

MARAM PRACTICE GUIDES

FOUNDATION KNOWLEDGE GUIDE

Guidance for professionals
working with child or adult
victim survivors, and adults
using family violence



To receive this publication in an accessible format phone 1800 549 646, using the National Relay Service 13 36 77 if required, or email infosharing@familysafety.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Family Safety Victoria, February 2021.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

The Victorian Government proudly acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we rely.

We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. The social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

ISBN 978-1-76096-463-4 (pdf/online/MSword)

Available at <https://www.vic.gov.au/maram-practice-guides-and-resources>

FOUNDATION KNOWLEDGE GUIDE

Guidance for professionals working
with child or adult victim survivors,
and adults using family violence

1. Overview of the MARAM Framework and resources	5
2. Introduction	8
3. A principles-based approach to practice	9
4. Legislative, policy and practice environments	11
5. Terminology and definitions	14
6. Who has a role in the service system?	17
7. MARAM practice responsibilities for professionals	19
8. About family violence	24
9. Evidence-based risk factors and the MARAM risk assessment tools	29
10. Key concepts for practice	37
11. Gendered drivers of family violence in the context of prevalence and identity	56
12. Presentations of family violence in different relationships and communities	60
13. What's next?	119
14. Definitions	120



1. OVERVIEW OF THE MARAM FRAMEWORK AND RESOURCES

Family violence is an endemic issue that has terrible consequences for individuals, families and communities in Victoria.

To address this crime and improve the complex, interconnected system of services that respond to it, the Victorian Government launched Australia's first Royal Commission into Family Violence (the Royal Commission) in February 2015. The Royal Commission delivered its [report and recommendations](#) in March 2016.

The 227 recommendations outline a vision for a Victoria that:

- ... is free from family violence
- ... keeps adults, young people and children safe
- ... responds to victim survivors' wellbeing and needs
- ... holds perpetrators to account for their actions and behaviours.

1.1 REFORMS TO RISK ASSESSMENT AND MANAGEMENT

In particular, the Royal Commission's recommendations focus on providing consistent, collaborative approaches to identifying, assessing and managing family violence risk.

The Royal Commission noted the strong foundations of existing practice, which was based on the Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework or CRAF).

To address key gaps and issues, however, the Royal Commission recommended redeveloping the CRAF, and embedding it into the *Family Violence Protection Act 2008* (Vic) (the FVPA).

1.2 THE MARAM FRAMEWORK

The Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM Framework) updates and replaces the CRAF.

The [MARAM Framework](#) provides a system-wide approach to risk assessment and risk management.

It aims to:

- ... increase the safety of people experiencing family violence
- ... ensure the broad range of family violence experiences and risks are represented, including for Aboriginal and diverse communities, children, young people and older people, and across identities and family and relationship types
- ... keep perpetrators in view of the system and hold them accountable
- ... align practice across the broad range of organisations that are responsible for identifying, assessing and managing family violence risk
- ... ensure consistent use of the framework across these organisations and between the sectors that comprise the family violence system.

To meet these aims, the MARAM Framework provides:

- ... 10 Framework Principles to underpin practice across the service system
- ... four conceptual 'pillars' against which organisations will align their policies, procedures, practice guidelines and tools
- ... 10 Responsibilities for Practice that describe the roles and expectations of framework organisations
- ... information to support a shared understanding of family violence, including the experience of risk and its effect on individuals, families and communities.

In addition, the MARAM Framework provides for an expanded range of organisations and sectors that have a formal role in family violence risk assessment and risk management practice.

1.3 PRESCRIBED ORGANISATIONS

Under amendments to the FVPA, organisations across the many parts of the social service system must now ensure their policies, procedures, practice guidance and tools align with the MARAM Framework. These are known as prescribed organisations.

From April 2021, organisations and professionals covered under the reforms, include:

- ... 6,710 organisations and 392,000 professionals will be prescribed under MARAM
- ... 8,386 organisations and 408,000 professionals will be prescribed under FVISS.

Ensuring prescribed organisations align their risk assessment and management activities with the MARAM Framework means there will be a consistent response to family violence across Victoria's service system.

1.4 RISK ASSESSMENT AND MANAGEMENT RESPONSIBILITIES

The MARAM Framework outlines the 10 practice responsibilities that prescribed organisations must adhere to in their work with victim survivors and perpetrators of family violence:

- ... **Responsibility 1:** Respectful, sensitive and safe engagement
- ... **Responsibility 2:** Identification of family violence
- ... **Responsibility 3:** Intermediate risk assessment
- ... **Responsibility 4:** Intermediate risk management
- ... **Responsibility 5:** Seek consultation for comprehensive risk assessment, risk management and referrals

- ... **Responsibility 6:** Contribute to information sharing with other services (as authorised by legislation)
- ... **Responsibility 7:** Comprehensive assessment
- ... **Responsibility 8:** Comprehensive risk management and safety planning
- ... **Responsibility 9:** Contribute to coordinated risk management
- ... **Responsibility 10:** Collaborate for ongoing risk assessment and risk management

The *MARAM Practice Guides* provide practical advice for people working in prescribed organisations to embed these responsibilities in their engagement with victim survivors and perpetrators.

1.5 ABOUT THIS DOCUMENT AND THE MARAM PRACTICE GUIDES

This document, the *Foundation Knowledge Guide*, is part of a suite of resources known as the **MARAM Practice Guides**.

These resources comprise:

- ... this *Foundation Knowledge Guide*
- ... *MARAM Practice Guides* that show you how to implement the Responsibilities in your work
- ... risk assessment and management tools and templates that support the MARAM Practice Guides
- ... the Organisation Embedding Guidance and Resources to support organisational leaders.

A MARAM Practice Guide for adolescents who use violence is currently under development.

The MARAM Framework and Practice Guides were developed through extensive consultation with experts, departmental policy and practice areas, and professionals in specialist and universal services, including those specialising in working with Aboriginal communities, diverse communities, children, young people and older people.

The MARAM Framework and Practice Guides will be evaluated and updated as the evidence base evolves.

1.5.1 Foundation Knowledge Guide

The *Foundation Knowledge Guide* is for all practitioners who use the MARAM Framework.

It focuses on the legislative context, roles and interactions within the service system, risk factors, key concepts for practice, and an overview of the gendered lens and drivers of family violence and presentations of risk across different age groups and Aboriginal and diverse communities.

The *Foundation Knowledge Guide* is required reading for all professionals across leadership and governance, management and supervision to direct practice roles.

You should **read it first** before moving on to the relevant victim–survivor or perpetrator-focused MARAM Practice Guides 1–10.

1.5.2 MARAM Practice Guides

The *MARAM Practice Guides* each comprise 10 chapters relating to the 10 MARAM Responsibilities. They are for professionals working with adult and child victim survivors of family violence, and adult perpetrators of family violence:

- ... *Responsibilities for Practice Guide when working with adult and child victim survivors of family violence* (2019), referred to as the **victim survivor–focused MARAM Practice Guide**
- ... *Responsibilities for Practice Guide when working with adults using family violence* (2021), referred to as the **perpetrator-focused MARAM Practice Guide**.

There is some overlap in content between the two sets of guides, as many of the same principles and practice concepts apply to working with both victim survivors and perpetrators.

Each guide gives you detailed advice on how to ensure your practice aligns with your organisation’s MARAM Framework responsibilities.

The guides cover applying foundation knowledge, and then build on this to provide practice guidance for:

- ... safe engagement
- ... identification of risk

- ... levels of risk assessment and management
- ... secondary consultation and referral
- ... information sharing
- ... multiagency and coordinated practice.

Different professionals within prescribed organisations will have different levels of responsibility, which will be informed by the contact they have with victim survivors and perpetrators.

You should work with your organisational leaders to understand your role and to identify which responsibilities to apply in practice.

You must understand how to apply each of the responsibilities that are a part of your role.

Note: Guidance on working with adolescents and young people as victim survivors is provided in the victim survivor–focused *MARAM Practice Guide*. Supplementary guidance for working with adolescents who use family violence will be published in 2021.

Young people aged 18 to 25 years should be considered with a developmental lens and to ensure any therapeutic needs relevant to their age and developmental stage are met. The adult perpetrator-focused MARAM Practice Guide has relevant information for assessing and managing risk when working with young people aged 18 to 25 years who use family violence.

Supplementary guidance for working with children and young people to directly and comprehensively assess risk and needs will be published in 2022.

1.5.3 Organisation Embedding Guidance and Resources

The *Organisation Embedding Guidance and Resources* are for organisational leaders. It aims to help leaders support their professionals and services in their roles and responsibilities under the MARAM Framework.

It includes specific activities organisational leaders can undertake to determine responsibilities for staff across their organisation.

2. INTRODUCTION

.....
The *Foundation Knowledge Guide* explains key elements of the MARAM Framework, as well as additional foundational knowledge to guide all professionals who will go on to use the MARAM Practice Guides.
.....

This updated version of the *Foundation Knowledge Guide* (2021) includes information from both the victim survivor and perpetrator-focused practice lenses to provide a complete resource for all professionals and organisations with responsibilities under the MARAM Framework.

It includes evidence-based information about the effects and experiences of risk across a range of age groups, as well as in Aboriginal communities, diverse communities and at-risk age groups, including children, young people and older people.

2.1 A SHARED RESPONSIBILITY

It builds on the findings and recommendations of the Royal Commission, and most importantly, it provides the basis for a consistent, system-wide shared responsibility to identify, screen, assess and manage family violence across a broad range of workforces and services.

This shared responsibility stretches between individual professionals, services and whole sectors.

It gives services more options to keep victim survivors safe, and provides a stronger, more collaborative approach to holding perpetrators accountable for their actions and behaviours.

2.2 ABOUT THIS GUIDE

The *Foundation Knowledge Guide* covers:

- ... a principles-based approach to practice
- ... the legislative authorising environment for practice under the MARAM Framework
- ... an overview of the service system, including entry points for service users (both victim survivors and perpetrators)
- ... guidance for organisational leaders, individual professionals and services to identify the responsibilities that make up their role, and how to use the victim-survivor and perpetrator-focused MARAM Practice Guides in their work
- ... information about family violence — including the definition under the Act, behaviours that constitute family violence, evidence-based risk factors and presentations of risk for victim survivors caused by perpetrators' use of violence, across age groups, and across communities
- ... working with child and adult victim survivors and adult perpetrators of family violence, including concepts of the predominant aggressor and misidentification
- ... key concepts for practice, including structured professional judgement, intersectional analysis, trauma and violence-informed practice, person or victim-centred practice, and the legislation supporting information sharing.

3. A PRINCIPLES-BASED APPROACH TO PRACTICE

.....

The MARAM Framework, *Foundation Knowledge Guide* and victim-survivor and perpetrator-focused MARAM Practice Guides are guided by 10 MARAM Principles.

.....

These principles provide professionals and services with a shared understanding of family violence. They will ensure consistent, effective and safe family violence responses for adult and child victim survivors as well as adult perpetrators, while centralising perpetrator accountability.

The principles are underpinned by the right of all people to live free from family violence. They inform the ethical engagement of professionals and services working with all service users, both victim survivors and perpetrators.

The 10 principles are:

1. Family violence involves a spectrum of seriousness of risk and presentations, and is unacceptable in any form, across any community or culture.
2. Professionals should work collaboratively to provide coordinated and effective risk assessment and management responses, including early intervention when family violence first occurs to avoid escalation into crisis and additional harm.
3. Professionals should be aware, in their risk assessment and management practice, of the drivers of family violence, predominantly gender inequality, which also intersect with other forms of structural inequality and discrimination.
4. The agency, dignity and intrinsic empowerment of victim survivors must be respected by partnering with them as active decision-making participants in risk assessment and management, including being supported to access and participate in justice processes that enable fair and just outcomes.
5. Family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be recognised as victim survivors in their own right.
6. Services provided to child victim survivors should acknowledge their unique experiences, vulnerabilities and needs, including the effects of trauma and cumulative harm arising from family violence.
7. Services and responses provided to people from Aboriginal communities should be culturally responsive and safe, recognising Aboriginal understanding of family violence and rights to self-determination and self-management, and take account of their experiences of colonisation, systemic violence and discrimination and recognise the ongoing and present day impacts of historical events, policies and practices.
8. Services and responses provided to diverse communities and older people should be accessible, culturally responsive and safe, service-user centred, inclusive and non-discriminatory.
9. Perpetrators should be encouraged to acknowledge and take responsibility to end their violent, controlling and coercive behaviour, and service responses to perpetrators should be collaborative and coordinated through a system-wide approach that collectively and systematically creates opportunities for perpetrator accountability.
10. Family violence used by adolescents is a distinct form of family violence and requires a different response to family violence used by adults, because of their age and the possibility that they are also victim survivors of family violence.



3.1 PRINCIPLES FOR WORKING WITH PERPETRATORS

As a result of recommendations from the Royal Commission, the Victorian Government formed the Expert Advisory Committee on Perpetrator Interventions (EACPI) to provide advice on how to increase accountability of family violence perpetrators.

In its [final report](#), the EACPI outlines eight principles for perpetrator interventions.

These are consistent with and supplement the MARAM Principles. They provide for a strong victim-focused lens and support perpetrator accountability at the individual, service and systems level.

The EACPI principles also inform ethical practice of professionals in their engagement with all service users.

They ensure that victim survivor safety is the key consideration when working directly with perpetrators to address their risk and needs.

4. LEGISLATIVE, POLICY AND PRACTICE ENVIRONMENTS



.....

The MARAM Framework is embedded in Victorian law and policy. It establishes the architecture and accountability mechanisms of a system-wide approach to, and shared responsibility for, responding to the family violence risk that perpetrators cause.

.....

These elements are set at the organisational level.

They provide the authorising environment, and enablers of practice, for individual professionals and services within organisations in their work with adult and child victim survivors and adult perpetrators.

4.1 KEY ASPECTS OF THE MARAM FRAMEWORK

... Part 11 of the *Family Violence Protection Act 2008* (FVPA) establishes the authorising environment for the MARAM Framework by creating a legislative instrument and enabling prescription of organisations through regulation.

... The Framework's legislative instrument describes the four pillars, the requirements for alignment, the guiding principles, the 10 Responsibilities for practice, and the evidence-based risk factors.

... 'Framework organisations' and 'section 191 agencies' are prescribed under the *Family Violence Protection (Information Sharing and Risk Management) Regulations 2018*. Prescribed organisations are required to progressively align their policies, procedures, practice guidance and tools with the Framework legislative instrument.

... The MARAM Framework complements and provides further information about the legislative instrument.

4.2 INFORMATION SHARING SCHEMES

The **Family Violence Information Sharing Scheme is a key enabler of the MARAM Framework and associated Practice Guides.**

... Part 5A of the FVPA establishes the Family Violence Information Sharing Scheme, which allows prescribed organisations to share information relevant to family violence risk assessment and management practice, in relation to victim survivor and perpetrator-focused **Responsibilities 5 and 6**.

... The Family Violence Information Sharing Scheme Guidelines outline how information is to be shared in practice.

The **Child Information Sharing Scheme** further assists in responding to safety and wellbeing for children.

... Part 6A of the *Child Wellbeing and Safety Act 2005* (Vic.) establishes the Child Information Sharing Scheme, which allows the sharing of information for the purpose of promoting a child's wellbeing or safety, including but not limited to the context of family violence. This may include information relating to a child's stabilisation and recovery from family violence, reflected in the protective factors outlined in victim survivor-focused **Responsibility 3**.

Other complementary information sharing and reporting obligations continue to apply.

- ... The Information Sharing Schemes do not affect the reporting obligations created under other legislation, such as mandatory reporting under the *Children, Youth and Families Act 2005* (Vic.).
- ... The Information Sharing Schemes complement and build on existing permissions held by organisations and services to share information under other laws, such as the *Privacy and Data Protection Act 2014* (Vic.), the *Health Records Act 2001* (Vic.), and the *Children Youth and Families Act 2005* (Vic.).

4.3 POLICY AND PRACTICE DIRECTION

The MARAM Framework and Practice Guides, including this *Foundation Knowledge Guide*, provide policy and practice direction.

They are for professionals and leaders working within prescribed organisations and services that undertake family violence risk assessment and risk management practice in Victoria.

Leaders of prescribed organisations make decisions at the organisational level to identify the practice responsibilities for their professionals and services and ensure they are applied in practice.

Professionals need to have a clear understanding of their own role in relation to responding to family violence within the broader service system.

This will help to determine which level of risk identification, assessment and management applies to your role and which MARAM Responsibilities and Practice Guides are relevant to your work.

More detail on the legislative, policy and practice environment is described in 'Part B: System architecture and accountability' of the MARAM Framework.

4.4 THE MARAM FRAMEWORK PILLARS

The MARAM Framework is structured around four conceptual pillars. Organisations will align their risk assessment and management policies, procedures, practice guidelines and tools with these pillars.

Each pillar has its own objective and requirement for alignment. The objectives of the pillars are outlined below.

Figure 1: MARAM Framework Pillars



4.4.1 Pillar 1: Shared understanding of family violence

Everyone working in the service system, regardless of their role, needs to have a shared understanding of family violence and perpetrator behaviour, including its drivers, presentation, prevalence and impacts.

This enables a consistent approach to risk assessment and management across the service system and helps keep perpetrators in view and accountable and victim survivors safe.

Pillar 1 creates a shared understanding of:

- ... what constitutes family violence, including common perpetrator actions, behaviours and patterns of coercion and control
- ... the causes of family violence, particularly community attitudes about gender, and other forms of inequality and discrimination
- ... established evidence-based risk factors, particularly those that relate to increased likelihood and severity of family violence.

4.4.2 Pillar 2: Consistent and collaborative practice

Pillar 2 builds on the shared understanding of family violence created in Pillar 1 by developing consistent and collaborative practice for family violence risk assessment and management across different professional roles and sectors.

You should use Structured Professional Judgement in your role to assess the level or 'seriousness' of risk, informed by:

- ... the victim survivor's self-assessed level of risk
- ... evidence-based risk factors (using the relevant assessment tool)
- ... sharing information with other professionals as appropriate to help inform professional judgement and decision-making
- ... using an intersectional analysis when applying professional judgement to determine the level of risk.

4.4.3 Pillar 3: Responsibilities for risk assessment and management

Pillar 3 builds on Pillars 1 and 2. It describes responsibilities for facilitating family violence risk assessment and management.

It provides advice on how professionals and organisations define their responsibilities to support consistency of practice across the service system, and to clarify the expectations of different organisations, professionals and service users.

4.4.4 Pillar 4: Systems, outcomes and continuous improvement

Pillar 4 outlines how organisational leaders and governance bodies contribute to, and engage with, system-wide data collection, monitoring and evaluation of tools, processes and implementation of the Framework.

This pillar describes how aggregated data will support better understanding of service user outcomes and systemic practice issues, and it will assist in continuous practice improvement.

This information will also feed into the legislated five-yearly reviews of the Framework to ensure it continues to reflect evidence-based best practice.

5. TERMINOLOGY AND DEFINITIONS

Language relating to family violence and individual identities is always evolving and can vary for individuals and communities.

As practitioners, it is important to use language that service users are comfortable with. This helps build trust and keep the person engaged.

This section provides guidance about some commonly used terminology. The MARAM Practice Guides also contain information on identity that will help you talk to service users.



Throughout this guide, the term **Aboriginal people** is used to refer to both Aboriginal and Torres Strait Islander peoples.



The terms **diverse communities** and **at-risk age groups** are used broadly, and include:

- ... diverse cultural, linguistic and faith communities
- ... people with disability
- ... people experiencing mental health issues
- ... LGBTIQ people
- ... women in or exiting prison or forensic institutions
- ... people who work in the sex industry
- ... people living in regional, remote and rural communities
- ... male victim survivors
- ... older people (aged 65 years and older, or 45 years and older for Aboriginal people)
- ... children (0 to 4 years of age are most at risk) and young people (12 to 25 years of age).

A full list of definitions is provided at the end of this document in **Section 14**, 'Definitions'.

5.1 LANGUAGE AROUND GENDER

The MARAM Practice Guides use an intersectional analysis and feminist lens, which strongly acknowledge that family violence is gendered.

However, gendered language is not used to describe every form of family violence. This is to ensure we encompass the full range of victim survivors who may experience family violence, including those who may have historically had difficulty being recognised.

In line with the Royal Commission and the *Family Violence Information Sharing Scheme Guidelines*, this document and the *MARAM Practice Guides* refer to **victim survivors** and **perpetrators (or person using violence)**, recognising that these are the most widely used terms in the community.

The term victim survivor refers to adults, children and young people who experience family violence.

Under the FVPA, children are considered victim survivors if they experience family violence directed at them, or they are exposed directly to family violence and/or its effects.

Women who use force describes victim survivors who, in their intimate partner relationships, have used force in response to violence where there is a pattern and history of ongoing perpetration of violence against them.¹ This may sometimes be referred to as 'violent resistance' or 'resistive violence'. **Section 12.1.13** on 'Women who use force in heterosexual intimate partner relationships' provides further guidance.

Some women who use force who are victim survivors do not identify as victims, because this does not match with their experience as 'strong' or 'weak', and their use of force may be in response to pushing back against a 'weaker' identity of victim survivor.²

1 Kertesz M et al. 2019, *Women who use force: final report – vol.1*, University of Melbourne, Melbourne, p. 4.

2 This description is based on self-report and is in no way representative of any value judgement related to actual strength/weakness of a victim survivor, refer to Kertesz M et al. 2019, *Women who use force: final report – vol. 1*, University of Melbourne, Melbourne, p. 21.

Women who use force in response to a pattern of family violence and coercive control from a perpetrator/predominant aggressor are not themselves perpetrators. However, if you are uncertain about the identity of a victim survivor or predominant aggressor/perpetrator, refer to **Section 12.2.1**, 'Perpetrator/predominant aggressor and misidentification'.

