know that is their circumstances change they can seek assistance from The Orange Door



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| --- | --- | --- | --- | --- |
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| 13 11 14 | 1800 015 188 | 1800 737 732 | 1800 542 847 | 000 |



**RESPONDING TO FAMILY VIOLENCE**





**FURTHER ASSISTANCE (NO immediate danger):**

* Note the services & options available to the person
* Consider child wellbeing & safety, & share information to provide if needed
* Refer & collaborate with a specialist family violence service for comprehensive assessment.
* Make a safety plan including for children

If in **IMMEDIATE DANGER** call **Police (000)** is a crime has been/is likely to be committed, seek support of specialist services, and consider child wellbeing & safety.

**NO FURTHER ASSISTANCE (NO immediate danger):**

* Provide information about help & support that is available
* Consider child wellbeing & safety, & share information to provide if needed
* Monitor closely
* Let the person know that is their circumstances change they should seek assistance

If in **IMMEDIATE DANGER** & **not willing to receive assistance**, particularly if children are affected consider referral & **call Police (000).**



**RESPONDING TO FAMILY VIOLENCE**



|  |  |
| --- | --- |
|  |  |
| With Respect | 1800 542 847 |
| 1800 RESPECT | 1800 737 732 |
| Safe Steps | 1800 015 188 |
|  |  |

**SCREENING QUESTIONS:**

1. Has anyone in your family done something that made you or your children feel unsafe or afraid?
2. Have they controlled your day-to-day activities or put you down?
3. Have they threatened to hurt you in any way?
4. Have they physically hurt you in any way?
5. Do you have any immediate concerns about the safety of your children or someone else in your family?
6. Do you feel safe to leave here today?
7. Would you engage with trusted person or police if you felt unsafe or in danger?

|  |  |
| --- | --- |
| **Signs of Trauma** | Bruising, fractures, fresh scars/cuts, poor sleeping patterns, hiding injuries, depression, anxiety, isolation, increase in AOD use. |
| **Risk Factors** | Controlling behaviours, threat to harm/kill, physical harm, stalking, sexual assault, history of violence, obsession. AOD abuse, emotional abuse, mental illness. |

**INSTRUCTIONS FOR USE:** (all the text in templates is editable)

**Changing the colours of rectangles:**

1. Double click on the purple rectangle.
2. Right click then select **FORMAT OBJECT**
3. Select **FILL**
4. Choose the colour you wish to change the rectangle to

**Changing the logo:**

1. Double click on the Centre’s logo
2. Right click then select **CHANGE PICTURE**
3. Select **FROM A FILE**
4. Choose the picture you wish to change the logo to