5.2 VARIATIONS OF LANGUAGE

Recognised variations of language include the following:

- ... Aboriginal people and communities may prefer to use the term **people who use violence** rather than perpetrator.
- ... Aboriginal people and communities may prefer to use the term **people who experience violence** rather than victim survivor.
- ... Parts of the service system use the term **men who use violence** rather than perpetrator, particularly in client/service user-facing practice settings that work exclusively with men.
- ... For adolescents and young people, the term **adolescent or young person who uses family violence** is used, rather than perpetrator. This form of family violence requires a distinct response, given the age and developmental stage of the young person and their concurrent safety and developmental needs and circumstances. In addition, it is common for the adolescent or young person to have experiences of past or current family violence perpetrated by other family members. The term is applied across a broad age range from 10 to 18 years.
- ... Family violence towards an older person is often described as **elder abuse**. In this document, elder abuse refers to family violence experienced by older people within the family or family-like contexts, including co-resident violence in residential care services and supported residential settings, as it is defined in the FVPA. It does not extend to elder abuse from professional carers occurring outside the family context, such as in institutional or community settings.

- ... Family violence towards or between persons with a disability or a young person within the family or family-like relationships, such as residential care facilities, is included as it is defined in the FVPA. It does not extend to professional carer relationships outside of the family context, such as in institutional settings.

5.3 LANGUAGE USED IN THE JUSTICE SYSTEM

Other terms may be used for different functions or points in time within the service system.

These include terms used in the justice system:

- ... Police-made applications for family violence intervention orders use the term **affected family member** to describe the person who is to be protected by the order, and the term **respondent** or **other party** to describe the person against whom the order is sought.
- ... In applications for intervention orders that are not made by police, the term **applicant** is used to describe the person seeking the order who may be an affected family member or another person making the application on their behalf, and **respondent** is used to describe the person against whom an order is sought.
- ... The term **accused** is used to describe a person being prosecuted for a family violence offence, and **offender** describes a person who has been found guilty of an offence.

5.4 LANGUAGE RELATING TO PERPETRATORS

The term **person using family violence** is used through this guide and the MARAM Practice Guides to refer to the person causing family violence harm.

The term **perpetrator** is used at a legal and policy level in Victoria. The term is used in this guide in relation to policy statements.

When discussing violence across a range of identities and communities, the terms **men who use family violence** and/or **person using family violence** can be used, as applicable.

In **direct practice** with a person using violence, you **should not** use the term perpetrator. It is a label that de-emphasises the person's agency for change, and in practice it may make them feel judged and more hostile or resistant to engaging with you.

If you are working with adult and child victim survivors, they may not feel comfortable with the use of the word perpetrator when they are seeking support. Understanding and mirroring the words a victim survivor uses to describe their parent, partner, ex-partner, or family member is also an important part of the engagement process in direct practice.

In addition, the use of the term perpetrator can limit your own capacity to understand or consider the **person in their context**, that is their presenting needs, history and experiences, risks, strengths and environmental contexts or circumstances that contribute to their use of violence. This label may also impact professionals' capacity to apply an intersectional lens and adopt trauma and violence-informed approaches (where appropriate).

The term **perpetrator accountability**³ refers to systemic legislative and policy responses that keep perpetrators in view of the service system and held to account for their behaviour. It also refers to how an individual can take personal accountability for safety and change.

This term encompasses a range of actions and approaches that occur at the:

- ... the individual level (by and with the person using violence) it means that perpetrators are encouraged to take responsibility for their use of violence and its impacts and to change their behaviour to stop using violence.

3 Adapted from EACPI 2019, *Final report*, which cites Smith, Humphreys and Laming 2013, 'The central place of women's support and partner contact in men's behaviour change programs', *Ending Men's Violence Against Women and Children*, vol. 1, no. Spring 2013, p. 293.

- ... the service level (by professionals in applying accountability in practice through risk assessment and management of the person using violence) it means that wherever perpetrators interact with the service system, the primary consideration is to support the safety, wellbeing and needs of victim survivors, and to avoid collusion while providing support for perpetrators to gain awareness, take responsibility and engage in positive behaviour change.
- ... system level (system-wide policy or direct interventions or other accountability measures) it means there is a collective responsibility to keep perpetrators 'in view'. This ensures that perpetrators' use of violence and control is seen as unacceptable at a community level, and there are clear consequences for family violence, underpinned by legislation and compliance measures.

Perpetrator accountability includes:

- ... understanding and responding to the needs of victim survivors, their experiences of perpetrators' use of violence, and their views about the outcomes they are seeking to achieve
- ... prioritising women and children's safety through effective, coordinated and ongoing risk assessment and management⁴
- ... encouraging perpetrators to take responsibility for their actions, including the impact of their actions on family members such as intimate partners and their children
- ... providing options to assist perpetrators to gain insight into and awareness of their actions and change their behaviour, tailored to their risk profile
- ... a strong set of laws and legal processes that impose clear consequences and sanctions for perpetrators' violent and abusive behaviour and failure to comply with police interventions and court orders
- ... fostering collective responsibility among government and non-government agencies, the community and individuals for denouncing perpetrators' use of violence.

4 This includes a strong focus on information sharing and coordinated, collaborative practice between services.

6. WHO HAS A ROLE IN THE SERVICE SYSTEM?

Family violence risk assessment and management is a shared responsibility across Victoria's service system.

As the final report of the Royal Commission states:

Broadening responsibility for addressing family violence will require each sector or component part of the system to reinforce the work of others, collaborate with and trust others, to understand the experience of family violence in all its forms.⁵

Professionals from a broad range of services, organisations, professions and sectors have a shared responsibility for identifying, assessing and managing family violence risk, even where it may not be core business.

Together, they form the family violence service system, and are formally recognised and prescribed by regulation as 'framework organisations'. The full list of framework organisations is available online.

Many professionals who have not traditionally had a role in assessing and managing family violence risk with victim survivors or perpetrators will now need to be familiar with these processes.

You are not expected to become a family violence expert – but everyone has a role.

This will vary based on the nature of your organisation and the type of contact you have with people experiencing and using family violence.

The MARAM Framework and **Practice Guides** are designed to help professionals in the service system, spanning specialist family violence services, community services, health, justice and education, to work together in responding to family violence, supporting victim survivors to be safe and recover from violence, and keeping perpetrators in view and held to account.

⁵ State of Victoria 2016, *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132 (2014–16), Summary and recommendations, p. 7.

Given the prevalence of family violence, it is likely that most professionals and services across the community will come into contact with people experiencing and using family violence.

Any organisations not prescribed as 'framework organisations' can be guided by the MARAM Framework to identify how adult and child victim survivors can be better supported to disclose, be safe and recover from family violence, and to engage with perpetrators to invite personal accountability for their use of violence and motivate them to change.

While non-prescribed organisations and professionals are not required under the FVPA to align their policies, procedures, practice guidance and tools with the MARAM Framework, they are encouraged to do so.

This includes understanding the MARAM Framework and its application to their service users and incorporating relevant guidance on foundation knowledge and responsibilities into their work.

You may find the MARAM Framework and the **Practice Guides** can improve your response to family violence and assist with intervening earlier and connecting service users to the family violence service system.

6.1 WORKING WITH PERPETRATORS

Professionals across the service system have a role in keeping perpetrators engaged and in view of services, contributing to accountability for their use of family violence and supporting them to change their behaviour – whether directly or indirectly.

The Royal Commission identified opportunities for a broader range of professionals and sectors to play a role in the integrated family violence system and support identification, risk assessment and management of people who use violence.⁶ Working with people using violence can support professionals and the service system to keep victim survivors safe from violence. Identifying, assessing and managing family violence risk are crucial elements of a broad robust approach to perpetrator accountability.

⁶ Ibid., p. 1.



Your professional and sector role will determine your level of responsibility in relation to perpetrators, and guidance and tools are provided in the perpetrator-focused MARAM Practice Guide.

6.1.1 Increased risk arising from perpetrator interventions

Interventions with perpetrators may increase risk to adult and child victim survivors.

They may also increase a perpetrator's risk to themselves (from suicide or self-harm) or to professionals/community (such as threats to harm). Call Triple Zero (000) in an emergency or if there is imminent risk.

You should understand the potential for certain interventions to adversely affect people using violence from Aboriginal communities based on their connection, or lack of connection, to community and culture.

Seek secondary consultation with specialist Aboriginal community organisations to inform your understanding of interventions and their possible unintended effects.

Refer to your service's policies and procedures for working with service users both within agency environments and when conducting home visits or outreach activities.

If you have a role in also working with a victim survivor, consider if it is safe, appropriate and reasonable to contact them and share information about increased risk, or another service working with a victim survivor to respond to increased risk.

Plan your approach to assessment to support safe engagement.

You should also engage in reflective practice and supervision to explore both perceived and real risks to your own safety, including any fears you have of directly working with perpetrators.

In planning with your supervisor, determine required supports, ways to manage risks to yourself and the service user, and alternative arrangements, if appropriate, to support the engagement and monitoring of the person using violence.

Secondary consultation with specialists may support your safe engagement.

Share information with other engaged services to ensure support is provided for the victim survivor as needed, due to increased risk that may arise from some perpetrator interventions if not actively managed.

The *Organisation Embedding Guidance and Resources* contains more information on worker safety.

7. MARAM PRACTICE RESPONSIBILITIES FOR PROFESSIONALS

.....
Pillar 3 of the MARAM Framework outlines 10 Responsibilities of practice for professionals working in organisations and sectors across the family violence service system.

Organisational leaders will support professionals and services to identify which victim-survivor and perpetrator-focused MARAM Practice Guides are relevant for their role and functions.

The Practice Guides have been developed for working directly with service users (victim survivors and/or perpetrators).

Responsibilities 1, 2, 5, 6, 9 and 10 as outlined below **apply to all relevant professionals and services** within prescribed organisations.

Some professionals also have a role in risk assessment and management at either the intermediate (**Responsibilities 3 and 4**) or comprehensive (**Responsibilities 7 and 8**) levels.

All organisational leaders in prescribed framework organisations are required to understand the roles and responsibilities of professionals and services within their organisation.

Identifying and mapping these roles within and across the organisation will support shared understanding of roles and responsibilities.

This will help professionals and services to work together to identify, assess and manage family violence risk through information sharing, secondary consultation and referral.

REMEMBER

Professionals across a range of services and sectors have a role in working with victim survivors and/or perpetrators of family violence. The MARAM Practice Guides reflect what a professional should know to work with adult and child victim survivors, and adult perpetrators.

Table 1: Description of each practice responsibilities⁷

Risk assessment and management responsibilities	Expectations of framework organisations and section 191 agencies
Responsibility 1: Respectful, sensitive and safe engagement	Ensure staff understand the nature and dynamics of family violence, facilitate an appropriate, accessible, culturally responsive environment for safe disclosure of information by victim survivor service users, and to respond to disclosures sensitively. Ensure staff recognise that any engagement with a service user who may be a perpetrator must also be culturally responsive and respond to coercive behaviours in a safe, non-collusive way.
Responsibility 2: Identification of family violence	Ensure staff use information gained through engagement with service users and other providers (and in some cases, through use of screening tools to aid identification/or routine screening of all service users) to identify indicators of family violence risk and potentially affected family members. Ensure staff understand when it might be safe to ask questions of service users who may be a perpetrator, to assist with identification.

⁷ Note, some descriptions of expectations have been amended or corrected. This is due to change in definition or title of assessment or management tools, approaches. Further information on expectations for each responsibility is provided in the 'Learning objectives' section of each practice guide.



Risk assessment and management responsibilities

Responsibility 3:
Intermediate risk assessment

Expectations of framework organisations and section 191 agencies

Ensure staff can competently and confidently conduct intermediate risk assessment of adult and child victim survivors using Structured Professional Judgement and appropriate tools, including the Brief and Intermediate Assessment tools.

Where appropriate to the role and mandate of the organisation or service, and when safe to do so, ensure staff can competently and confidently contribute to risk assessment through engagement with a perpetrator, including using Structured Professional Judgement and the Intermediate Assessment, and contribute to keeping them in view and accountable for their actions and behaviours.

Responsibility 4:
Intermediate risk management

Ensure staff actively address immediate risk and safety concerns relating to adult and child victim survivors, and undertake intermediate risk management, including safety planning.

Those working directly with perpetrators attempt intermediate risk management when safe to do so, including safety planning.

Risk assessment and management responsibilities

Expectations of framework organisations and section 191 agencies

Responsibility 5:

Seek consultation for comprehensive risk assessment, risk management and referrals

Ensure staff seek internal supervision and further consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators, and make active referrals for comprehensive specialist responses, if appropriate.

Responsibility 6:

Contribute to information sharing with other services (as authorised by legislation)

Ensure staff proactively share information relevant to the assessment and management of family violence risk and respond to requests to share information from other information sharing entities under the Family Violence Information Sharing Scheme, privacy law or other legislative authorisation.

Responsibility 7:

Comprehensive assessment

Ensure staff in specialist family violence positions are trained to undertake Comprehensive assessment of risks, needs and protective factors for adult and children victim survivors.

Ensure staff who specialise in working with perpetrators are trained and equipped to undertake Comprehensive risk and needs assessment to determine seriousness of risk of the perpetrator, tailored intervention and support options, and contribute to keeping them in view and accountable for their actions and behaviours.

Responsibility 8:

Comprehensive risk management and safety planning

Ensure staff in specialist family violence positions are trained to undertake comprehensive risk management through development, monitoring and actioning of safety plans (including ongoing risk assessment), in partnership with the adult or child victim survivor and support agencies.

Ensure staff who specialise in working with perpetrators are trained to undertake comprehensive risk management through development, monitoring and actioning of risk management plans (including information sharing); monitoring across the service system (including justice systems); and actions to hold perpetrators accountable for their actions. This can be through formal and informal system accountability mechanisms that support perpetrators' personal accountability, to accept responsibility for their actions, and work at the behaviour change process.

Responsibility 9:

Contribute to coordinated risk management

Ensure staff contribute to coordinated risk management, as part of integrated, multidisciplinary and multiagency approaches, including information sharing, referrals, action planning, coordination of responses and collaborative action acquittal.

Responsibility 10:

Collaborate for ongoing risk assessment and risk management

Ensure staff are equipped to play an ongoing role in collaboratively monitoring, assessing and managing risk over time to identify changes in assessed level of risk and ensure risk management and safety plans are responsive to changed circumstances, including escalation. Ensure safety plans are enacted.

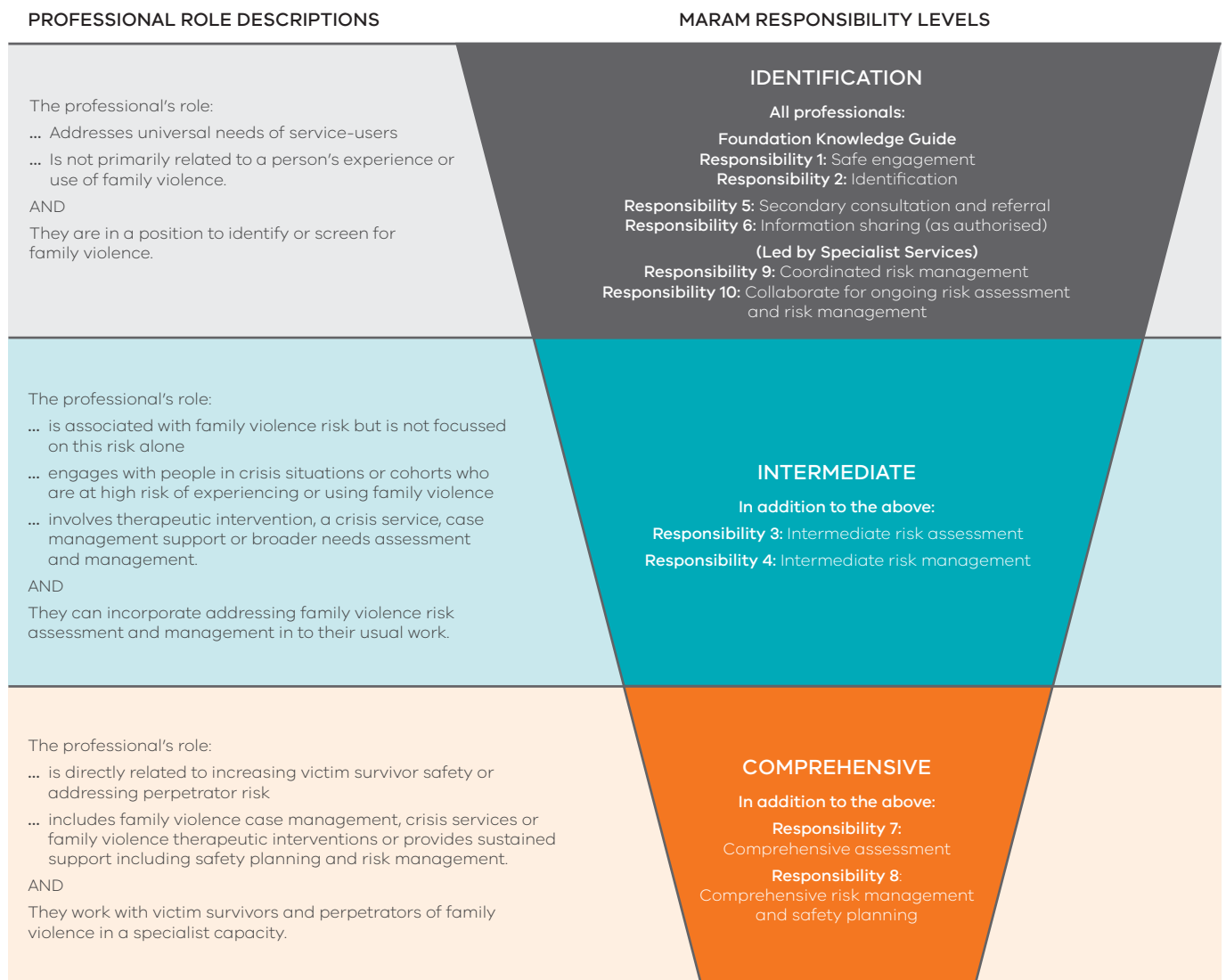
The *Organisation Embedding Guidance and Resources and the Responding to family violence capability framework* provides information for organisational leaders on how to support their staff to identify the 10 Responsibilities that apply to their roles and services.

The relevant knowledge and skill indicators have been considered in the development of these **MARAM Practice Guides** for the MARAM Framework.

The MARAM Framework and Practice Guides should be interpreted to complement and build on existing practice frameworks, that will also continue to apply.

A high-level description of the MARAM Responsibilities and role descriptions are in **Figure 2**.

Figure 2: MARAM responsibilities and role descriptions



7.1 HOW VICTIM SURVIVORS OR PERPETRATORS ACCESS THE SERVICE SYSTEM

Victim survivors and perpetrators of family violence can access or interact with the family violence service system in a number of ways including:

Having multiple entry points to the family violence service system means people can access the services they need and also be connected to appropriate support in relation to their experience or use of family violence.

Table 2: Entry points and services

Entry points	Description of service types
Specialist family violence and sexual assault services	Specialist family violence services ⁸ such as crisis refuge services and services that specialise in working with Aboriginal communities, diverse communities and older people experiencing family violence or using family violence Multi-Disciplinary Centres and sexual assault support services
The Orange Door	Specialist family violence services for adult and child victim survivors, child and family services, adult perpetrator services
Victim Support Agency	Specialist family violence responses for adult male victims
Prescribed justice and statutory bodies	Police, courts, tribunals and correctional services, services for victims of crime, Child Protection and legal services ⁹
Prescribed universal services	Education, social/public housing services, health services, maternal and child health services, state funded aged care services, mental health services, drug and alcohol services, disability services, financial counselling and community-based child and family services
Targeted community services	Services (in addition to community-specific specialist family violence services, above) with an expert knowledge of a particular diverse community and the responses required to address the unique needs and barriers faced by this group. Targeted services may also include community-specific services, such as ethno-specific, LGBTIQ and disability services that focus on primary prevention or early intervention.

A broad range of sectors and organisations serve as entry points for victim survivors and perpetrators¹⁰ through risk identification, assessment and risk

management, as appropriate to their role and the responsibilities embedded within their internal policy arrangements.

These sectors and organisations must also work with other services (such as specialist family violence services) to support coordinated and collaborative responses to family violence risk, such as sharing information to support risk assessment and management through secondary consultation.

8 Includes victim survivor specialist services and perpetrator intervention services, such as men's behaviour change and case management specialist services.

9 Legal services are currently not prescribed as framework organisations, but still have a role in identifying, assessing and managing risk.

10 The Royal Commission and the Expert Advisory Committee on Perpetrator Interventions identified key opportunity workforces to respond to intersections of behaviours linked to a perpetrator's circumstances, including mental health, alcohol and other drugs, housing/homelessness, community isolation, unemployment, connection with Child Protection, Victoria Police, courts and correction services.

8. ABOUT FAMILY VIOLENCE

.....
Family violence is behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety or wellbeing.
.....

It includes exposing a child to these behaviours, as well as their effects and impacts. Family violence presents across a spectrum of risk, ranging from subtle exploitation of power imbalances, through to escalating patterns of abuse over time.

As described throughout this *Foundation Knowledge Guide*, family violence is deeply gendered. While people of all genders can be perpetrators or victim survivors of family violence, overwhelmingly, perpetrators are men, who largely perpetrate violence against women (who are their current or former partner) and children.

However, family violence can occur in a range of ways across different relationship types and communities, including but not limited to the following:

- ... children and young people as victim survivors in their own right who have unique experiences, vulnerabilities and needs
- ... older peoples' experiences of family violence, often described as elder abuse, from intimate partners, adult children or carers, or extended family members
- ... varying experiences of family violence for people from Aboriginal communities may occur in intimate relationships, other family relationships, from people outside of the Aboriginal community who are in intimate relationships with Aboriginal people, and violence in extended families, kinship networks and community violence, or lateral violence, within the Aboriginal community (often between Aboriginal families). It extends to one-on-one fighting, abuse of Aboriginal community workers, as well as self-harm, injury and suicide¹¹
- ... experiences of family violence for people from diverse communities, including in intimate relationships, extended family networks community violence and violence from a family of origin.

The FVPA provides a broad definition of family violence and 'family' or 'family-like' relationships, as outlined below. Family violence takes a variety of forms and occurs in a range of relationships, including and outside of intimate, domestic partners. The Preamble to the FVPA also notes a range of features of family violence and its significant effects on individuals, communities and families.

8.1 HOW THE ACT DEFINES FAMILY VIOLENCE

The FVPA defines family violence as behaviour by a person towards a family member or person that is:

- ... physically or sexually abusive
- ... emotionally or psychologically abusive
- ... economically abusive
- ... threatening
- ... coercive
- ... in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

It also includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to in these ways.

Examples of family violence that are referred to in the Act (s. 5(2)) include:

- ... assaulting or causing personal injury to a family member, or threatening to do so
- ... sexually assaulting a family member or engaging in another form of sexually coercive behaviour, or threatening to engage in such behaviour
- ... intentionally damaging a family member's property, or threatening to do so
- ... unlawfully depriving a family member of their liberty or threatening to do so
- ... causing or threatening to cause the death of, or injury to, an animal, whether or not the animal belongs to the family member to whom the behaviour is directed, so as to control, dominate or coerce the family member.

¹¹ Victorian Indigenous Family Violence Taskforce 2003, definition used in Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*, State Government of Victoria, Melbourne.

Coercive control

Coercive control is recognised within the FVPA, where family violence is framed as 'patterns of abuse over a period of time', inclusive of behaviours that coerce, control and dominate family members.¹² Coercive control is central to the definition of family violence within Victoria and understanding of risk identification and assessment.

Coercive control is not a standalone form of family violence. The term reflects the pattern and underlying feature or dynamic created by a perpetrator's tactics and use of family violence and its felt impact or outcome on victim survivors.¹³ As a tactic, coercive control can include any combination of family violence behaviours (risk factors) used by a perpetrator to create a pattern or 'system of behaviours' intended to harm, punish, frighten, dominate, isolate, degrade, monitor or stalk,¹⁴ regulate and subordinate the victim survivor.

Coercive controlling behaviours may or may not include physical or sexual assault or threats to kill the adult or child victim survivor. However, the use or threat of these behaviours, even once, can create significant, ongoing threat of reoccurrence, creating and reinforcing an environment of coercive control.

The power and control dynamics underpinning family violence can have significant cumulative psychological, spiritual and cultural, physical and financial impacts on victim survivors. This can undermine a victim's autonomy, capacity for resistance and sense of identity and self-worth.¹⁵ A victim survivor can feel trapped within their experience of coercive control, where their options for accessing safety and support are removed, restricted or regulated.¹⁶

High levels of coercive control are an indicator for increased likelihood of adult or child victim survivor/s being killed or seriously injured.

Recognising patterns of behaviour that underpin coercive control can enable broader recognition of family violence outside of overt or discrete 'incidents' of physical and sexual violence.

¹² *Family Violence Protection Act 2008 (Vic)*, s. 5.

¹³ Victim survivors who use force in response to a predominant aggressor/perpetrator are not identified as perpetrators for the purpose of assessing coercive control. Guidance on assessing predominant aggressor is included in the MARAM Practice Guides.

¹⁴ Stalking and monitoring behaviour includes technology-facilitated abuse that enables the perpetrator's surveillance of the victim survivor and can be the method for delivery of threatening behaviour.

¹⁵ Stark E 2009, 'Rethinking coercive control', *Violence against Women*, vol. 15, no. 12, pp. 1509–25; Westmarland N and Kelly L 2013, 'Why extending measurements of "success" in domestic violence perpetrator programmes matters for social work', *British Journal of Social Work*, vol. 43, no. 6, pp. 1092–1110.

¹⁶ Scope defined in reference to Stark E 2020, 'The "Coercive Control Framework": What makes law work for women?', *Criminalising Coercive Control*, pp. 33–49.

Recognised forms of family violence under the FVPA are continuously evolving as the evidence base on presentations of risk across communities is strengthened. This guide seeks to provide information on presentations of risk for individuals and families across the community and will be updated as the evidence base for practice evolves.

Family violence can occur in relationships between spouses, domestic or other current or former intimate partner relationships,¹⁷ in other relationships such as parent/carer–child, child–parent/carer, siblings and other relatives, including between adult–adult, extended family members and in-laws, kinship networks and in family-like or carer relationships. There may be more than one person using or experiencing family violence in the family, in a range of different relationship types.

The FVPA uses a broad definition of ‘family’ and ‘family-like’ relationships, covering:

- ... a person who is, or has been, the relevant person’s spouse or domestic partner
- ... a person who is, or has had, an intimate personal relationship with the relevant person
- ... a person who is, or has been, a relative of the relevant person
- ... a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis
- ... a child of a person who has, or has had, an intimate personal relationship with the relevant person
- ... any other person whom the relevant person regards or regarded as being like a family member (for example, a carer).

Determining whether a person is a family member must consider relationships in their entirety. Section 8 of the FVPA provides some guidance on how to determine this.

¹⁷ There may be family violence occurring in more than one intimate partner relationship, such as if there are non-monogamy or multiple partner relationships.

Aboriginal communities define family violence to include a range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.¹⁸

The Dhelk Dja definition of family violence acknowledges the impact of violence by non-Aboriginal people against Aboriginal partners, children, young people and extended family on spiritual and cultural rights, which manifests as exclusion or isolation from Aboriginal culture and/or community.¹⁹

Family violence against Aboriginal people also needs to be understood in the context of structural inequality, barriers and past and present discrimination experienced by Aboriginal people, further outlined in **Section 12.1.4**, ‘Family violence against Aboriginal people and communities’.

8.2 FAMILY VIOLENCE THAT IS A CRIMINAL OFFENCE

Family violence includes a continuum of behaviours, some of which are criminal offences.

Action can be taken against perpetrators for some acts of family violence that are criminal offences in their own right, such as stalking, physical assault, sexual assault, threats, pet abuse, property damage and theft.

Some risk factors that are recognised as family violence (both criminal and non-criminal behaviours) may be the subject of a family violence intervention order.

¹⁸ Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*, State Government of Victoria, Melbourne.

¹⁹ Definition of family violence in *Ibid.*, p. 7. Professionals should read and be guided by the full definition of family violence and principles outlined in *Dhelk Dja* to complement practice approaches for working with Aboriginal communities under the MARAM Framework and Practice Guides.

A breach²⁰ of an intervention order could also result in criminal charges.

In Victoria, family violence offences fall under two major categories:

- ... contravention of a family violence intervention order (FVIO) or a family violence safety notice
- ... criminal offences within a family violence context such as assault, property damage, stalking or threatening behaviour, sexual offences, theft and kidnapping or abduction.

8.3 PREVALENCE AND DRIVERS OF FAMILY VIOLENCE

Family violence is a **deeply gendered** issue rooted in structural inequalities and an imbalance of power between women and men.

The causes of family violence are complex. They include gender inequality and community attitudes towards women.

Gender-based violence is any form of violence targeting a person on the basis of their gender or gender presentation. It is recognised that gender-based violence disproportionality effects women.

In Victoria, family violence is the most pervasive form of violence perpetrated against women.

While people of all genders can be perpetrators or victim survivors of family violence, overwhelmingly, perpetrators are men, who largely perpetrate violence against women (who are their current or former partner) and children.

20 Note, 'breach' is used throughout these guides as it is the term used across the broader service system. Some statutory settings may use the term 'contravention' which has the same meaning

The majority of men who experience family violence are victim survivors of other male family members' use of violence.

The 2021 National Homicide Monitoring Program report found women are over-represented as victims of intimate partner homicide.²¹ On average, one woman each week is killed by a current or former male intimate partner, who in the overwhelming majority (92.6 per cent) of cases was a primary perpetrator.²² In comparison, one man each month is killed by a current or former intimate partner, and similarly the majority of men in these cases were the primary perpetrator (60.7 per cent)²³.

Women are also more likely to experience sexual violence from a current or former intimate partner.

Due to co-occurring structural inequalities, some women experience significantly higher levels of violence generally, including family violence.

Significantly, as outlined in the MARAM Framework, Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault.

Women and girls with disabilities are twice as likely to experience violence as those without disabilities.

Children are victim survivors of family violence whether they are directly targeted by the person using violence or not. They may be subject to direct physical, sexual, psychological or emotional violence, or to threatening, coercive and controlling behaviours by a perpetrator.

Children and young people also experience family violence as victim survivors if they are exposed to the effects of a perpetrator's violence towards any family member, even if they do not witness that violence directly.

21 Women comprised 73 per cent of all intimate partner homicides in Australia during the 2018–19 reporting period; Bricknell S and Doherty L 2021, *Homicide in Australia 2018–19*, statistical report no. 34, Australian Institute of Criminology, Canberra.

22 Australian Domestic and Family Violence Death Review Network 2018, *Australian Domestic and Family Violence Death Review Network: 2018 data report*, ADFVDRN, Sydney, p. xii.

23 *Ibid.*, p. xii.

The Royal Commission highlights that due to under-reporting of family violence and the lack of comprehensive data collection, it is difficult to assess the full extent to which children and young people experience family violence in Victoria. Children are often present or affected by family violence that occurs in the home.²⁴

Where family violence is occurring in a family, there may be multiple perpetrators and/or victim survivors. In 2019–20, Victoria Police attended 88,214 family incidents, and children were recorded as present at 29.8 per cent of these incidents where a parent/carer, was named as the affected family member.²⁵ In this time, period, children aged 17 years or younger were recorded as affected family members in 8.1 per cent of incidents.²⁶ The average age of children identified as affected family members or witnesses to family violence incidents was 12.4 years.²⁷

In addition to gendered drivers, other drivers of family violence reflect structural inequality and discrimination. These include, but are not limited to, patriarchy, colonisation, racism, sexism, ableism, ageism, biphobia, homophobia and transphobia.²⁸

People from communities such as LGBTIQ communities, culturally, linguistically and faith-diverse and Aboriginal communities, may have a broad definition of family. This may include family of origin and family of choice, which can extend to close community members. The presentations of risk in each of these family relationships may be different.

24 State of Victoria 2016, *Royal Commission into Family Violence: Report and recommendations*, Vol II, Parl Paper No 132 (2014–16), p. 103.

25 Crime Statistics Agency, 'Family Violence Data Portal – Victoria Police, Youth involved family incidents', <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>>, accessed May 2021. This data relates to police-attended incidents only. It does not capture family violence experienced by children that is police attended.

26 Ibid.

27 Ibid.

28 Biphobia, homophobia and transphobia are the outcome of cisnormativity and heteronormativity.

In all these cases, family violence is characterised by ongoing patterns of coercive and controlling behaviours intended to create fear and/or compliance in victim survivors.

The drivers of family violence and family violence risk behaviours (risk factors) can occur across all relationship types and communities; however, they manifest in particular patterns within and towards Aboriginal communities, diverse communities and at various stages across the lifespan.

Family violence behaviours are produced by a complex relationship between a perpetrator's thoughts, emotional responses, social learning and cultural factors. These can be challenging to distinguish from one another.

None of these factors excuse the use of family violence.

The use of family violence is a choice for which the perpetrator is ultimately responsible.

In the context of the broader family violence system, it is important that people who use violence are held accountable for their behaviour through both legal sanctions and service responses that encourage safety, change and taking personal responsibility.

Further information about presentations of risk across communities is outlined in **the community-specific sections** of this *Foundation Knowledge Guide* in **Section 12**. This includes prevalence and impact on victim survivors across age groups, Aboriginal communities, diverse communities and older people, and it outlines the behaviour and use of family violence by perpetrators in these communities.

9. EVIDENCE-BASED RISK FACTORS AND THE MARAM RISK ASSESSMENT TOOLS

There are three categories of risk factors under the MARAM Framework, comprising those that are:

- ... specific to an adult victim survivor's circumstances
- ... caused by a perpetrator's behaviour towards an adult or child victim survivor
- ... additional risk factors caused by a perpetrator's behaviour specific to children, which recognises that children experience some unique risk factors, and that their risk must be assessed independently of adult victim survivors.

There is also a separate category reflecting children's circumstances that may indicate (not determine in isolation) that family violence is present or escalating and should prompt assessment of children.

The risk factors reflect the current and emerging evidence base relating to family violence risk.

International evidence-based reviews²⁹ and consultation with academics and expert professionals have informed the development of a range of evidence-based risk factors that signal that family violence may be occurring.

This practice guidance is concerned with risk factors associated with an **adult** perpetrator's family violence behaviours towards adult and child victim survivors.

Each perpetrator's patterns of behaviour towards adult and child victim survivor(s) can be understood as **coercive and controlling behaviour**, or coercive control.

²⁹ Evidence-based risk factors developed in international jurisdictions, and in Australia, are largely derived from reviews of coronial inquests into family violence homicides.

Perpetrators exert coercive control using a range of behaviours over time, and their effect is cumulative.

Coercive control can be exerted through **any combination or pattern** of the evidence-based risk factors.

It is often demonstrated through patterned behaviours of emotional, financial abuse and isolation, stalking (including monitoring of technology), controlling behaviours, to choking/strangulation, sexual and physical violence.

One occurrence of family violence behaviour can create the dynamic of ongoing coercion or control, due to the threat of possible future family violence behaviour and the resultant ongoing fear, even if 'high-risk' behaviours do not re-occur.

The implication for professionals working with perpetrators of family violence is that narratives and behaviours that appear innocuous may in fact be part of a pattern of behaviour making victim survivors feel unsafe and elevating their level of risk.

In addition, understanding adult and child victim survivors' and perpetrators' broader needs and circumstances can help you to identify, assess and manage risk according to your level of MARAM responsibility.

In Table 3, emerging evidence-informed family violence risk factors are indicated with a hash (#).

Serious risk factors — those that may indicate an increased risk of the victim being killed or almost killed — are highlighted with **shading**.

Table 3: Evidence-based risk factors

Risk factors relevant to an adult victim's circumstances	Explanation
Physical assault while pregnant/following new birth	Family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family violence during pregnancy is regarded as a significant indicator of future harm to the woman and child victim. This factor is associated with control and escalation of violence already occurring.
Self-assessed level of risk[#]	Victims are often good predictors of their own level of safety and risk, including as a predictor of re-assault. Professionals should be aware that some victims may communicate a feeling of safety, or minimise their level of risk, due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear, and may still be at risk.
Planning to leave or recent separation	For victims who are experiencing family violence, the high-risk periods include when a victim starts planning to leave, immediately prior to taking action, and during the initial stages of or immediately after separation. Victims who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase the risk of lethal assault. Victims (adult or child) are particularly at risk during the first two months of separation.
Escalation — increase in severity and/or frequency of violence	Violence occurring more often or becoming worse is associated with increased risk of lethal outcomes for victims.
Imminence[#]	Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly family court proceedings, release from prison, relocation, or other matters outside the control of the victim which may imminently impact their level of risk.
Financial abuse/difficulties	Financial abuse (across socioeconomic groups), financial stress and gambling addiction, particularly of the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship.

Risk factors for adult or child victim survivors caused by perpetrator behaviours

Explanation

<p>Controlling behaviours</p>	<p>Use of controlling behaviours is strongly linked to homicide. Perpetrators who feel entitled to get their way, irrespective of the views and needs of, or impact on, others are more likely to use various forms of violence against their victim, including sexual violence. Perpetrators may express ownership over family members as an articulation of control. Examples of controlling behaviours include the perpetrator telling the victim how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car. Perpetrators may also use third parties to monitor and control a victim or use systems and services as a form of control over a victim, such as intervention orders and family court proceedings.</p>
<p>Access to weapons</p>	<p>A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim or victims, or to destroy property. Perpetrators with access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim or victims than perpetrators without access to weapons.</p>
<p>Use of weapon in most recent event</p>	<p>Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour.</p>
<p>Has ever harmed or threatened to harm victim or family members</p>	<p>Psychological and emotional abuse are good predictors of continued abuse, including physical abuse. Previous physical assaults also predict future assaults. Threats by the perpetrator to hurt or cause actual harm to family members, including extended family members, in Australia or overseas, can be a way of controlling the victim through fear.</p>
<p>Has ever tried to strangle or choke the victim</p>	<p>Strangulation or choking is a common method used by perpetrators to kill victims. It is also linked to a general increased lethality risk to a current or former partner. Loss of consciousness, including from forced restriction of airflow or blood flow to the brain, is linked to increased risk of lethality (both at the time of assault and in the following period of time) and hospitalisations, and of acquired brain injury.</p>
<p>Has ever threatened to kill victim</p>	<p>Evidence shows that a perpetrator's threat to kill a victim (adult or child) is often genuine and should be taken seriously, particularly where the perpetrator has been specific or detailed, or used other forms of violence in conjunction to the threat indicating an increased risk of carrying out the threat, such as strangulation and physical violence. This includes where there are multiple victims, such as where there has been a history of family violence between intimate partners, and threats to kill or harm another family member or child/children.</p>

Has ever harmed or threatened to harm or kill pets or other animals	There is a correlation between cruelty to animals and family violence, including a direct link between family violence and pets being abused or killed. Abuse or threats of abuse against pets may be used by perpetrators to control family members.
Has ever threatened or tried to self-harm or commit suicide	Threats or attempts to self-harm or commit suicide are a risk factor for murder–suicide. This factor is an extreme extension of controlling behaviours.
Stalking of victim	Stalkers are more likely to be violent if they have had an intimate relationship with the victim, including during, following separation and including when the victim has commenced a new relationship. Stalking when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and apps is a type of stalking.
Sexual assault of victim	Perpetrators who sexually assault their victim (adult or child) are also more likely to use other forms of violence against them.
Previous or current breach of court orders/intervention orders	Breaching an intervention order, or any other order with family violence protection conditions, indicates the accused is not willing to abide by the orders of a court. It also indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.
History of family violence[#]	Perpetrators with a history of family violence are more likely to continue to use violence against family members and in new relationships.
History of violent behaviour (not family violence)	Perpetrators with a history of violence are more likely to use violence against family members. This can occur even if the violence has not previously been directed towards family members. The nature of the violence may include credible threats or use of weapons and attempted or actual assaults. Perpetrators who are violent men generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past. A history of criminal justice system involvement (for example, amount of time and number of occasions in and out of prison) is linked with family violence risk.
Obsession/jealous behaviour toward victim	A perpetrator's obsessive and/or excessive behaviour when experiencing jealousy is often related to controlling behaviours founded in rigid beliefs about gender roles and ownership of victims and has been linked to violent attacks.
Unemployed / Disengaged from education	A perpetrator's unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status — such as being terminated and/or retrenched — may be associated with increased risk. Disengagement from education has similar associated risks to unemployment.

Drug and/or alcohol misuse/abuse	Perpetrators with a serious problem with illicit drugs, alcohol, prescription drugs or inhalants can lead to impairment in social functioning and creates an increased risk of family violence. This includes temporary drug-induced psychosis.
Mental illness / Depression	Murder–suicide outcomes in family violence have been associated with perpetrators who have mental illness, particularly depression. Mental illness may be linked with escalation, frequency and severity of violence.
Isolation	A victim is more vulnerable if isolated from family, friends, their community (including cultural) and the wider community and other social networks. Isolation also increases the likelihood of violence and is not simply geographic. Other examples of isolation include systemic factors that limit social interaction or facilitate the perpetrator not allowing the victim to have social interaction.
Physical harm#	Physical harm is an act of family violence and is an indicator of increased risk of continued or escalation in severity of violence. The severity and frequency of physical harm against the victim, and the nature of the physical harm tactics, informs an understanding of the severity of risk the victim may be facing. Physical harm resulting in head trauma is linked to increased risk of lethality and hospitalisations, and of acquired brain injury.
Emotional abuse#	Perpetrators’ use of emotional abuse can have significant impacts on the victim’s physical and mental health. Emotional abuse is used as a method to control the victim and keep them from seeking assistance.
Property damage#	Property damage is a method of controlling the victim, through fear and intimidation. It can also contribute to financial abuse, when property damage results in a need to finance repairs.
Risk factors specific to children caused by perpetrator behaviours	Explanation (these are in addition to the risk factors for adult or child victims caused by perpetrator behaviours, above.)
Exposure to family violence#	Children are impacted, both directly and indirectly, by family violence, including the effects of family violence on the physical environment or the control of other adult or child family members. ³⁰ Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family. Children’s exposure to violence may also be direct, include the perpetrator’s use of control and coercion over the child, or physical violence. The effects on children experiencing family violence include impacts on development, social and emotional wellbeing, and possible cumulative harm.

30 This can occur where family violence by a perpetrator causes the emotional or physical absence of other adult or child family members who would normally care for that child.

Sexualised behaviours towards a child by the perpetrator[#]

There is a strong link between family violence and sexual abuse. Perpetrators who demonstrate sexualised behaviours towards a child are also more likely to use other forms of violence against them, such as:³¹

- ... talking to a child in a sexually explicit way
- ... sending sexual messages or emails to a child
- ... exposing a child to sexual acts (including showing pornography to a child)
- ... having a child pose or perform in a sexual manner (including child sexual exploitation).

Child sexual abuse also includes circumstances where a child may be manipulated into believing they have brought the abuse on themselves, or that the abuse is an expression of love, through a process of grooming.

Child intervention in violence[#]

Children are more likely to be harmed by the perpetrator if they engage in protective behaviours for other family members or become physically or verbally involved in the violence.

Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence.

Behaviour indicating non return of child[#]

Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent.³² This risk factor includes failure to adhere to, or the undermining of, agreed childcare arrangements (or threatening to do so), threatened or actual removal of children overseas, returning children late, or not responding to contact from the affected parent when children are in the perpetrator's care. This risk arises from or is linked to entitlement-based attitudes and a perpetrator's sense of ownership over children. The behaviour is used as a way to control the adult victim, but also poses a serious risk to the child's psychological, developmental and emotional wellbeing.

Undermining the child–parent relationship[#]

Perpetrators often engage in behaviours that cause damage to the relationship between the adult victim and their child/children. These can include tactics to undermine capacity and confidence in parenting and undermining the child–parent relationship, including manipulation of the child's perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children, and it indicates the perpetrator's willingness to involve children in their abuse.

Professional and statutory intervention[#]

Involvement of Child Protection, counsellors, or other professionals indicates that the violence has escalated to a level where intervention is required and indicates a serious risk to a child's psychological, developmental and emotional wellbeing.

³¹ These examples of sexualised behaviour toward children are crimes.

³² This refers to behaviours where this is used as a tactic of a perpetrator for power and control, not actions of a parent/carer to keep their child/children safe from a perpetrator.

There is evidence that the following child circumstance factors may indicate the presence or escalation of family violence risk. If any of these are present, you should undertake an assessment of risk for children.

**Risk factors
specific to
children’s
circumstances**

Explanation

<p>History of professional involvement and/or statutory intervention[#]</p>	<p>A history of involvement of Child Protection, youth justice, mental health professionals, or other relevant professionals may indicate the presence of family violence risk, including that family violence has escalated to the level where the child requires intervention or other service support.³³</p>
<p>Change in behaviour not explained by other causes[#]</p>	<p>A change in the behaviour of a child that cannot be explained by other causes may indicate presence of family violence or an escalation of risk of harm from family violence for the child or other family members. Children may not always verbally communicate their concerns, but may change their behaviours to respond to and manage their own risk, which may include responses such as becoming hypervigilant, aggressive, withdrawn or overly compliant.</p>
<p>Child is a victim of other forms of harm[#]</p>	<p>Children’s exposure to family violence may occur within an environment of polyvictimisation. Child victims of family violence are also particularly vulnerable to further harm from opportunistic perpetrators outside the family, such as harassment, grooming and physical or sexual assault. Conversely, children who have experienced these other forms of harm are more susceptible to recurrent victimisation over their lifetimes, including family violence, and are more likely to suffer significant cumulative effects. Therefore, if a child is a victim of other forms of harm, this may indicate an elevated family violence risk.</p>

9.1 USING ASSESSMENT TOOLS TO IDENTIFY AND ASSESS RISK TO VICTIM SURVIVORS

The risk factors above are central to the identification, screening and assessment processes of **Responsibilities 2, 3 and 7** outlined in the MARAM Practice Guides.

Identification and screening with victim survivors helps you understand if risk is present, and to decide whether an immediate response is required.

Family violence risk assessment is used to understand the presentation of risk (what risk factors or ‘behaviours’ are being used by a perpetrator) and to determine level of risk. This is informed by analysing the presence and ‘seriousness’ of evidence-based risk factors and pattern of coercive control via a MARAM risk assessment tool.

The evidence-based risk factors are associated with family violence occurring **and/or** strongly linked to the likelihood of a perpetrator killing or seriously injuring a victim survivor.

³³ This is where family violence is established as present through risk assessment. In some instances, engagement with, for example, child protection, has been instigated as a controlling behaviour by one party over another.

In addition, the victim survivor–focused *MARAM Practice Guides* describe how risk factors might be experienced in Aboriginal communities, diverse communities and for older people, children and young people. The victim survivor–focused risk assessment tools provide specific questions tailored to these communities to help determine if risk factors are present.

For example, for people with disabilities, the comprehensive assessment tool asks whether anyone in the person’s family has used their disability against them (a manifestation of the ‘controlling behaviours’ risk factor for people with disabilities).

New evidence will emerge as professionals use the MARAM assessment tools and Practice Guides, which account for a broad range of experiences across the spectrum of seriousness and presentations of risk.

This will inform continuous improvement and practice change through future updates to the MARAM Framework and Practice Guides.

9.2 USING ASSESSMENT TOOLS TO IDENTIFY AND ASSESS RISK BY PERPETRATORS

Victim survivor safety is the primary consideration when working with perpetrators.

When identifying and assessing the risk presented by perpetrators, professionals use their understanding of how family violence risk factors and patterns of family violence behaviours are targeted towards, and experienced by, adult and child victim survivors.

The MARAM risk factors also underpin the design of the perpetrator-focused identification and assessment tools under **Responsibilities 2, 3 and 7** of the perpetrator-focused MARAM Practice Guides.

A person’s narratives, behaviours, presenting needs and circumstances can support identification of indicators or risk factors demonstrating their use of family violence behaviours.

The perpetrator-focused risk identification and assessment tools support observation, information gathering, contextualisation of presenting needs and circumstances and processes for direct assessment of the perpetrator, without colluding with or minimising or justifying their use of violence. The assessment tools also enable identification of patterns of coercive and controlling behaviours, points of escalation and opportunities for intervention.

In addition, these tools support information sharing to ensure the experience of the victim survivor is central to assessing the level of risk and developing risk management interventions.

You should determine victim survivors’ identity, circumstances, impacts of disadvantage or lived experience in order to understand how perpetrators may target these as part of their pattern of coercive controlling behaviour.

You should also be aware that perpetrators’ own lives are complex, and they may have had experiences of family violence (for example, when they were children) and other forms of discrimination and oppression.

Understanding perpetrators in their context is important to support more accurate identification, risk assessment and tailored risk management plans.

10. KEY CONCEPTS FOR PRACTICE

This section includes discussion of the following practice concepts and their relevance to victim survivor-centred practice. They are:

- ... Structured Professional Judgement
- ... person-centred approaches
- ... intersectional approaches
- ... trauma and violence-informed approaches
- ... safe, non-collusive practice
- ... reflective practice and unconscious bias
- ... risk management approaches.

Each practice concept in this section can be applied to working with both victim survivors and perpetrators of family violence.

However, when working with perpetrators, you should maintain a focus on the experience of victim survivors and the impact of violence caused by the person using violence.

You can do this by remembering:

- ... to hold the victim survivor's experience and safety at the centre of your assessment when engaging directly with the perpetrator
- ... perpetrators target aspects of a victim survivor's identity, circumstances and experiences as part of their tactics and pattern of behaviour used to coerce and control them
- ... each perpetrator has their own identity, circumstances and experiences that affect their choice to use violence, the risk they present to family members, and their engagement with your service.

Information contained throughout the remainder of this *Foundation Knowledge Guide* will vary in language from the general 'professionals' to the specific 'you'.

This information applies to all professionals, and you should consider the information as addressing you when either term is used.

10.1 STRUCTURED PROFESSIONAL JUDGEMENT

Using the practice model of Structured Professional Judgement allows you to assess information and determine the level or seriousness of risk to the victim survivor.

As a professional, you bring your experience, skills and knowledge to the risk assessment process to make an assessment.

10.1.1 Applying Structured Professional Judgement

When working with victim survivors, risk assessment relies on you or another professional ascertaining:

- ... a victim survivor's self-assessment of their level of risk, fear and safety
- ... the evidence-based risk factors that are present.

You can gather information to inform this approach from a variety of sources, including:

- ... interviewing or 'assessing' the victim survivor directly or, where it is your role to do so, observing or assessing the perpetrator's narratives, behaviours and their individual context and circumstances
- ... reviewing any information held by your organisation about the victim survivor or perpetrator
- ... requesting or sharing information, as authorised under applicable legislative Information Sharing Schemes, with other organisations about the risk factors present or other family violence risk-relevant information about a victim or perpetrator's circumstances.

You should consider this information and apply your professional judgement to each of the elements. This is the act of you analysing and interpreting information to determine the level of risk.

Figure 3: Model of Structured Professional Judgement



Assessing risk

Risk assessment is a point-in-time assessment of the level of risk. Risk is dynamic and can change over time. This means you should regularly review risk, and any changes should inform future assessment and risk management.

Your assessment of the level of risk, as well as appropriate risk management actions and approaches, must be informed by an intersectional analysis.

You should also consider relevant information about a victim survivor or perpetrator's circumstances.

Best-practice approaches to risk assessment with a victim survivor enables them to share their story with you by you believing them about:

- ... their experience of violence
- ... the relationship
- ... how this has affected any children in the family (that is, understanding the risk experienced by children as victim survivors in their own right, which may also be informed by direct assessment of children)
- ... patterns of beliefs, attitudes and behaviours of the perpetrator.

Evidence shows that adult victim survivors are often good predictors of their own level of safety and risk, and that this is the most accurate assessment of their level of risk.

By taking a person or victim-centred approach to risk assessment and management – listening to, partnering with and believing the victim survivor – you can recognise the victim survivor as experts in their own safety, with intimate knowledge of their lived experience of violence.

Sections 10.2 provides further detail on a victim-centred approach and applying an intersectional lens to family violence risk assessment and risk management.

10.1.2 Using Structured Professional Judgement with perpetrators

When you use Structured Professional Judgement when working with perpetrators, you must continue to centre the experience of the adult or child victim survivor. This is the case even when you do not work directly with the victim survivor to hear their own assessment of their level of risk.

When working directly with perpetrators, the practice of Structured Professional Judgement requires the following:

- ... Always centre the lived experience and risk to the victim survivor during your assessment by:
 - ... observing behaviours or narratives disclosing family violence towards the adult or child victim survivors, and about the recent/current situation
 - ... identifying overt and subtle violence-supporting narratives that indicate the person's beliefs and attitudes about rigid gender roles, entitlement, power and control in relationships, expectations about women and partners (generally), and children and service involvement
 - ... using your understanding of the impact of family violence in relation to any risk-relevant information disclosed or identified family violence behaviours. Remember that perpetrators will selectively disclose, if at all. They may disclose by way of seeking you to collude with their minimising, justifying or denying responsibility for their actions or behaviours



- ... seeking information from other services³⁴ to ascertain the victim survivors' self-assessment of risk to inform your assessment. Where this is not possible, you will need to rely on your understanding of the impacts of family violence to inform your assessment.
- ... Identify the evidence-based risk factors present – it is likely risk is higher than indicated by any disclosure by the perpetrator or observed signs and narratives.
- ... Request or share information, as authorised, about the risk factors present, observations and signs, or other relevant information about a perpetrator's risk and presenting needs and circumstances, to enable effective risk assessment and management.
- ... Apply intersectional analysis and your professional judgement throughout your assessment by:
 - ... identifying if a perpetrator's use of violence is patterned and targeting coercive controlling behaviours towards a victim's identity or lived experience
 - ... assessing, reflecting and seeking to understand the perpetrator's presentation and narrative in the context of their own identity and lived experience

³⁴ Authorisation to share adult victim survivor information under the Family Violence Information Sharing Scheme requires consent, unless there is serious risk, or the information is relevant to assessing child risk.

- ... identifying if there are structural inequalities or barriers to the perpetrator's engagement with you, and whether they can name, disclose or understand what constitutes violent behaviours.

Structured Professional Judgement: what's new?

The practice model of Structured Professional Judgement in the CRAF included **victim survivor self-assessment, evidence-based risk factors and professional judgement**. The MARAM Framework builds on this model and incorporates the new elements of **information sharing** and **intersectional analysis**. The model is applied when working directly with both victim survivors and perpetrators of violence.

10.2 PERSON-CENTRED APPROACHES

Using a person-centred approach can help you understand the profound impact violence has on adult and child victim survivors.

This approach gives the person space to describe the violence they have experienced, allowing you to sensitively identify presenting and cumulative risk and trauma.

As well as understanding their experience of family violence, you should also identify other factors in the victim survivor's life that may create barriers or increased risk.

A person-centred approach combines intersectional analysis and trauma-informed practice, allowing you to:

- ... validate experiences of violence and its ongoing impacts
- ... be aware of the person's experience of barriers, structural inequality and discrimination that may be co-occurring, which may also cause or exacerbate existing trauma.

You will then be able to tailor your responses to empower victim survivors to make informed choices and access services and supports they need.

10.2.1 Person-centred approaches with victim survivors



Your approach to engaging with victim survivors (adults and children) should be informed by the:

- ... person's experience of family violence
- ... impact of the perpetrator's violence on victim survivors' daily functioning and relationships
- ... presence of any serious threat/risk
- ... person's description of their relationship with the perpetrator
- ... person's relationship with other family members (who might also be victim survivors or using violence), as well as other significant family relationships.

Remember that victim survivors will have a variety of views regarding their experience of violence from the perpetrator, as well as their own risk, safety and support needs.

They may also feel ashamed or afraid to disclose their experiences of violence. Their views may change over the course of your engagement and assessment with them.

Your support and assessment should align with the victim survivor's own assessment of their risk, safety and support needs, where possible.

However, there may be times when, as a professional, you need to take action that does not align with a victim survivor's views and wishes regarding support and interventions.

In some cases, different family members may assess their risk to be at different levels.

An adult victim survivor may minimise risk if they are afraid the perpetrator may use further violence following an intervention, or that a child may be removed from the home. Similarly, a child or young person may also hold views and wishes that cannot be acted on for legal or safety reasons.

In all cases, it is important to be transparent, where safe, appropriate and reasonable, with both adult and child victim survivors about the decisions you make and actions you take in relation to family violence risk and safety.

For all victim survivors, approaches should respond to a person's abilities and capacity to communicate so that they can make **informed choices** and **provide input** into the risk assessment and management process.

This is especially important when your professional or service response goes against the views and wishes of the victim survivor.

Using a person-centred approach means **providing adequate, transparent information** to victim survivors.

For children and young people, this should be appropriate to their age and developmental stage.

Before undertaking a risk assessment, you should give all service users information about your information sharing authorisation, discussed in the victim survivor and perpetrator-focused **Responsibility 6**. When working with perpetrators you are not required to provide them with information that could increase risk to adult or child victim survivors.

10.2.2 Using a 'person in their context' approach with perpetrators

The key concepts of practice (person-centred, trauma-informed and intersectional analysis) are also relevant to working with people using family violence. However, when applying these approaches to working with perpetrators, it is essential to maintain a victim-centred lens.

Many aspects of a person-centred approach are applicable to working with perpetrators of family violence. Developing trust and rapport is critical to maintaining engagement with perpetrators, to respond to their presenting needs and circumstances and address their use of violence.

However, throughout your engagement, you must maintain a victim-centred lens and prioritise the views, needs and safety of victim survivors.

A 'person in their context' approach uses aspects of person-centred practice with perpetrators.

It identifies and takes into consideration the perpetrator's presenting needs, history and experiences, risks, strengths and environmental contexts or circumstances. It helps to build an understanding of the person's life experiences that inform their interactions and relationships with friends, family, community, services and society. This includes the values, norms and beliefs that shape their views and expectations. These are expressed in their narratives about their role and relationships, likelihood of continued violence and/or escalation over time, and barriers to personal accountability, safety and change.

In this way, considering the 'person in their context' can include the:

- ... person's experience of family violence as a child, in other family or previous relationships
- ... person's use of violence in previous relationships
- ... impact of their use of violence on victim survivors' and their own daily functioning and relationships, including their parenting role
- ... presence of any serious threat/risk to the victim survivor, themselves or another person
- ... person's description of their relationship with the victim survivor
- ... person's relationship with other family members (who might also be victim survivors or using violence), as well as other significant family relationships
- ... person's relationship with social, cultural and community networks
- ... presence of and relationship with professionals, services and systems
- ... any environmental factors that impact on their life.

Situating the 'person in their context' is an important starting point for your engagement with people you know or suspect are using family violence.

This includes developing an awareness and understanding of the:

- ... multiple ways that power is used and experienced within personal, family, community relationships and society broadly
- ... dynamics associated with the service user's behaviour towards others
- ... issues affecting their circumstances, health, wellbeing and needs
- ... protective or stabilising factors that minimise likelihood of harm to self and risk to others.

Remember that people who use family violence are not a homogenous group.

They will have a range of identities and variety of lived experiences that have shaped their historical and current behaviours, impact on their level of risk, and influence their capacity and willingness to change.

This contextual information informs your professional judgement, assists you to identify the person's needs, as well as those of adult and child victim survivors, and contributes to risk management activities.

10.3 INTERSECTIONAL APPROACHES



Both victim survivors and perpetrators of family violence may experience intersecting

forms of power and privilege, or discrimination and disadvantage.

Intersectionality, or intersectional analysis, is a theoretical approach recognising the interconnected nature of social categorisations and identities with experiences of structural oppression, discrimination and disadvantage.³⁵

The theory of intersectionality can help you to understand and examine power, privilege and oppression, and how these overlap or intersect in people's lives to reinforce and produce power hierarchies.

Many people's experience is shaped by multiple identities, circumstances or situations. Applying an intersectional lens means considering a person's whole, multi-layered identity and life experience to understand the ways in which they have, and may continue to, experience inequality and oppression.³⁶

This can shape a person's experience of the impact of family violence, the nature of a perpetrator's violent and controlling behaviours and access to services.

For example, if an Aboriginal person also identifies that they have a disability, you should respond in your risk assessment and management practice to address any combined associated barriers. This provides a respectful, safe and tailored approach (also refer to the victim survivor and perpetrator-focused **Responsibility 1**).

In this guide, intersectional analysis reflects an individual's age, gender identity, sexual orientation, ethnicity, cultural background, language, religion, visa status, class, socioeconomic status, ability (including physical, neurological, cognitive, sensory, intellectual or psychosocial impairment and/or disability) or geographic location.

³⁵ Adapted from Crenshaw K 1989, 'Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics', *The University of Chicago Legal Forum*, vol. 1989, pp. 139-167. In its original discourse, intersectional analysis focused on race and sex.

³⁶ State of Victoria 2019, *Everybody matters: inclusion and equity statement*, State of Victoria, Melbourne.

Gender and the drivers of family violence are critical to informing your understanding of intersectional analysis in the family violence practice context.

Structural inequality and discrimination create and amplify barriers and risk, which continue to exacerbate systemic marginalisation, power imbalance and social inequality.

Your organisation's policies, practices and procedures can either address these inequalities, or contribute to them further by privileging the dominant group and reinforcing the exclusion of people outside of it.

People and communities experience structural inequality, barriers and discrimination as oppression and domination. These relate to the impacts of patriarchy, colonisation and dispossession, racism, ableism, ageism, biphobia, homophobia and transphobia.

When applying an intersectional lens, you must reflect on and understand your own bias, so you can respond safely and appropriately in practice. You can use supervision with managers and engagement with colleagues to reflect on and respond to bias.

The *MARAM Practice Guides* provide extensive information about applying an intersectional analysis lens to working with both victim survivors and perpetrators.

10.3.1 Applying an intersectional lens

Experiences of structural inequality, barriers or discrimination can alter the way family violence is:

- ... experienced by individual victim survivors who identify as belonging to a community or communities
- ... perpetrated by people using violence who identify as belonging to a community, or from perpetrators outside of the community who are using violence against an individual who identifies as belonging to a community.

Using an intersectional approach with victim survivors

In many instances, these factors contribute to increased risk and amplify barriers to disclosure, service access and engagement.

Applying an intersectional analysis lens allows you to explore the impacts of systemic and interpersonal discrimination and disadvantage on marginalised groups.

This can influence how victim survivors:

- ... talk about, recognise and understand their experience of family violence by the perpetrator
- ... understand their options or decisions about what services to access based on actual or perceived barriers. This may be due to past discrimination or inadequate service responses from the service system, including from institutional or statutory services
- ... describe and/or are differently impacted by their experience of family violence by the perpetrator, and violence generally.

You should reflect on your own practice and biases in considering how Aboriginal people or people from culturally diverse communities or at-risk age groups may experience barriers, discrimination and inequality.

You should also consider where you can improve and tailor your practice approach to:

- ... improve people's access to resources or services, such as support to respond to family violence risk
- ... increase the social and economic power service users hold
- ... counteract the perceived negative self-worth and marginalisation of some groups, which may increase the probability of violence being used against them.

Using an intersectional approach with perpetrators

Intersectional analysis can also help you understand perpetrators' uses of violence against child and adult victim survivors, including how they:

- ... engage with the service system and seek help – based on actual or perceived barriers due to discrimination, inadequate service responses, negative beliefs about help-seeking (often associated with masculine identity)
- ... disclose and talk about their use of family violence – including how they understand, minimise, justify, or rationalise their use of violence
- ... engage in personal accountability and change – for example, motivations to change and perceptions of how accountability may present in particular ways for people from Aboriginal and diverse communities. This may be due to their particular identity, experience and place in relation to the community
- ... become ready or motivated to change, given any complex needs as well as internal and external motivators or barriers.

10.3.2 Professional reflection

To address potential barriers, person-centred practice uses an intersectional lens and adopts culturally sensitive and safe practices when undertaking risk assessment and management.

Professionals can also collaborate with organisations that specialise in supporting communities, to provide responsive and appropriate services (also refer to **Responsibilities 5 and 6**).

All family violence involves a perpetrator using patterns of coercive and controlling behaviours against one or more victim survivors.

Patterns of family violence behaviours can be recognised as manifesting in particular targeted ways when used against Aboriginal people, those from diverse communities and children, young people and older people.

The identities and experiences of both the victim survivor/s and the perpetrator inform the perpetrator's choices to use coercive, controlling and violent behaviour.

These behaviours often target the identity or perceived 'vulnerability' of the victim survivor. This includes exploiting the victim survivor's experience of structural inequality, barriers or discrimination.

For example, victim survivors who are Aboriginal or belong to a diverse community or at-risk age group, such as children, young people and older people, may be reluctant to report or engage with professionals or services about their experience of violence.

Aboriginal people may be reluctant to engage because services are not, or have not been, accessible, safe or responsive to their needs.

In particular, Aboriginal women or women from diverse communities are affected by multiple barriers, structural inequalities and discrimination. Their experiences of violence have historically been dismissed, minimised or ignored.

This means they have real and perceived barriers to engagement. These experiences can also lead to trauma, affecting an individual's presentation, needs and ability to engage with services in different ways.

People who use family violence can concurrently experience power and privilege, and disadvantage and marginalisation.

Intersectional analysis allows us to understand that some people enjoy greater privileges than others.

For example, white, heterosexual, able-bodied, cisgender men typically enjoy greater social, political and economic status than people who do not reflect these characteristics.

Many people who use family violence benefit from the effects of patriarchy, colonisation and dispossession, racism, ableism, ageism, biphobia, homophobia and transphobia.

They may choose to enact oppressive structures of power and control in their own families, while also experiencing oppression and powerlessness in other contexts.

Men who do not hold some of those attributes may still be privileged over women by virtue of their gender but may feel or experience being subordinate to the dominant masculine 'ideal' because of their race, religion, ethnicity, citizenship status or ability.

Research has documented the ways in which men from diverse communities have been stereotyped to create a hierarchy of masculinity.

For example, on a spectrum, some groups of men are consistently 'feminised', including gay-identifying men, men with disabilities, some men of Asian heritage and/or appearance, while working class and men of African descent have been represented as 'too masculine' or too overtly physical (while still being marginalised).³⁷

This can play out in the forms of community and family violence they may experience (predominantly) from other men, and in their experience of structural inequality, barriers and discrimination in the community more broadly.

It is the responsibility of professionals and services to reduce and remove structural inequalities and barriers to engagement, not the responsibility of the service user.

You should also recognise the collective strengths and the social, cultural and historic contexts of Aboriginal people and people from diverse communities.

The concept of intersectionality informs much of this *Foundation Knowledge Guide* and both the victim survivor and perpetrator-focused MARAM Practice Guides.

In particular, **Section 12**, 'Presentations of family violence in different relationships and communities' considers each community using this intersectional lens.

³⁷ Adapted from OurWatch 2019, *Men in focus*, pp. 34-35.

10.4 TRAUMA AND VIOLENCE–INFORMED PRACTICE



Trauma is defined as the experience and effects of overwhelming stress that result in a reduced ability to cope or integrate ideas or emotions that are the result of that experience.³⁸

Trauma arises from activation of instinctive survival response to threats.³⁹

It can occur through everyday events outside a person's control (loss of housing or employment), exposure to vicarious trauma, collective trauma (such as large-scale emergencies, natural disasters, war, acts of terror), systemic violence (including institutions), interpersonal violence, neglect and abuse during childhood or adulthood (such as from an intimate partner, caregiver or known person/family member and stranger violence), and historical and intergenerational trauma.⁴⁰

Complex trauma can result from repetitive, prolonged and cumulative violence. Complex trauma is often interpersonal, intentional, extreme, ongoing and can be particularly damaging when it occurs in childhood.⁴¹

Trauma for children may be identified as adverse childhood experiences, which typically include physical, sexual and emotional abuse, physical and emotional neglect or witnessing family violence as a child.⁴²

Trauma and violence–informed practice considers 'the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life'.⁴³

38 Definition and section informed by Klinic Community Health 2013, *Trauma-informed: the trauma toolkit*, 2nd ed.; and Kezelman C and Stavropoulos 2018, *Talking about trauma: guide to conversations and screening for health and other service providers*, Blue Knot Foundation, p. 10.

39 Adapted from Kezelman C and Stavropoulos 2012, 'The last frontier – practice guidelines for the treatment of complex trauma and trauma-informed care and service delivery', *Adults Surviving Child Abuse*, p. 53.

40 State of Victoria 2021, *Royal Commission into Victoria's Mental Health System final report: vol. 2 – collaboration to support good mental health and wellbeing*, Parl. Paper no. 202, p. 347.

41 Ibid., p. 348.

42 Ibid., p. 349.

43 Varcoe CM, Wathen CN, Ford-Gilboe M, Smye V and Browne 2016, *VEGA briefing note on trauma- and violence-informed care*, VEGA Project and PreVail Research Network, Ottawa, p. 1.

This includes using intersectional analysis to highlight current and historical experiences of violence so that symptoms are not understood as exclusively originating within the person. Instead, these aspects of their life experience are viewed as adaptations and predictable consequences of trauma and violence.⁴⁴

10.4.1 Impacts of family violence trauma on victim survivors

Having a trauma-informed lens is essential when engaging in family violence risk assessment and management when working with victim survivors.

Key practice considerations include the following:

... Everyone experiences some level of trauma from family violence.

... Trauma affects each person differently.

Trauma and violence–informed services do not necessarily treat trauma, but instead work to ensure the service experience will not cause further trauma, harm or distress.

This includes providing safe environments for disclosure and understanding the effects of trauma. It also includes being able to recognise 'symptoms' and problems as coping mechanisms that may have initially been protective.⁴⁵

Coping mechanisms may be resourceful and creative attempts to 'survive adversity and overwhelming circumstances'.⁴⁶

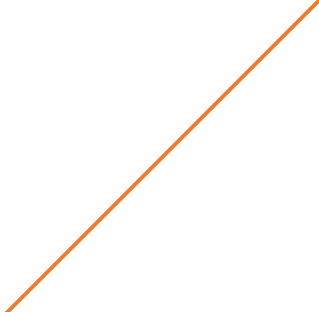
At all times, view behaviour as an adaptive response to challenging life experiences. All your interactions with service users should be respectful, empathic, non-judgemental and convey optimism.⁴⁷

44 Ibid.

45 Kezelman C and Stavropoulos P 2012, *The last frontier: practice guidelines for treatment of complex trauma and trauma informed care and service delivery*, Adults Surviving Child Abuse (now Blue Knot Foundation), p. 49.

46 Substance Abuse and Mental Health Services Administration (SAMHSA) 2014, *Concept of trauma and guidance for a trauma-informed approach*, U.S. Department of Health and Human Services, Rockville, p. 9.

47 Kezelman C and Stavropoulos P 2012, op. cit., p.79.



In the context of victim survivors' experiences of family violence from a perpetrator, trauma can result from physical, emotional, psychological, spiritual and sexual abuse, neglect and witnessing of violence or its impacts.

It can result from a one-off event, a series of or enduring events, or from intergenerational trauma resulting from the impacts of violence or abuse in a family or community.

Trauma is inherent to victim survivors' experience of family violence.

It is the result of events outside of a victim survivor's control. These events may be unexpected, and the person may be unable to stop them, as they have no control over the perpetrator's choice to use violence.

It is not the event that determines if trauma will occur, but rather the person's experience of it and the meaning they make of it.

This can also be shaped by a person's developmental age and stage, their cultural or personal beliefs and/or the support available to them.⁴⁸

The impact of these events is to display power differentials that position the person as powerless.⁴⁹

Effects of trauma

The effects of trauma may be felt immediately or occur later in life.

The way trauma manifests for a victim survivor depends on a range of factors, such as the relationship with the perpetrator and whether they are believed and supported by family/friends or professionals.

Trauma can affect a person's relationships with parents or carers, siblings or other family members, friends and social networks, as well as their housing security, and engagement in education, employment and community.

It can interrupt and change a **child or young person's** development, including brain development, and is (more) likely to have long-term effects.

The impact of trauma in **adulthood** can manifest in different ways, and it is likely to be compounded if the person experienced childhood trauma (due to cumulative effects).

The impact of trauma on **older people** can be wide-ranging and will depend on their previous trauma experiences and current supports.

Trauma can have significant impacts on a victim survivor's identity and can create feelings of shame and/or powerlessness, which may result in negative coping behaviours or avoidance.

While different people react to trauma in different ways, for some it can have lasting adverse effects on their functioning and mental, physical, social, emotional or spiritual wellbeing. Cumulative effects can manifest in many ways over a person's lifetime.

While the effects of trauma can subside for some victim survivors once they are safe (for example, once they leave a violent relationship), this may also be when acute trauma responses commence.

A person can be 'triggered' by seemingly everyday events, where a person's stress responses are activated in response to thoughts, sense activation, experience or interpersonal dynamics.

This can be experienced as a re-living of the original situation, and the person can respond from that space.

Trauma and violence survivors can be misunderstood as 'overreacting', when in their experience they are reacting to the trauma of the past. Their response can be both emotional and most likely also physiological ('flight-fight-freeze').

Children and young people who have experienced trauma have a greater likelihood of presenting with a physiological impact as a result, given their rate of neurobiological development. A child or young person's neurobiology can become patterned to respond as if a threat is imminent even when it is not.

⁴⁸ Department of Health and Human Services (USA) 2014, SAMSHA's concept of trauma and guidance for a trauma-informed approach, p.8.

⁴⁹ Ibid.

10.4.2 Trauma and violence–informed practice when working with Aboriginal people and communities

The disproportionate impact of family violence on Aboriginal people is deeply rooted in the intergenerational traumas endured as a result of invasion and the violent dispossession of land, culture and children.⁵⁰

REMEMBER

There is a gendered element to family violence for Aboriginal people, but family violence also sits within the violence of colonisation and its ongoing legacy, including the displacement of men from their traditional roles and the forced removal of children.

The ongoing legacy of these events continues to have profound impacts, including trauma and grief on Aboriginal people individually, and as families and communities. Aboriginal children continue to be removed from their families at disproportionately high rates because of the enduring impacts of intergenerational trauma, which can increase the likelihood of exposure to family violence.⁵¹

When working with Aboriginal people experiencing or using violence, as part of your engagement it is particularly important that you hold an understanding of trauma, including intergenerational trauma and the person's healing journey.

You should offer the choice to engage with Aboriginal services to ensure trauma-informed approaches and cultural safety. The principles of *Nargneit Birrang – Aboriginal Holistic Healing Framework for Family Violence* can also guide your response.⁵²

50 Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*, State Government of Victoria, Melbourne, p. 29.

51 Family Safety Victoria 2019, *The Nargneit Birrang Framework: Aboriginal Holistic Healing Framework for Family Violence*, p.21

52 Ibid.



10.4.3 Locating non–family violence related trauma in your practice (intersectionality)

People from any identity or community can have experiences of collective trauma not related to family violence.

Pre-migration trauma is a contributor to perpetration of family violence against women and children in migrant and refugee communities.⁵³

People from migrant and refugee backgrounds may have experiences of political violence and trauma in their home countries that have ongoing personal consequences.

They may have histories of family violence pre-dating immigration experiences and the effects of childhood experiences of violence.

Similarly, research has identified an association between men experiencing trauma in their country of origin and later perpetration of family violence. Trauma includes imprisonment, torture and involvement in conflict as a combatant and, for men, this was associated with negative mental health impacts and violent behaviours.⁵⁴

53 ANROWS 2015, *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: the ASPIRE Project – state of knowledge paper*, ANROWS, p. 21.

54 Ibid.

10.4.4 Establishing a trauma and violence-informed approach with all service users

You should be aware of the signs and impacts of trauma when assessing and managing family violence risk. This is described in practice guidance for the victim survivor and perpetrator-focused MARAM Practice Guides for **Responsibility 1**.

For professionals who do not have mental health expertise, identifying the presence of trauma can be difficult.

Symptoms such as hypervigilance, which is commonly linked to trauma, are also often present among service users who appear resistant.

Trauma and violence-informed practice in the context of family violence is not about treating trauma conditions or symptoms – this can be supported by referral for specialist supports where it is not a part of your role.

Instead, it is about being **sensitive to the impacts** of trauma and ongoing structural inequality.

Applying a trauma and violence-informed approach to your work means:

- ... understanding the person's experience of trauma and structural inequalities
- ... responding to the impacts of both on individuals, families and communities, avoiding re-traumatisation, and maximise engagement with your service.

It is important to approach all engagement with victim survivors and perpetrators⁵⁵ of family violence with a trauma and violence-informed approach.

This means:

- ... providing space for individuals to feel physically and psychologically safe
- ... seeking to build trust with service users, and as much as possible provide transparent service delivery
- ... modelling respectful relationships
- ... engaging in strengths-based ways

⁵⁵ Not all perpetrators have a history of trauma. However, applying a practice model will enable professionals to identify whether this is present and to work safely where it is.

- ... supporting service users to make pro-social, non-violent choices that increase safety
- ... working against stereotypes and biases by using the **person in their context** approach.

10.4.5 Using a trauma and violence-informed approach when working with perpetrators of family violence

For people who use family violence, the impacts of trauma can be complex. Engaging with them through a trauma and violence-informed lens does not mean validating or excusing their behaviour.

Many people who use family violence have histories of adverse childhood experiences, including violence within their family.

Some people who use violence may have also experienced traumatic or violent events. This includes past and current impacts of colonisation, refugee and/or migration experiences, institutional racism, discrimination and stigmatisation, lateral violence and natural disasters.

These experiences can have severe impacts, including on physical, relational and emotional functioning, issues of emotional regulation and cognitive functioning, and diagnosed or undiagnosed mental health issues.

In some circumstances, the person's own continued use of violence can compound their trauma responses.

When working with perpetrators, identifying trauma is important in addressing their health and wellbeing needs.

This may lead to a reduction of risk behaviours or positively contribute to engagement with services. If you are not trained in responding to trauma, you may need to refer the person to mental health services.

It is tempting within professional and therapeutic frameworks to believe that addressing perpetrators' past and ongoing trauma will lead to attitudinal and behavioural change.

However, to be trauma-informed when assessing perpetrator risk, you must hold in balance that:

- ... using violence against adult and child victim survivors is a **choice**
- ... trauma can be a **contributing factor** in the use, change or escalation of family violence by the perpetrator if they are not being supported to take responsibility for managing it
- ... if unaddressed, trauma can negatively impact a perpetrator's capacity to engage in change work.⁵⁶

10.5 SAFE, NON-COLLUSIVE PRACTICE

The term 'collusion' refers to ways that an individual, agency or system might reinforce, excuse, minimise or deny a perpetrator's violence towards family members and/or the extent or impact of that violence.

Invitations to collude occur when the perpetrator seeks out the professional to agree with, reinforce or affirm their narrative about their use of violence, the victim survivors or their situation.

When taken up by professionals, this practice colludes with the perpetrator's attempts to avoid responsibility for their use of violence.

10.5.1 Recognising collusion

Collusion takes many forms. Professionals collude by demonstrating compliant collusion (agreement) or through oppositional confrontation (reprimand or arguing with them).

It can be expressed with gestures implying agreement, a sympathetic smile or a laugh at a sexist or demeaning joke.

It is there when all or partial blame is laid on a victim survivor and when a perpetrator's excuses are accepted without question.

Collusion by professionals is often unintentional.

⁵⁶ No to Violence 2020, *NSW risk, safety and support framework*, No to Violence, Melbourne.

It arises from the long-standing subjugation of women and legitimisation of various forms of violence against women and children.

It can be conscious or unconscious, and it includes any action that has the effect of reinforcing the perpetrator's violence-supportive narratives as well as their narratives about systems and services.

Perpetrators can intentionally invite professionals to collude in their narratives. This gives the narratives legitimacy, while allowing them to avoid thinking critically about their behaviour and its impact on others.

Professionals have a responsibility to recognise invitations to collude.

This includes recognising your own discomfort when hearing perpetrators' narratives and knowing when and how to adjust your responses to maintain the person's engagement while holding awareness of their use of violence.

10.5.2 Effects of collusion

The effects of collusion depend on the form it takes. It can:

- ... strengthen the violence-supportive narratives and justifications that a perpetrator uses to excuse their use of violence
- ... strengthen and/or reinforce the ways that a perpetrator minimises or denies responsibility for their behaviour, thereby making it less likely they will stop their use of violence
- ... allow a perpetrator to call on the authority of a professional (such as a counsellor) to shore up their own position. For example, saying to a victim, 'My counsellor agrees with me that you need to ...'
- ... reinforce a perpetrator's position to take an oppositional or argumentative stance that gets in the way of them taking responsibility for their behaviour
- ... allow a perpetrator to use the service system against family members. For example, by conveying the message that the service system is taking the perpetrator's side and therefore that the victim's resistance is futile.

10.5.3 Avoiding collusion

You can actively avoid collusion with a perpetrator by doing the following:

- ... Be aware of the ways that perpetrators invite collusion and pre-plan for the engagement.
- ... Consider your role and level of responsibility to directly engage with perpetrators about their use of violence, being mindful of any potential to **increase risk of harm to victim survivors**.
- ... Do not interview or ask questions of a victim survivor in the presence of a potential perpetrator or adolescent who may be using family violence. Doing so may **increase the risk to victim survivors, including children**.
- ... Reflect on your own practice and adopt **a balanced approach** to engagement (further information is at **Responsibility 3**)
- ... Consider sharing information or seeking secondary consultation with a specialist family violence service that can:
 - ... support the person you suspect is experiencing family violence
 - ... offer expertise in assessing perpetrator risk
 - ... safely communicate with a perpetrator and engage them with appropriate interventions and services.

If you believe a person may be using violence and/or seeking your collusion with their use of violence, apply the principles of reflective practice and consult with your colleagues or consult with a specialist family violence service.

Seek ongoing professional development and refinement of skills with support of supervisors, practice leaders and specialist family violence services.

Some professionals are uniquely positioned through their engagement with perpetrators in non-specialist family violence service settings to hold information and take responsibility to support risk assessment and management of perpetrators of violence. These professionals and services can support perpetrator accountability in a range of ways.

Section 12 has more information about common perpetrator narratives in different contexts and communities. The perpetrator-focused **Responsibility 1** provides more information on safe, non-collusive communication and **Responsibility 3** provides more information on how to recognise invitations to collude and professional stances in practice and adopt a balanced approach to engagement.

10.6 REFLECTIVE PRACTICE AND UNCONSCIOUS BIAS

REMEMBER

Responsibility for the use of violence rests solely with the perpetrator.

Victim survivors are not to be blamed, held responsible or placed at fault (directly or as part of structural responses) for a perpetrator's choice to use violence.

This includes shifting responsibility and accountability for violence and its impacts on children towards perpetrators, and away from adult victims'/non-violent parents' perceived 'failures', such as within the concept of 'protective parenting'.

The safety and wellbeing of children must be prioritised.

The practice of 'tilting to the perpetrator' should be used to hold perpetrators accountable for their 'failure to protect' children through their use of violence.

Professionals should work with adult victims/ non-violent parents, to enhance their safety, stabilisation and capacity to also enhance the safety of children.

All decisions and judgements we make are influenced by our existing knowledge, perceptions and biases. These develop through socialisation, education and learned associations between various personal attributes, identities and social categories.

Biases are learned ideas, opinions or stereotypes formed throughout an individual's personal and professional life through our understanding of culture, family, attitudes, values and beliefs (including religious beliefs).

Bias can occur when this experience and understanding leads to assumptions about individual people or communities based on their circumstances, personal attributes, behaviour and background. This includes characteristics such as a person's age, gender identity, sexual orientation, ability or disability, faith, language and cultural background.

All people have these biases. As a professional, you should recognise your own biases in your approach to Structured Professional Judgement. You may be conscious or unconscious of the biases you hold.

Part of using an intersectional lens means being self-aware and thinking about how your own characteristics have shaped and informed your identity, as well as the biases you hold.

You should also reflect on your place in the service system's creation of structural privilege and power, and how conscious or unconscious bias might affect your responses to service users. You can use supervision with managers and engagement with colleagues to reflect on and respond to bias.

Bias might relate to understandings and misconceptions about the prevalence and forms of family violence. For example, research has shown that there continues to be a decline in the number of Australians who understand that men are more likely than women to perpetrate domestic violence.⁵⁷

It is critical that all professionals are aware of the personal values that underpin their practice.

This includes recognising biases, judgements and assumptions that may affect service users' engagement with services and thus inadvertently increase risk.

Practising this will support you to become aware and unpack your unconscious biases.

10.6.1 Bias in risk assessment and risk management

In the context of family violence risk assessment and risk management practice, bias can cause you to make judgements and assumptions about a person's particular experiences or use of family violence and their level of risk.

It can also create, or fail to address, existing barriers in your engagement with service users or their engagement with other services.

Examples include:

- ... making assumptions about the effects of a person's disability, such as assuming that a person with a disability that affects their communication has a cognitive or intellectual disability or presuming a person with disability does not have 'capacity'
- ... minimising the experience of violence or its impacts on people with disabilities or older people if they require care and support, such as colluding with narratives of 'carer stress' or failing to recognise impacts due to the victim survivor's lower communication capacity

57 ANROWS 2017, *Summary of findings from the 2017 National Community Attitudes towards Violence Against Women Survey*, ANROWS, p. 2.

- ... stereotyping people from LGBTIQ communities, including by mischaracterising their experiences based on heteronormative assumptions, minimising or colluding with 'mutualising' language⁵⁸ or not recognising forms of family violence in LGBTIQ communities and relationships due to the dominant recognition of heterosexual intimate partner violence
- ... making assumptions about the experience and acceptability of family violence for people from culturally, linguistically and faith-diverse communities
- ... making assumptions about an older person's universal capacity due to their age or presenting state of dependence, and/or presence of medical conditions which impact cognition such as dementia.

You should engage in reflective practice by considering how your own cultural norms and practices might manifest as conscious and unconscious biases affecting your decisions, engagement with service users and approaches to Structured Professional Judgement.

Due to the nature of unconscious bias, you may be unaware of its effects. This reflective practice should be supplemented through discussion of these issues in supervision, with colleagues with greater expertise in these areas, and/or through collaboration with services with experience and expertise in working with the community or group in question.

⁵⁸ It is common for there to be cross-allegations of violence from each person in LGBTIQ intimate partner relationships. This may give the impression there is 'mutual violence' occurring. Specialist family violence services (including specialist LGBTIQ services) can support ongoing assessment to identify if there is a predominant aggressor/perpetrator who is not easily identifiable in the first instance. Refer to **Section 12.2.1** of this *Foundation Knowledge Guide* and **Responsibility 6** for more information.

10.6.2 Cultural responsiveness



Cultural responsiveness means being alert to your own or other professionals' potential biases, privileges and cultural stereotyping.

It also means you have a responsibility to educate yourself about the culture of the people you work with.

Cultures are continually evolving, and each person lives culture in their own way.

In addition to self-education, always invite people to help you understand what is culturally significant to them, individually and in their relationships with other family members. This includes parenting practices if children or young people are present.

Secondary consultation or partnership with a bi-cultural worker can help you build this understanding.

Strive to be curious and open to how culture might interact with other factors that impact on adults, children and young people.

10.6.3 Professional responsibilities, unconscious and conscious bias when working with perpetrators

It is important to remember that the role of many professionals is to engage with perpetrators so that they are in view of the service system, which supports keeping victim survivors safe.

Part of a professional's responsibility to perpetrator accountability is ensuring that any negative views you may have about the perpetrator does not influence your direct engagement.

Enacting negative views in practice may create oppositional or confrontational engagement, which can escalate both the risk to the victim survivor and increase the likelihood that the perpetrator will disengage from your service and/or the system whose responsibility it is to keep them in view.

Recognising conscious and unconscious bias is described in perpetrator-focused **Responsibility 1**. Reflecting on your own practice to identify balanced, oppositional confrontation and compliant collusive approaches is described in perpetrator-focused **Responsibility 3**.

10.7 RISK MANAGEMENT

Risk management should focus on the safety of victim survivors and actions that keep perpetrators in view and hold them accountable for their behaviours.

This includes actions to assist with:

- ... risk management and safety planning with adult and child victim survivors, including being responsive to immediate risk when violence is occurring, and supporting them to stabilise, move forward and recover from the violence they have experienced
- ... risk management interventions directly designed to reduce or remove perpetrators' risk, support them to stabilise their needs and circumstances that relate to risk behaviours, take responsibility for their use of violence and support their capacity to make choices to stop using violence
- ... coordinating and collaborating across services to share information and plan risk management actions to keep victim survivors safe and perpetrators in view and accountable.

All prescribed organisations have some role in risk management matched to their responsibilities under the MARAM Framework.

10.7.1 Risk management responses and actions

Risk management is the intervention required to prevent or reduce the likelihood of future risk and respond to impacts of family violence that has occurred.

Risk management responses should be person or victim-centred and trauma-informed in their development, to ensure they are holistic and respond to a victim survivor's needs and can promote stabilisation and recovery.

All risk management is based on risk assessment. It responds to the level of risk caused by the perpetrator's use of violence and coercive control, including patterns and forms of violence that may target a victim survivor's identity or experience of structural inequality, barriers or discrimination.

Actions that comprise risk management often include information sharing, secondary consultation and/or referral, coordinated and collaborative practice, risk management planning of perpetrator responses and interventions, safety planning directly with victim survivors and perpetrators and ongoing case management.

Risk management strategies that target a perpetrator's behaviour include responding to their presenting needs and circumstances, without collusion, and identifying, understanding and managing their pattern of family violence over time.

This can include direct intervention to lessen or prevent further violence from occurring, responding to:

- ... current risk behaviours with interventions to increase accountability, and
- ... presenting needs and circumstances related to escalation of risk by coordinating with a range of police, justice, specialist family violence (perpetrator and victim) services, and other interventions.

10.72 Safety planning

Safety planning is one part of risk management. It typically involves a plan developed by a professional in partnership with the victim survivor or perpetrator.

When working with victim survivors, safety planning aims to:

- ... help manage their own safety in the short to medium term
- ... build on what the victim survivor is already doing to resist control, manage the impacts of the perpetrator's behaviour and other actions aimed at keeping themselves safe.

When working with perpetrators, safety planning aims to:

- ... encourage them to take responsibility for their needs and circumstances that relate to escalating family violence risk behaviours
- ... stop their use of coercive, controlling and violent behaviours against family members, including through de-escalation strategies
- ... promote self-initiating engagement with professional services when their circumstances change or use of risk behaviours escalates (risk to self (suicide or self-harm) or risk to victim survivors).

Safety planning strengthens key 'protective factors' that promote safety, stabilisation and recovery. These include factors such as intervention orders, housing stability and safety, health responses, support networks, financial resources and responding to wellbeing and needs.

Where possible, safety planning with a perpetrator must take into account any safety plans in place for victim survivors.

Safety planning often requires a collaborative approach and information sharing with services working with:

- ... adult victim survivors
- ... children and young people who are victim survivors. This includes:
 - ... within an adult victim survivor's safety plan, with responses to each child's risk and needs, and
 - ... older children who may have their own safety plan with their input, where safe, appropriate and reasonable. This helps them identify with whom and where they feel safe, whom they can talk to and what actions they can take (such as calling police)
- ... adult perpetrators – with professionals **separately considering** any safety plans for adult and child victim survivors in context
- ... other family members or carers (who are not using violence).

10.73 Information sharing as risk management

The victim-survivor and perpetrator-focused MARAM Practice Guides for **Responsibilities 2, 4, 6 and 8** provide guidance on risk management at different levels of practice (identification, intermediate and comprehensive).

This includes safety planning, information sharing, secondary consultation and referral, coordinated and collaborative practice.

This guidance also covers how to manage risk for both adult and child victim survivors, and adult perpetrators.

The risk management actions that a professional or service should take to reduce or prevent the family violence risk behaviours of a perpetrator will vary according to roles and responsibilities.

In addition to the above, this may include:

- ... providing consistent community-level information and messages that violence will not be tolerated or accepted
- ... recognising invitations to collude with a perpetrator's minimising or victim-blaming narratives
- ... assisting victim survivors to report family violence that is a criminal offence to police
- ... contributing to the monitoring of a perpetrator's use of violence and sharing information with relevant organisations
- ... being responsive to the perpetrator's presenting needs and circumstances, without collusion, and supporting service responses that address issues linked to family violence risk behaviours
- ... contributing to collaborative multiagency actions that are designed to increase safety for the victim survivor, for example, planning appointment times that reduce the likelihood of the perpetrator being aware of actions the victim survivor is taking to leave the home or attend an appointment
- ... safety planning directly with the perpetrator.

10.7.4 Worker safety

Interventions with perpetrators may increase risk to victim survivors and others within the community, including professionals.

All professionals must be mindful of policies and procedures for working with vulnerable service users, both within agency buildings and when conducting home visits or outreach activities.

At all times, you should have opportunities in the workplace to engage in reflective practice and supervision to explore both perceived and real risks to your own safety.

In planning with your supervisor, determine opportunities for support for yourself, ways to manage risks to you and your service users, and alternative arrangements to support the engagement and monitoring of the person using violence.

Further information on worker safety is in Workplace Support Plan in the *Organisation Embedding Guidance and Resources*.

11. GENDERED DRIVERS OF FAMILY VIOLENCE IN THE CONTEXT OF PREVALENCE AND IDENTITY

11.1 INTRODUCTION



The guidance in this section outlines the particular dynamics and forms of family violence experienced by individual victim survivors and communities, from

people using violence who identify as belonging to, or who are outside of, that community.

The MARAM Framework Principles recognise different forms and dynamics of family violence, across ages and communities. Drivers of family violence risk are consistent with the overarching drivers of violence against women and children including: condoning violence against women, men's control of decision-making and limits to women's independence in public and private life, rigid gender roles and stereotyped constructions of masculinity and femininity, and male peer relations that emphasise aggression and disrespect towards women.⁵⁹

Central to this is an understanding about how gendered drivers of family violence, in context to social norms and culture, influence a perpetrator's choice to target the victim survivor's identity.

Perpetrators may use family violence to target victim survivors' identity, circumstances and experiences. This can exacerbate adult and child victim survivors' experiences of structural inequality, barriers and discrimination. As part of their pattern of behaviours and tactics of coercive control, this can also have significant impacts on the safety, autonomy, freedom and health of victim survivors.

Most commonly, family violence presents as violence from cisgender men from the white dominant culture, who predominantly target women and children.

However, dominant gendered drivers, social norms and culture also produce the societal conditions and attitudes that influence perpetrators' use of family violence across relationship types, identities and communities.

These social and cultural norms are referred to as the drivers of family violence. Examples of these drivers include gender inequality, heteronormativity, cisnormativity, ableism, classism, racism and the ongoing impact of colonisation.

In your work with any victim survivor or person using violence, being attuned to their identity and experiences will assist you to understand these factors.

In practice, you should seek to understand:

- ... how the identity, needs, circumstances and experiences of people who use violence relate to their choice to use violence, the risk they present to intimate partners, children and other family members, and how they engage with your service
- ... how each perpetrator uses aspects of a victim survivor's identity and experiences and exploits these real or perceived 'vulnerabilities' as tactics to coerce or control them, or in the forms of violence they use
- ... how social inequality impacts on access to both formal and informal justice and social support systems, and whether family, friends, community and services believe victim survivors to offer support, or collude with perpetrators.

59 OurWatch 2015 *Change the Story*, p.8



11.1.1 Gendered drivers in the context of social conditions, norms and culture⁶⁰ (prevalence of men's use of family violence)

It is gender, not cultural background, that drives men's perpetration of violence against women and family members.⁶¹

Research shows that men's attitudes towards women and gender equality are the strongest indicator of their use of aggressive and violent behaviour towards women.⁶²

You should understand the prevalence and drivers of family violence and the experiences of victim survivors before you proactively engage with known or suspected perpetrators of family violence.

Focusing exclusively on a perpetrator's culture makes 'invisible the violence that emerges from the dominant "culture"'.⁶³

In Australia, the dominant white culture inherently condones violence and reflects the structures of power and privilege created, perpetuated by and primarily that benefits white, 'masculine', heterosexual men.

This also informs the way structures of power that marginalise some men contribute to ongoing violence against women and children.⁶⁴

60 This section discusses cisgendered men and masculinity. Information on masculinity and performativity in other communities is discussed further in later sections of this guide.

61 Adapted from OurWatch 2019, *Men in focus*, p. 36.

62 Ibid.

63 Ibid., p. 37.

64 Ibid., p. 36, quoting Murdolo and Quiazon 2016, *Key issues in working with men from immigrant and refugee communities in prevention violence against women*, White Ribbon Australia Research Series.

In dominant white culture, the use of violence against women and children, predominantly by men, is often presented as a juxtaposition of positive descriptions of 'a good bloke' with the minimising of responsibility when he is 'pushed too far'.

In contrast, family violence in non-dominant Australian cultures is framed by comparing 'tradition' and 'modernity', incorrectly assuming that non-white cultures are more tolerant of men's violence against women than white cultures.⁶⁵

Reflections of family violence prevalence often locate the perpetrator as someone 'other' or 'evil', and not someone who is or could be a member of **any** family or social network. This is inconsistent with the evidence on the prevalence of family violence in the community, which demonstrates that perpetrators are usually 'ordinary' people whose presentation and circumstances may also be 'ordinary'.

The role of social norms

Social norms and contemporary expectations about 'ways to be a man' are interwoven with our broader cultural ways of life and the way our political and economic institutions operate. This is not to suggest that all men embrace these norms. However, all men are affected by norms and expectations about masculinity, and their performance is often measured against these by themselves and others.

65 Ibid.

Examples of identified masculine norms for men in Western societies include⁶⁶:

- ... independence and self-reliance
- ... stoicism
- ... suppression of emotion
- ... risk taking
- ... aggression
- ... competitiveness
- ... toughness
- ... hypersexuality
- ... rejection of homosexuality and femininity
- ... dominance and control.

These norms or expectations influence men differently. They create incentives, pressures and learned 'acceptable' or encouraged behaviour. This has a bearing on men's behaviour in certain contexts and with certain peer groups. For example, expectations of the way men relate to men and women differ in the workplace and the home, compared with what has been historically acceptable behaviour in sporting clubs or on a 'boys' night out'.

There may be contexts in which men feel more comfortable or socially safe to call out sexist or homophobic behaviour, based on what is socially acceptable and the extent to which that will be 'policed' by other men.

Community expectations about social norms relating to gender, sexuality, sexual identity, race, religion and disability are fluid and are evolving.

66 Ibid. p. 45. These are consistent with social pressures identified in the Man Box attitudes to manhood and behaviours of young men in Australia, and internationally, as outlined in The Men's Project and Flood M 2018, *The Man Box: a study on being a young man in Australia*. Jesuit Social Services, Melbourne.

At the same time, these norms are deeply embedded in our social, economic, political and cultural narratives. They may go unperceived, as they are considered 'normal' due to their predominance in the culture in which we live.

Public discourse on acceptable behaviour may also be at odds with beliefs in action. For example, public messaging about the unacceptability of violence against women is at odds with the findings of national relationship surveys on beliefs and attitudes towards women and children.⁶⁷

Social conditions, dominant culture and norms contributing to prevalence and use of family violence by perpetrators, is discussed across each identity and community group, below.

11.1.2 Coercion and control

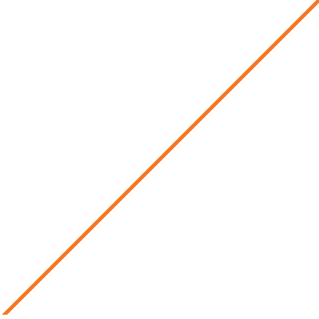
The underlying intention or choice for perpetrators to use or threaten violence against family members is to attain and maintain power over family members. They do this through a pattern of coercive and controlling behaviour that serves to undermine, disempower or isolate victim survivors. The social conditions underpinning intention and choice to use of family violence is detailed in **Responsibility 2**.

The way a perpetrator uses family violence depends on the personal, social and structural aspects they perceive as available to them to exert control over family members.

These may vary and be compounded by attitudes and social norms that operate within the perpetrator's or the victim's community.

While the perpetrator's behaviour and tactics may manifest in different ways due to these factors, they ultimately seek to exert and maintain power and control within a relationship.

67 ANROWS 2017 notes that while there has been general attitudinal improvement from 2009–2017, there are still gender differences, with men having a lower understanding of violence against women, a lower level of support for gender equality and a higher level of attitudinal support for violence against women.



Perpetrators may internalise and invoke social norms and attitudes to undermine the victim survivor's self-esteem, confidence and capacity to resist controlling behaviour.

Common beliefs and attitudes

As described in **Section 12**, the common drivers of family violence in all communities are influenced by the gendered beliefs and attitudes of entitlement of the perpetrator in their personal, community and social context.

Perpetrators may express beliefs or attitudes about their own characteristics, circumstances and role in the family context. This includes gender-related social norms and extent to which they subscribe to heteronormative social norms.

They may also attribute beliefs and attitudes to, and expect them of, victim survivors. This includes expectations of gender norms and roles of an adult or child victim survivor. Perpetrators may express these beliefs as entitlement to authority, such as expectations the victim survivor will defer to them on family decisions.

They may expect women or older people to assume caring roles and look after family needs and children and support their (the perpetrator's) life and career decisions without question.

They may also have expectations of behaviour of female or male children that perpetuate gendered norms and expectations.

In addition, they may have views about how family relationships should be conducted, rights to discipline and who has family decision-making rights, including across relationships between intimate partners, carers, adults and children and the extended family.

For example, a man may view themselves as physically and emotionally strong, invulnerable and virile. Within the family, he may view his role as the 'owner' of the family. This may be reinforced if he is the main income earner and view himself as the head of the household or family.

Finally, these beliefs may reflect 'norms' within a perpetrator's peer group or community, which may reinforce or challenge a perpetrator's use of violence towards family members. This includes widely held social norms such as gendered roles and adherence to heteronormative identity and 'relationship norms'.

Structural and institutional factors

Similarly, perpetrators can use structural and institutional features of society to enact systems abuse.

They may use, leverage or manipulate systems to reinforce their coercion and control of victim survivors, or by engaging with services in ways that seek collusion.

For example, they may:

- ... make vexatious threats about parenting arrangements for children, threatening to report the non-violent carer to child protection or to disrupt immigration processes or visa status
- ... seek intervention orders against the **real** victim survivor
- ... access and use data or records from official sources as a method of continuing coercion and control, stalking and undermining of the victim survivor's perceptions and experience of safety and wellbeing.

Perpetrators may also create barriers to community and institutional structures to further erode the victim survivor's access to rights, services and other external support.

For example, they may undermine the victim survivor's:

- ... ability to gain/maintain employment or education
- ... access to medical or support aids
- ... connection⁶⁸ to family, community and culture.

You should be attuned to the interplay of all these factors. They will vary in each situation and require you to understand the way in which power and control tactics manifest in different family and community contexts.

⁶⁸ This may include a perpetrator's use of technology-facilitated abuse resulting in the victim survivor having reduced access to social media or technology due to fear of monitoring or surveillance.

12. PRESENTATIONS OF FAMILY VIOLENCE IN DIFFERENT RELATIONSHIPS AND COMMUNITIES

Understanding presentations of how perpetrators use family violence behaviours across the community starts with the recognition of the high prevalence experiences and the impact of family violence for:

- ... women and women as mothers (and carers) in an intimate partner relationship with the person using violence
- ... children and young people from the perpetrator (usually a father/parent or other carer).

This section is then structured to describe particular experiences of victim survivors in relationships with perpetrators within and outside of each community, including:

- ... victim survivors from Aboriginal community who experience family violence from both non-Aboriginal perpetrators and Aboriginal people who use violence
- ... victim survivors from diverse communities who experience family violence from people who may or may not identify with the same diverse community
- ... where victim survivors and/or the person using violence may each have specific complex health and mental health or compounding risk issues, of the same or other presentations.

REMEMBER

Aboriginal people are recognised as our nation's First Peoples. Aboriginal people are described throughout this document separately from 'diverse' communities.

Both Aboriginal people and people from diverse communities experience structural inequality, barriers and discrimination, and these are described in the following sections.

It is important to consider the victim survivor as a whole person when assessing how the perpetrator is targeting their family violence behaviours, as well as their access to your service.

For example, consider the experiences and barriers for people with disabilities and recognise **this may be only one aspect of their identity**.

The perpetrator may target the person's other identities and experiences, which you also need to consider to ensure safe, accessible responses.

The information in the following sections will inform your understanding of how victim survivors from all communities can experience any combination of family violence risk factors, including and in addition to the specific common presentations of risk outlined in the victim survivor-focused **Responsibility 7**.

NOTE: USE OF GENDERED LANGUAGE

The prevalence of family violence against women and children, and against women as mothers and carers, is well established and recognised across the service system.

Acknowledging this, when specifically talking about this predominant experience, this section uses gendered language, particularly in relation to:

- ... the predominant presentation of cisgender male perpetrators in intimate partner relationships with cisgender female victim survivors
- ... the experience of mothers, including damage to the mother-child bond caused by the perpetrator's (predominantly the father's) behaviours.

The term 'mother/carer' refers to any parent/carer who is not using violence (not a perpetrator).

Gendered language is not used when describing experiences of family violence towards and across LGBTIQ communities.

Further, there is a continually evolving evidence base suggesting similar rates and forms of family violence occur across LGBTIQ communities.⁶⁹

Any shifts in use of gendered language are not intended to diminish any experiences of family violence, which can occur across all communities, gender identities and relationship types.

69 Hill AO, Bourne A, McNair R, Carman M and Lyons A 2020, *Private Lives 3: the health and wellbeing of LGBTIQ people in Australia*, monograph series no. 122, ARCShS, Melbourne.

Men's experience as victim survivors

Men can experience family violence. The prevalence of men experiencing family violence is a smaller proportion of all victim survivors, and is largely due to violence from other men.⁷⁰

The experience of male victims is outlined in each section providing guidance on the experience and impact of risk across relationships, including against Aboriginal men, men from diverse communities and older men experiencing elder abuse.

Developing your knowledge

Continue to reflect on and develop your own knowledge about identities, barriers and experiences of family violence across the community.

If you lack confidence or feel ill-equipped to respond, you can engage in secondary consultation and referral with organisations that specialise in working with particular community groups (Refer to **Table 2**, and the victim survivor and perpetrator-focused **Responsibilities 5 and 6**).

70 Crime Statistics Agency 2020, Family violence data dashboard, <<https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>>, accessed October 2020. This outlines that most male victims experience violence from other male family members (as children from parents, siblings, other family members). However, for most men killed in family violence incidents, the respondent was a current or former intimate partner where the male victim was identified as a predominant perpetrator of violence; Australian Institute of Health and Welfare 2019, *Family, domestic and sexual violence in Australia: continuing the national story*, AIHW, Canberra, p. 49–53 <<https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv3-FDSV-in-Australia-2019.pdf.aspx?inline=true>>, accessed October 2020. This outlines that most family violence homicide victims were female (59 per cent), almost 2 in 3 (64 per cent) were female victims and 1 in 4 (75 per cent) male victims were killed by an intimate partner. More than 3 in 4 (75 per cent) of all perpetrators of family violence homicide were male.

12.1.1 Intimate partner family violence perpetrated against women

Family violence and sexual assault are the most common and pervasive forms of violence against women. Family violence is the greatest contributor to ill health and premature death in women under the age of 45 years.⁷¹

KEY STATISTICS⁷²

On average, one woman a week is murdered in Australia by her current or former partner.⁷³

Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault.⁷⁴

Women and girls with disabilities are estimated to be twice as likely to experience violence as those without disabilities.⁷⁵

Common perpetrator behaviours towards women

Common tactics perpetrators use towards women (usually by current or former male intimate partners) include:

- ... constant monitoring and regulation of her everyday activities such as phone calls, social interactions and dress
- ... evaluating her every move against an unpredictable, ever-changing and unknowable 'rule book'⁷⁶
- ... constant put downs about anything and everything she does
- ... having no control or say about the household finances
- ... criticism of her parenting skills

71 AIHW 2018, *Family, domestic and sexual violence in Australia*, p xi, notes that 'In 2011, it contributed to more burden of disease (the impact of illness, disability and premature death) than any other risk factor for women aged 25–44.'

72 Information in this section is summarised from the MARAM Framework.

73 Australian Institute of Criminology 2017, *Homicide in Australia: 2012–2013 to 2013–2014: National Homicide Monitoring Program*, <<https://aic.gov.au/publications/sr/sr002>>.

74 Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia*, 2018, page ix.

75 Parliament of Australia 2014, *Domestic, family and sexual violence in Australia: an overview of the issues*.

76 For example, Stark E 2007, *Coercive control: how men entrap women in personal life*, Oxford University Press, Oxford.

- ... disrespectful behaviour towards her in front of their children and others
- ... threats and actual physical violence against her, their children and pets
- ... being blamed for the violence
- ... surveillance using smartphones and other technology.⁷⁷

Impacts of perpetrator behaviours

A perpetrator's use of family violence can cause physical injuries, disability, miscarriage, sexually transmitted diseases and homicide of victims.

It can also result in indirect health or mental health-related symptoms for victim survivors, such as headaches, irritable bowel syndrome and self-harming behaviour.

As a result of a perpetrator's use of family violence, victim survivors might also experience depression, fear, anxiety, low self-esteem, social isolation, financial debt, loss of freedom, and feelings of degradation and loss of dignity, and pre-existing disabilities and mental illnesses may be exacerbated.

Women who experience a perpetrator's pattern of coercive and controlling behaviours over time are also likely to have trauma responses or to be diagnosed with posttraumatic stress disorder (PTSD). Symptoms include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders ('triggers') and extreme distress when exposed to these, irritability, hypervigilance (watching for anger or signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of appetite.

Women with family violence experiences are up to six times more likely to use substances. This 'self-medication' can be understood as a way of coping with and managing the impact of trauma.

77 DVRCV and WLSV 2013, *Serious invasions of privacy in the digital era: submission to the Australian Law Reform Commission Review*, <http://www.alrc.gov.au/sites/default/files/subs/48_org__womens_legal_service_victoria_wlsv_and_domestic_violence_resource_centre_victoria_dvrcv.pdf>.

While every woman's experience of family violence is unique, for many, the perpetrator's abuse increases in frequency over time, rather than being a one-off incident.

Family violence often starts with an intimate partner's apparent love transforming into family violence through use of controlling and intimidating behaviour. Over time, the perpetrator will increasingly isolate the woman from friends and family.

A perpetrator's use of physical or sexual violence may not occur until the relationship is well established, or it may not occur at all. The perpetrator's abusive, violent, threatening and controlling behaviours create an environment of fear and constant anxiety in their home and relationship where women and children should feel safe and secure.

Recognising common perpetrator presentations and narratives

Men's use of violence against a female intimate partner is the most common and pervasive form of violence against women.⁷⁸

KEY STATISTICS:

- ... Men perpetrate 90 per cent of all violent crime in Australia.⁷⁹
- ... Of the 2.2 million women who have experienced male intimate partner violence since the age of 15, 1.8 million experienced physical violence and 0.9 million experienced sexual violence.⁸⁰
- ... Nearly 1 million women had experienced multiple incidents of physical violence by the same man.⁸¹
- ... Women with a disability were more likely to experience multiple incidents of violence by a male perpetrator.⁸²

78 This section refers to cis-gendered men and women. Experiences of use of violence against trans and non-binary people are covered in **Section 12.1.7 and 12.1.8**.

79 Seidler K 2010, *Crime, culture and violence: understanding how masculinity and identity shapes offending*, 1st ed., Australian Academic Press, Bowen Hills.

80 ANROWS 2012, *Violence against women: additional analysis of the Australian Bureau of Statistics' Personal Safety Survey*, ANROWS, Sydney, p. 30.

81 Ibid, p 4.

82 Ibid.

Many men minimise their use of violence or abuse and seek ways to justify or avoid responsibility for their actions and their impacts.

In early conversations, men who use violence will describe the family violence as a 'one-off incident', related to being tired, stressed or pressured. This may shift over time to narratives that disclose patterns of violent and coercive behaviour.

This change may occur in response to managing or dismissing an internal narrative that they are inherently bad or problematic, which can relieve or minimise feelings of shame, guilt or taking responsibility for their behaviour.

Perpetrators rarely disclose physical or sexual violence in their interactions with the service or justice systems. It is more likely they will present a story about their life, relationship or family, or a specific and sometimes repetitive negative narrative about their current or former partner.

This can often take the form of criticisms and judgements of their partner, which may be subtle or overt.

Examples include:

- ... the lack of cleanliness or orderliness within the family home
- ... the use of finances, which the perpetrator may feel justified to direct due to their 'breadwinner' status
- ... complaining about or indicating non-support of their partner's decisions or goals
- ... taking sides with those their partner might be in conflict with, for example, other family members
- ... always pointing out their partner's shortcomings or failings
- ... complaining about their partner not understanding their position and the stresses they are under – from work, family life, finances or friends – nor supporting their coping mechanisms, such as excessive alcohol use.

During your engagement with men, you should develop a picture of the victim survivor's identity.

In particular, take note of perceived 'vulnerabilities' the perpetrator may exploit to create isolation or control.

Some men, particularly those who have had multiple relationships where they have used violent and controlling behaviours, exhibit a pattern of choosing intimate relationships with partners they perceive to be 'vulnerable'. In these situations, power dynamics are commonly exploited for control and domination, for example:

- ... non-Aboriginal men towards Aboriginal women
- ... Australian citizens towards non-visa holders
- ... able-bodied men to women with disability.

Service access and engagement barriers for perpetrators

The lack of help-seeking among men is a serious issue in the Victorian community.

Men's help-seeking for emotional distress is consistently lower than that of women. This directly contributes to mental illness and maladaptive coping.

For example, men are almost three times as likely as women to have a substance abuse disorder⁸³ and are at greater risk of suicide.⁸⁴

These issues can be linked to gender socialisation and gendered values associated with masculinity, such as stoicism and invulnerability.⁸⁵

Research has explored the extent to which constructs of masculinity are either protective buffers or risk factors to men's health. It finds that conformity to masculine norms are risks to men's overall health outcomes, principally due to less help-seeking and negative attitudes towards psychological treatment.⁸⁶

83 Judd F, Armstrong S and Kulkarni J 2009, 'Gender-sensitive mental health care', *Australasian Psychiatry*, vol. 17, no. 2, pp. 105-111. doi:10.1080/10398560802596108

84 ABS 2017, *Causes of Death, ABS, Canberra*

85 American Psychological Association 2018, *APA guidelines for psychological practice with boys and men*, APA, Washington DC.

86 Levant RF and Wimer DJ 2013, 'Masculinity constructs as protective buffers and risk factors for men's health'. *American Journal of Men's Health*, vol. 8, no. 2, pp. 110-120.

Although initial presentation to services is an important indicator, help-seeking should be understood as broader than the act of asking for help or seeking out a service.

Once a man has entered a service or begun a course of treatment, masculine norms related to self-sufficiency may interfere with treatment processes and lead to deficits in the therapeutic alliance.⁸⁷

Fundamentally, service users engaging in services must believe that they cannot fix their problem alone. For men who hold ideals of invulnerability, the treatment process poses very particular challenges and threats to identity and self-concept.

Men who use or are at risk of using family violence are often able to identify a need for early intervention before their behaviour reaches the point of police and court-based intervention.⁸⁸

However, this does not always translate to help-seeking, with a common barrier shown to be a lack of knowledge about the specific points, places, and contexts in which opportunities to engage with help might exist.

A proportion of men are willing to access professional help, but the ways that such help is presented to them is of particular importance.

87 Richards M and Bedi RP 2015, 'Gaining perspective: How men describe incidents damaging the therapeutic alliance', *Psychology of Men & Masculinity*, vol. 16, no. 2, pp. 170-182.

88 Hegarty K, Tarzia L, Forsdike K, Vlasis R, Flood M, Feder G and Humphreys C 2016, *Final report: promoting early intervention with men's use of violence in relationships through primary care (PEARL study)*, APHCRI, Canberra.

12.1.2 Family violence against parents/carers (usually mothers/women)⁸⁹

Perpetrators' use of family violence impacts on non-violent parents who are usually women, other caregivers, kin or guardians.

Perpetrators often use various harmful tactics to deliberately undermine, manipulate and damage the mother/carer-child relationship.

This may be based on social norms and gender stereotypes about women as primary carers who are responsible for children's health, wellbeing and development.

This will be affected further if the perpetrator has control over financial resources required for parenting.

Professionals need to be aware of these tactics to avoid making judgements about women's parenting.

The way a woman may resist the violence can be misinterpreted by professionals and others as 'poor parenting'.

Tactics perpetrators use to damage the mother-child relationship can include:

- ... threatening to use the family law and child protection system to attack and undermine the mother-child bond
- ... creating an environment of instability and harsh discipline in the home
- ... conditioning children to misinterpret their use of coercive and controlling tactics and its impact on the family in a way that leads children to blame their mother, minimise the abuse and distance themselves from her (this is sometimes called 'maternal alienation')

89 Adapted from Central and Eastern Sydney Primary Health Network 2019, *The impact of domestic violence on mother child relationships*, <<https://www.cesphn.org.au/news/latest-updates/57-enews/1982-the-impact-of-domestic-violence-on-mother-child-relationships>>. This section uses gendered language in recognition of prevalence, but perpetrators' behaviour targeted to undermine a parent-child relationship against a non-violent parent/carer can occur within any family relationship.

- ... actively belittling women in front of their children through emotional abuse, name-calling, intimidation and humiliation (such as expressing sexual jealousy)
- ... isolating women from their friends and family and preventing them from accessing services to support their parenting.

Impacts of perpetrator behaviours

These perpetrator tactics have significant emotional, social, health and financial impacts on women and their mothering, causing women to lose confidence in their parenting; and affecting their ability to be as engaged with their children as they want to be.

The experience of family violence is exhausting, distressing and isolating. As a result, women may be less attuned to their children's needs.

The perpetrator's tactics of coercion and control may affect a woman's ability to parent in a number of ways.

Several studies have found that perpetrators' use of family violence results in women having a reduced sense of control over their parenting.

This is often made worse because of a perpetrator's control of financial and material resources, leaving women with few resources to look after their children, such as paying for nutritious food or school excursions.

In this environment, the woman may find it difficult to be an available, energetic, patient parent, to focus attention on her children's needs, and to keep track of all the various tasks that parenting requires.

Also, if a woman's parenting is being heavily criticised by her partner, she may lose confidence and develop an indecisive parenting style.

She may also overcompensate for the perpetrator's abusive or controlling behaviour towards children by not creating or maintaining healthy boundaries for them.

The constant stress and pressure experienced by women who are struggling to care for and protect their children while being targets of violence may manifest as depression, anxiety or substance abuse. This can further affect their parenting and relationships with their children.

Children experiencing family violence may also display behavioural issues and have complex emotional needs that present further parenting challenges. Sometimes this results in further criticism of her parenting by the perpetrator, professionals or others.

Identifying and responding to situations where these behaviours present as adolescent family violence is described in the victim survivor-focused MARAM Practice Guides.

Practice considerations

Practice considerations for responding to parent/carers experiencing family violence include, but are not limited to the following:

Increased risk of harm

- ... The perpetrator's violence often escalates when the woman/partner is planning to leave or has left the relationship, with an increased risk of assault, stalking and murder for both women and their children.
- ... Many family violence homicides occur during the separation period.

Decreased availability to children

- ... The perpetrator is jealous of her time/attention given to her children.
- ... The perpetrator interrupts breast-feeding, meal-time, story-time, sleeping routines.
- ... The perpetrator actively draws her attention to him when her attention is being given to the children.
- ... The perpetrator expects her to do all the care of children and household tasks without assistance from him.



Financial pressures

- ... The perpetrator withholds money and other resources.
- ... Loans and other debts or credit contracts may be taken out in her name.
- ... She may have to leave her job if she needs to be relocated for safety.
- ... This affects children because of the lack of material resources to support them.

Conflicting concerns and priorities

- ... Not wanting to disrupt her children's lives, education, and links to family and community.
- ... Believing it is in her children's best interests to be close to their father.
- ... Believing she is protecting her children from the violence by 'hiding' it from them.
- ... Continuing to care for her partner and hoping he will change (many women do not want to leave the relationship – they just want the violence to stop).
- ... For some Aboriginal women, the fear of risking their connections to extended kinship and family networks and to land or country.
- ... For some women with disabilities, reliance on, or the fear of losing a family member from whom they receive disability support.
- ... For some immigrant and refugee women, the fear of losing their visa status or residency entitlements.
- ... Wanting to avoid the stigma associated with being a single parent.

Social isolation and its effects

- ... The perpetrator prevents her from leaving the house, engaging socially or with family, or accessing support to parent.
- ... Feelings of shame and guilt about the violence and its impacts on her children, or believing it is her fault.
- ... Fear of being isolated or ostracised by her community or culture.
- ... Fear of being judged by others, particularly about her parenting.
- ... Difficulty making decisions because she has been cut off from friends and family, is exhausted, and/or lacks confidence in her own judgement.

Barriers to accessing the system

- ... The perpetrator attends all appointments with her or does not allow her to access services.
- ... Women experiencing family violence may not know there are support services that can help them.
- ... Women may not know about the kinds of support available to them; they may feel that services will not be able to help with their situation.
- ... Women may be concerned that services or professionals will judge their parenting negatively.
- ... Women may not have access to money and may not know where financial support is available.
- ... A lack of safe, accessible and affordable housing means women may have limited options or may not be aware of their available options.

Recognising common perpetrator presentations and narratives

Family violence often commences or increases in frequency and severity during pregnancy. At this time, perpetrators can feel that their position or role in their partner's life is threatened and that their partner is emotionally detaching from them.

They may also feel fearful of decreased connection and/or intimacy and create unhelpful thoughts about rejection.

Lack of intimacy and emotional connection, including during sex, can feel threatening to some men and the loss of this can leave them feeling abandoned. Increased controlling behaviours can commence or escalate quickly at this time.

Some men will openly disclose deep resentment about their partner, stemming from the time of pregnancy. They may express this with statements like: 'she's been cold', or 'everything changed when **she** got pregnant'.

Following the birth of a child, men may disclose feeling that they are not 'needed' or are 'superfluous' to the emotional sphere in the family home.

They may feel that their 'expectations' or feeling of entitlement to sexual connection and intimacy are no longer being met by their partner.

Perpetrators often take the role of parental expert, pointing out the other caregiver's shortcomings. They may present these narratives through criticism, including:

- ... how the mother or other caregiver is failing the children and them in their parenting
- ... blaming the mother/caregiver's parents for their partner's parenting approaches and learned skills
- ... dismissing the other caregiver's parenting and ridiculing them in front of the children or others
- ... presenting as the expert in a very logical way in public that further humiliates the other caregiver, including making complaints to schools and child protection

- ... focusing on children's medications and health issues and the perceived inability of the mother or other caregiver to manage the issue
- ... removing or reducing the mother's ability to breastfeed by destroying stored breast milk or forced weaning
- ... disappointment or anger at the lack of physical intimacy since having children or increased pressure for sexual intercourse
- ... blaming adolescent children's challenging behaviours on the mother/ other caregiver, claiming they are responsible for 'not bringing the children up in the right way' and being 'too soft on them', and that this is the reason for current behaviour.

Service access and engagement barriers for perpetrators

People using family violence can often feel resentful towards their partner or other caregiver if pushed to engage with services.

These narratives serve to block the process of responsibility-taking, inviting collusion from professionals.

Men's Behaviour Change Program participants have been found to hold varied attitudes towards their current or former partner, ranging from wanting to restore their relationships to verbalising significant anger and resentment.⁹⁰

People using family violence have varied levels of motivation to take steps towards safety and change for the benefit of their partner or other caregiver. For professionals who have a role to work with parents who use violence, the focus of intervention is creating a safe and appropriate co-parenting relationship, for the promotion of children's safety and wellbeing.

⁹⁰ McGinn T, McColgan M, Taylor B 2020, 'Male IPV perpetrator's perspectives on intervention and change: a systematic synthesis of qualitative studies', *Trauma, Violence, & Abuse*, vol. 21, no. 1, pp. 97-112.

Acknowledging pregnancy and new father/parenthood is a useful opportunity for the person using violence to discuss how they are feeling, thinking or responding to their new situation, and for professionals to hear the narrative they are constructing about their partner and about themselves in this new role.

12.1.3 Family violence against children and young people



Children are victim survivors of family violence in their own right, whether they are directly targeted by a perpetrator, or they are exposed to or witness violence or its impacts on parent/carer and/or other family members.

Exposure to family violence is a significant risk factor that impedes the development, safety and wellbeing (including education) of children and young people.

Children and young people do not have to be physically present during violence to be negatively affected by it, or to be considered victim survivors.

Exposure to violence can include:

- ... hearing violence
- ... being aware of violence or its impacts
- ... being used or blamed as a trigger for family violence
- ... seeing or experiencing the consequences of family violence, including impacts on availability of the primary caregiver and on the parent–child relationship.

Essentially, where a child is part of a family in which a perpetrator is using family violence, they must be considered a victim survivor of that violence in their own right, even if they are physically removed from the situation (such as staying with friends or another family member).

It is important to note that children have historically not been understood as victim survivors in their own right, and their specific wellbeing and safety needs have not been adequately identified or addressed.

For example, a disciplinary approach may be taken by professionals to children or young people displaying challenging behaviours, without considering that this behaviour may be the result of exposure to family violence or other abuse.

Infants are especially vulnerable due to their reliance on adult caregivers, yet they are least likely to receive a service response.

This has reduced the evidence and data available, and it means outcomes for children are not well understood and therefore only limited specific practice responses have been developed.

Siblings are likely to be affected differently by the experience of family violence, and it is important to understand the different developmental impacts of family violence across the life span.

For example, a toddler may not be able to speak about their experience of family violence but may display cognitive or behavioural changes or issues.

Younger children are also likely to have different risks and needs to an older child or young person, given their stage of cognitive, social and emotional development.

Guidance on observable signs of trauma that may indicate family violence are outlined further in victim survivor–focused

Responsibility 2.

In the MARAM Framework, ‘unborn children’ refers to those in-utero during pregnancy, ‘children’ are considered to be those under the age of 18, and ‘young people’ specifically refers to older children, typically adolescents and pre-adolescents 10 years of age and older.

Because children and young people are dependent on adults, and as they are still developing physically, cognitively, emotionally and socially, they are especially vulnerable to the long-term impacts of family violence.

While this section specifically refers to people younger than the age of 18, the characteristics, impacts and barriers discussed in this section may apply to other age groups.

For example, the term 'young person' is commonly used to refer to people aged up to 21, or sometimes 25, noting that many young people older than 18 years of age remain in the care of their parents and are not living independently, and that brain development continues at least up until age 25.

There is now a strong evidence base that shows:

- ... the effects of physical and emotional violence and abuse experienced by women during pregnancy can affect the unborn child and their brain development at a very early stage
- ... negative experiences in the first three years of life have long-lasting effects on brain development, especially where a child's primary attachments (that is, their relationships with their primary caregivers, usually parents) are undermined or compromised
- ... because early childhood attachment, safety and wellbeing provide the foundation for physical, social and emotional development, learning, behaviour and health through school years and into adult life, trauma during this period can have significant lifelong effects. For example, later in life, they are more likely to abuse substances, be involved in crime, lack skills in maintaining respectful relationships with others including partners, and have poor parenting practices
- ... multiple negative and traumatic experiences can have a compounding effect where the impact of each trauma is multiplied, which is sometimes referred to as 'cumulative harm'
- ... young people who experience family violence (or other forms of abuse) have a higher risk of either experiencing further violence in their future relationships, or perpetrating violence themselves.

Impacts of perpetrator behaviour and use of family violence on children's familial relationships

The attachment of children and young people to parents and caregivers is key to their development, safety and wellbeing, and can be significantly impaired by family violence.

The relationship between a caregiver, who is a victim survivor, and their child is often affected by the perpetrator's pattern of coercive and controlling behaviour.

For example:

- ... children might feel unable to trust that their mother will protect them, particularly as perpetrators often undermine her parenting or manipulate the children's perception of their mother. This may be compounded if the impact of the violence on children has not yet been acknowledged
- ... women may believe they are protecting their children from violence by 'hiding' it from them. Conversely, older children and young people may also try to hide these impacts from their mother, seeking to protect her from further distress
- ... professionals may interpret children's behaviour as 'difficult' or 'defiant' without realising that children and young people are experiencing significant psychological, emotional and behavioural consequences of family violence, including anger, fear, trauma, sadness, shame, guilt, confusion, helplessness and despair. Additionally, older children and young people may withhold information from professionals because of a sense of shame or guilt
- ... children and young people may also feel a sense of loyalty towards the perpetrator, especially when the perpetrator is their father, which can create significant stress and tension for them. Sometimes perpetrators can appear caring and loving to their children, while manipulating the children's attitudes towards their mother, or may be alternately loving and abusive to the children.

As children and young people's emotional maturity is still developing, they may be less equipped to understand and cope with the complexity of a situation where one parent is using violence against another (or against the child themselves). This poor modelling can affect their understanding of healthy and unhealthy relationships.

This can contribute to an intergenerational cycle of violence, with children and young people who have experienced abuse or violence at higher risk of experiencing victimisation (women) and perpetration (men) in their own intimate relationships.⁹¹

Trauma-informed approaches to children experiencing family violence



Where young people have experienced family violence, abuse and/or neglect, it is important to use a trauma-informed approach that is appropriate to their age and developmental stage.

This means considering how past experiences may affect their behaviour and wellbeing, and what kind of support is required to assist them effectively. Indicators of trauma for children and young people are outlined in victim survivor-focused *MARAM Practice Guide* for **Responsibility 2**.

Young people who use violence in the home or with an intimate partner must be provided with responses that prioritise the safety of victim survivors and ensure the young person takes responsibility for their harmful behaviours, while providing developmentally appropriate wellbeing supports to that young person.

Young people using violence may also be victim survivors at the same time.

Family violence is a key cause of stress in children and young people and can significantly disrupt healthy brain and personality development.

91 Australian Institute of Family Studies 2015, [Children's exposure to domestic and family violence: Key issues and responses, CFCA Paper No. 36.](https://aifs.gov.au/cfca/publications/childrens-exposure-domestic-and-family-violence/export), <<https://aifs.gov.au/cfca/publications/childrens-exposure-domestic-and-family-violence/export>>.

Recent evidence indicates that ongoing exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in chronic overactivity of the body's stress response and changes to the brain's architecture.

This can lead to behaviours such as hypervigilance and hyperactivity, affecting them throughout their lives. In serious cases, this can lead to deficits in learning, behaviour and physical and mental health and wellbeing.

Service access and engagement barriers for victim survivors

- ... Children and young people are often not considered to be victim survivors in their own right, instead being considered primarily or solely through their relationship to an adult victim survivor, leading to inappropriate or inadequate responses.
- ... Children and young people are often not directly engaged by services, due to professionals lacking confidence, or holding a view that children's safety and wellbeing is not directly their responsibility (for example, the responsibility of the parents, or another service such as child protection).
- ... Responses to children and young people who use violence in the home may not be developed to respond to their specific and potentially ongoing therapeutic needs.
- ... Children and young people may continue to experience significant impacts of family violence after the violence has ended, because they often must continue to navigate a relationship with the perpetrating parent in shared custody arrangements.
- ... Often the parents' desire for contact with their children — or the child's expressed wishes to see their father, for example — are prioritised by families and courts over the safety of the child, even where there are intervention orders in place. This decision may assume that continued contact with their father is beneficial for the child.⁹²

92 The Family Law Act 1975 <http://classic.austlii.edu.au/au/legis/cth/consol_act/fla1975114/> focuses on the rights of children and the responsibilities that each parent has towards their children, rather than on parental rights. The Act aims to ensure that children can enjoy a meaningful relationship with each of their parents and are protected from harm.

- ... Those under the age of 18 years face particular difficulties in accessing services in their own right and are more or less reliant upon an adult parent or guardian's decision-making.
- ... Children and young people may legally have their will and preference overruled by adult consent, even where their response to the family violence differs.
- ... Children and young people have limited means to deal with their exposure to violence or express that they are experiencing violence. This may be compounded if they do not understand perpetrator behaviours as being 'family violence', especially if this behaviour has been normalised for them.
- ... Perpetrators may actively prevent children or young people from accessing services (or prevent their mother from taking them) or threaten or coerce them into not disclosing to professionals.
- ... Where it is not safe, appropriate and reasonable to engage directly with a child or young person, services should seek to collaborate with the parent who is not using violence or other professionals who interact with that child (such as schools) to ensure accurate and detailed information about the child or young person's experience is collected and assessed.
- ... The child or young person's relationships with other family members must be a core consideration of their risk assessment and management plan. This should include prioritising their safety in the context of any relationship with the perpetrator and promoting and supporting positive relationships with other family members, particularly the parent who is a victim survivor.

The wellbeing and safety needs of all children should be considered a core element of any response to family violence, and services should collaborate as appropriate to address these needs.

Practice considerations

When responding to children and young people experiencing family violence, practice considerations include but are not limited to the following:

- ... Children and young people must be considered victim survivors in their own right, with their own experiences of family violence. This includes having specific threats, risks, protective factors and risk management approaches. All interventions must be considered for their impacts on every victim survivor, including children and young people.
- ... Responses to children and young people should take into account their age and developmental stage, as risk is likely to present quite differently depending on the age and maturity of the child.
- ... Where it is safe, appropriate and reasonable, a child or young person should be directly engaged with to ascertain their assessment of their risk, their identification of risk factors and their consideration of risk management strategies.

Recognising common perpetrator presentations and narratives

Men/parents who use family violence often have significant, ongoing parenting roles with children in their care.⁹³

In your engagement with parents who use violence, it is important to identify whether there are children in their care, and the nature of the relationship, including contact and parenting arrangements.

While some parents/fathers disengage completely from the family following family violence and separation, there is higher risk associated with those who continue to have relationships with their children, or a strong desire to, despite parenting or intervention orders preventing or limiting this.

This is due to the proximity and opportunity to continue to use violence against children in their care, and/or use the parenting role as a continuation of violence against an adult victim survivor/parent.

⁹³ Humphreys C and Campo M 2017, *Fathers who use violence: options for safe practice where there is ongoing contact with children*, CFCA paper no. 43, AIFS, Canberra.

When working with fathers/parents who use violence, you should focus the intervention on the expectation of high parenting standards to increase children's safety and wellbeing.

When working with parents/fathers, you may hear or observe attitudes and narratives that indicate potential risks of them perpetrating family violence, including:

- ... a sense of entitlement or self-centred attitudes relating to children/parenting role
- ... overcontrolling or harmful parenting behaviours
- ... overuse of physical forms of discipline (hitting, smacking)
- ... anger demonstrated towards their children
- ... holding unrealistic expectations and poor understanding of child development
- ... denying any problems in their relationships with their children
- ... considering themselves to be good fathers
- ... acknowledging 'mistakes' in their parenting, often explaining this as a one-off (or minimising, justifying or blame-shifting to the other parent/carer)
- ... believing that their use of family violence had little impact on their children
- ... strong gender roles and expectations that differ between male and female children
- ... negative beliefs or attitudes in the value of non-biological, particularly male, children.

Some men also present as trying to 'rescue' their female partners from her single-parenting duties or previously violent relationships.

This may indicate a level of precursor controlling behaviour from entitlement and role as 'protector'.

For example, a perpetrator may threaten a partner's capacity or 'right' to children.

This may take the form of attacking the mother/parent-child bond, undermining their ability to parent, and by exacerbating fears linked to negative experiences of government service interventions.

This is particularly acute among Aboriginal communities who have experienced current and historic discriminatory government policies removing children from their families and communities.

In working with fathers/parents who use violence, it is important to understand the different behaviours or parenting approaches that are directed towards each child within the family unit.

At times, there will be particularly stark differences between the type of violence or control directed at:

- ... biological children versus stepchildren or other children in their care
- ... male compared with female children
- ... children with identities that are different to one or both parents.⁹⁴

Service access and engagement barriers for perpetrators

The perpetrator's role as a parent can be a significant motivator for behavioural change.⁹⁵

The Royal Commission noted that 'for men new parenthood is a time that they may be more open to receiving information and skills development, as well as to considering alternative models of masculinity as they move into a new parental role.'⁹⁶

Engaging and intervening with people who use family violence who are birth parents or have an ongoing parenting role is an important component of promoting children's safety, wellbeing and development and supporting the non-violent parent to keep children safe.

94 Such as any child who identifies as LGBTIQ, particularly trans or non-binary children, or children who are Aboriginal or from a diverse community that one or both parents do not also identify with.

95 State of Victoria 2016, Royal Commission into Family Violence: Report and recommendations, Vol II, Parl Paper No 132 (2014-16) Chapter 10, *Perpetrators*, p. 270.

96 *Ibid.*, Chapter 10, *Responses to children and young people experiencing family violence*, p. 123.

However, interventions designed for working with parents/fathers may at times be misused by the perpetrator.

This may present as an opportunity to continue using controlling and abusive behaviour, in particular when they attempt to use attendance at a program as 'proof of their competence as a father/parent'.⁹⁷

Despite this challenge, when services do not proactively engage parents/carers who are using violence, a greater burden and unwarranted focus is placed on non-violent parents/carers and children who are engaging with the service.

This can result in non-violent parents/carers, often mothers, being blamed for 'failing to protect' their children and provided inappropriate interventions, rather than holding the parent/carer using violence responsible for exposing children to harm or directly using violence against their children.

If parenting is identified as a potential motivator, you should consider if it is safe, appropriate and reasonable in the circumstances to use this motivator, given the risk level for adult and child victim survivors, and the wellbeing and needs of the child or young person.

You should also be aware if there are system interventions, such as court-ordered parenting arrangements in place or intervention orders preventing contact.

Refer to the perpetrator-focused **Responsibilities 3, 4, 7 and 8** for further guidance on using parenting as a motivator for engagement and change.

⁹⁷ Perel G and Peled E 2008, 'The fathering of violent men: constriction and yearning', *Violence Against Women*, vol. 14, no. 4, pp. 457-482.

12.1.4 Family violence against Aboriginal people and communities



Aboriginal definitions of the nature and forms of family violence are broader than those used in the mainstream and reflect that Aboriginal families include extended family, kin and other community members who may not be directly related.

Family violence contributes to overall levels of violence reported by Aboriginal people and the trauma experienced within families and across family and community networks.

The use of family violence is not part of Aboriginal culture. The assumption that family violence is part of Aboriginal culture is an oppressive statement that creates barriers to people accessing services and taking accountability for changing behaviour.

This can also be internalised by young Aboriginal men, who may have grown up experiencing or witnessing family violence.

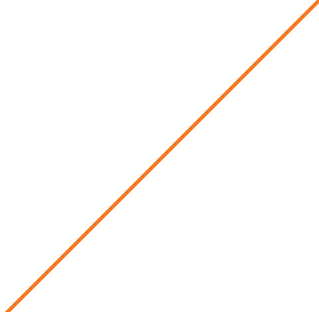
Since colonisation, Aboriginal people have experienced high levels of family violence, largely perpetrated by non-Aboriginal people against Aboriginal women and children at significantly higher levels than that experienced by non-Aboriginal women.⁹⁸

Aboriginal women are 32 times more likely than other women to be hospitalised and 10 times more likely to die from violent assault.⁹⁹ Aboriginal men can also experience family violence.

Higher prevalence of family violence against Aboriginal people, particularly Aboriginal women, is due to a number of factors, many of which relate to the generational impact of colonisation, invasion and dispossession on Aboriginal culture and communities.

⁹⁸ Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*, State Government of Victoria, Melbourne.

⁹⁹ Australian Institute of Health and Welfare 2018, *Domestic and sexual violence in Australia*, AIHW, Canberra, p. ix.



Aboriginal people experience multiple and intersecting forms of inequality and discrimination relating to culture, gender identity, sexuality, ability, spirituality and age which can compound barriers to accessing services and increase disengagement with formal supports.

Service access and engagement barriers for victim survivors

There are many barriers to seeking help for Aboriginal people experiencing family violence.

These can include past and recent experiences of systemic, individual and collective racism, judgement, unconscious bias or privilege or a lack of cultural competency from services.

Systemic discrimination in the form of current and historical policies continue to affect Aboriginal people, families and communities. This creates mistrust and uncertainty in what to expect from services and their cultural relevance.

When working with Aboriginal people, families and communities, it is also important to recognise the impact of current and historical forcible child-removal policies, including family separation and disconnection from culture and country.

This presents a barrier for Aboriginal people to engage with or trust mainstream community services, as well as statutory services and justice agencies. It is important to also recognise the ongoing impact of institutionalised abuse and neglect suffered by many removed children that continues to affect Aboriginal people, families and communities.

This is reinforced with experiences of discrimination, oppression and racism within and across the community from the predominantly white dominant culture/ community.

You will need to consider what this means in the context of risk and impact to the person experiencing family violence, or the person using violence.

You should also proactively remove barriers by considering and applying the principles outlined in this guide and victim survivor and perpetrator-focused **Responsibility 1**.

Practice considerations

Practice considerations for responding to family violence used against Aboriginal people include the following:

- ... Use a strengths-based, self-determination approach that values the strengths of Aboriginal people and the collective strengths of Aboriginal knowledge, systems and expertise — and refer to and apply the *Dhelk Dja* principles for addressing family violence.
- ... Be aware that the person using family violence or the person experiencing family violence may not be Aboriginal. The majority of family violence against Aboriginal adults and children is perpetrated by non-Aboriginal family members.
- ... Family violence against Aboriginal people can include perpetrators denying or disconnecting victim survivors from cultural identity and connection to family, community and culture, including denial of Traditional Owner rights. This might include people using violence exploiting lack of connection to or contact with families, culture and supports for members of the Stolen Generations who have lost contact with families of origin. Isolation from community and culture are significant concerns and are highly impactful for Aboriginal people.
- ... Aboriginal people may be reluctant to seek help that involves leaving their families and communities, given previous policies of dispossession and removal, including the Stolen Generations, and current high rates of child removal.
- ... Aboriginal children are overrepresented in child protection matters, particularly in the context of family violence. Professionals should support parents/ carers seeking assistance and acknowledge and respond to fears about child protection and the possibility of children being removed from their care.

- ... Aboriginal people may be concerned that seeking help will create conflict in the community. For example, given the high rates of Aboriginal deaths in custody, some community members may negatively view a victim survivor's engagement with the police and justice system. When assessing risk to Aboriginal people, you should keep in mind the context of violence and potential repercussions from other Aboriginal family members if action is taken.
- ... Professionals should support both Aboriginal adults' and children's cultural safety when undertaking family violence risk assessment and management. This means recognising inherent rights to family, community, cultural practices and identity, including when working with Aboriginal children with non-Aboriginal parents and family members. **Responsibility 1** provides further guidance on cultural safety.
- ... Many Aboriginal people may prefer to use Aboriginal services. It is important to provide choice and service options for Aboriginal people experiencing family violence. If a family member is Aboriginal, whether they are a victim survivor or another family member, professionals can offer to connect with Aboriginal community-controlled organisations for family violence support (also refer to victim survivor-focused **Responsibilities 4 and 5**).

Recognising common presentations and narratives of people using violence

If the person using violence is non-Aboriginal, read this section in conjunction with the previous sections on the gendered drivers of family violence.

White men and men from dominant cultures and positions of power or privilege may seek to collude with professionals to exploit systemic discrimination and bias of systems and professionals against Aboriginal victim survivors.

All people using violence use common narratives including denial, minimisation, blaming the victim survivor for their use of violence, claiming to be the 'real' victim and justifying their use of violence.

These narratives may focus on the person's own experience of family violence or trauma, to minimise or reduce responsibility for their violence against adult and child victim survivors.

Non-Aboriginal people using violence towards Aboriginal family members may present with narratives that attempt to use systems abuse by seeking collusion from services.

They may do this by presenting as charming or attempting to draw parallels between their own (often) white, dominant-culture male privilege and capacity and that of the professional or service. Their aim may be to exacerbate discrimination, avoid responsibility and undermine victim survivors' access to services.

They may use negative language or make inaccurate reports to police or child protection, to misidentify an Aboriginal victim survivor as using violence as a tactic of coercive control.

People using violence towards Aboriginal victim survivors may seek to prevent them from accessing their family, community or culture for support.

They may use derogatory language about the victim survivor's Aboriginal identity as a tactic to belittle and isolate the Aboriginal victim survivor.

The person using violence may use coercive control to force an Aboriginal victim survivor into illegal activities, exacerbating and compounding ramifications for Aboriginal victim survivors who are overrepresented in justice systems.

Violence may also be occurring beyond intimate partner relationships, within the broader family or community.

Professionals must consider these extended family relationships and unique dynamics, to identify any other coercive and controlling behaviour.

Stereotypes of Aboriginal women's use of violence

Some services and professionals may hold biases about Aboriginal women being violent.

In this context, it is important to consider the realities of violent resistance.

Women may use force in response to patterns of violence from a predominant aggressor or person using violence. This results in many women being misidentified as a perpetrator.

Supporting women who use force requires a different risk management approach than responding to predominant aggressors/people who use family violence, due to intersecting structural inequalities, including those based on gender.

This approach must prioritise their risk management as victim survivors of family violence, and it can be supplemented with information on safety planning for self and their families.

Services must be aware that non-Aboriginal men using family violence may be more likely to exploit service stereotypes about Aboriginal women being violent.

By employing this stereotype, they can position themselves as the 'victim' (adopt a victim stance) and invite systems to collude with this narrative, leading to a misidentification of the (real) victim survivor.

Non-Aboriginal men who use family violence often use their position of privilege and confidence in using the service system to seek collusion from services and professionals to represent their own position or to further perpetrate systems abuse.

This may exacerbate barriers for Aboriginal victim survivors in receiving services, such as through increased fear of child removal for adult victim survivor parent/carers.

Service access and engagement barriers for perpetrators and people using violence

If working with a non-Aboriginal man using violence against an intimate partner, refer to guidance about service access and engagement barriers in previous sections. These include help-seeking and attitudes and feelings towards victim survivors including parenting responsibilities.

In addition to these barriers to engagement, non-Aboriginal people who use violence towards Aboriginal family and community may present with specific tactics that invite collusion from professionals and exploit their privilege to 'make invisible' their own violence.

Where services and professionals recognise these tactics and behaviours, it is important to respond using a balanced approach to keep the person engaged with the service system (refer to **Responsibility 3**). Identify opportunities to work collaboratively with other professionals to minimise further systems abuse and exploitation.

Aboriginal people who use violence also experience similar service access barriers that Aboriginal victim survivors experience. This is due to systemic inequality, barriers and discriminatory policies, practices and systems.

Aboriginal people using violence also live within the context of historical and current dynamics in which family violence occurs. This includes the impacts of colonisation, loss of culture, trauma accumulated across generations, access to employment, connection to Country and kinship relations, and the historical and current impacts of forced child removal.

Services and professionals must avoid stereotypes and biases related to family violence in Aboriginal communities to prevent additional barriers for Aboriginal people to access services.

Aboriginal-led programs have an essential role to play in modelling healthy, respectful relationships to support Aboriginal men to reconnect to culture and Country, and to maintain and preserve safe and respectful behaviours in their relationships.

Practice considerations for responding to Aboriginal victim survivors will also assist you to engage with an Aboriginal person using violence. Some additional things to consider include the following:

- ... Apply *Dhelk Dja* principles, culturally safe, trauma and violence-informed practices, led by a self-determination approach and empowering individuals and community in all engagement to actively address service access barriers.
- ... Focus on safety for self and safety for family and community, being aware of and supporting the need for Aboriginal-led holistic healing and therapeutic services for people who use violence, while holding and promoting accountability from the beginning of engagement.¹⁰⁰
- ... Use a person-centred, 'person in their context' approach, to consider the meaning and significance of connections to family, community and culture for the person using family violence. Seek cultural consultation to provide a culturally safe trauma-informed approach.
- ... Reflect on the potential consequences of your engagement and actions to the safety and wellbeing of adult and child victim survivors and community.
- ... Understand that Aboriginal people may choose to use mainstream services at times, for example to maintain anonymity, and all services must be prepared to provide a culturally responsive and safe response.

¹⁰⁰ Department of Health and Human Services 2018, *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families*, State Government of Victoria, Melbourne; Braybrook A 2015, 'Family violence in Aboriginal communities', DVRCV Advocate, <<http://www.dvrcv.org.au/sites/default/files/Family-violence-in-Aboriginal-communities-FVPLS.pdf>>, accessed 12 October 2019.

12.1.5 Family violence against older people (elder abuse)



Elder abuse is a form of family violence. In the Victorian family violence context, this is defined as any behaviour of a perpetrator as defined in the FVPA where it has occurred within any family or family-like (including unpaid carer) relationship where there is an implication of trust, and which results in harm to an older person.¹⁰¹ This includes any family violence risk factor that applies to an adult victim survivor from a perpetrator's behaviour.

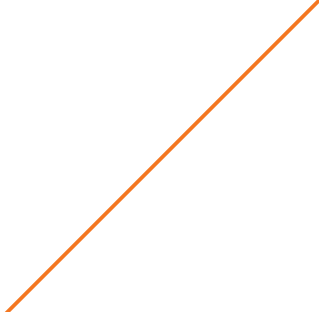
There is growing recognition of elder abuse as a form of family violence, and greater attention on how the family violence service system responds to older people. This is enhancing the evidence base of prevalence and best-practice responses.

It is important to recognise that older people are a diverse cohort. All older people can experience family violence.

Most older people live independently and do not require care or support; however, they can still experience violence from adult children and other family members.

Given the prevalence and impact of family violence from adult children, this guidance has a particular focus on older people who do require care and support – as well as where an adult child is themselves in a period of transition and is relying on an older person for care and support.

¹⁰¹ Elder abuse that is not within the definition of family violence may also include social abuse or neglect, abuse by trusted others, or abuse that is experienced in service or institutional settings, such as professional misconduct by paid carers. These forms may relate to behaviour that is centred around ignorance or negligence, such as carer stress.



As with all family violence, some forms of abuse may constitute criminal acts, such as financial¹⁰², physical, sexual abuse and neglect.¹⁰³

An adult child who misappropriates their parent's finances may have committed a crime such as theft if they have not sought permission to take the funds and have no intention of returning them.

Elder abuse may be the continued experience of family violence from intimate partners which may have occurred over a number of years. It may have commenced or escalated more recently. For older people experiencing intimate partner violence, the perpetrator profile is generally the same as if they were a younger person experiencing intimate partner violence.

The use of power and control by a perpetrator of elder abuse is similar to that used by perpetrators of intimate partner violence. However, some forms of elder abuse can have a different perpetrator profile.

Older people can also experience forms of elder abuse from other family members, such as intergenerational abuse (for example, from an adult child to parent/s or grandchild/ren to grandparent/s).

Women remain over-represented as victim survivors of elder abuse generally, however, more men experience abuse as an older person than in other contexts. The perpetrator profile can also differ, where for example, women are more likely to be perpetrators in situations of intergenerational abuse than in other contexts.

In addition to gender, the drivers of elder abuse can also include ageism. When not perpetrated by an intimate partner or carer of the person experiencing family violence, elder abuse is most commonly recognised as perpetrated by adult children.

102 This may depend on the circumstances of the financial abuse.

103 For example, neglect that results in physical assault or harm.

It commonly manifests as financial abuse from adult children or other family members arising from ageist attitudes of entitlement to a parent or relative's assets.¹⁰⁴

Older people are recognised as an at-risk age group as they may be in a period of transition, which can increase dependence on family/carers.

This transition may create real and/or perceived 'vulnerabilities' that are targeted by perpetrators of elder abuse. This may also lead to discrimination from services or by society at large due to broader ageist attitudes.

Perceived vulnerabilities can include:

- ... recent loss of a spouse
- ... declining or diminished mental capacity or physical health from age-related diseases
- ... becoming marginalised and devalued due to ageism
- ... social and community connections diminishing over time, leading to isolation which increases susceptibility to mistreatment and abuse
- ... loss of economic power, or the accumulation of substantial assets
- ... language or financial literacy barriers reducing access to information, services and resources
- ... dependence on others
- ... poor or limited housing options.

Dependence is not a defining characteristic of family violence. In some situations, the older person may be independent but is supporting the person using family violence, particularly in providing housing or financial support.

For example, adult children with a history of perpetration or who are currently using family violence towards their partner or another family member, may return home and perpetrate violence against their parents.

104 Bagshaw D et al. 2013, 'Financial abuse of older people by family members: views and experiences of older Australians and their family members', *Australian Social Work*, vol. 66, no. 1, pp. 123-133; Association for Conflict Resolution 2015, 'Elder mediation and the financial abuse of older people by a family member', *Conflict Resolution Quarterly*.

Adult children may be receiving support from their parents in relation to use of alcohol and drugs, gambling and/or criminal activity.

Older people may feel obligated to support their children in these situations.

Service access and engagement barriers for victim survivors

Older people sometimes want to protect their family relationships and will put the needs of other family members before their own.

They may be more likely to seek alternatives to legal pathways when reaching out for assistance, as they simply want the perpetrator's behaviour to stop.

Older people may try to avoid any further justice or legal consequences for the perpetrator in the hope of preserving the relationship, reducing further abuse or not wanting the perpetrator to 'get into trouble' from police and justice interventions.

How older people are considered within family and community relationships can be deeply bound to culture or faith.

Violence against older people must be informed by a recognition and understanding of their family structure, cultural or faith background.

There may also be gendered and normative expectations of women to remain in abusive relationships, or that family violence matters should be dealt with privately or within the family.

Some older people may believe abusive behaviour is a normal part of relationships or of ageing or hold fears that if an abusive caregiver is removed, they will lose access to care, or will face an unchosen change in living circumstances.

Violence against older Aboriginal people must be informed by an understanding of the context of Aboriginal family violence. This includes their many-layered experiences, the importance of familial and community roles that Aboriginal people and Elders hold, and the relationships of Aboriginal families and communities. You can work collaboratively with other services with expertise in this area to improve your understanding and response, if needed.

Other family members may also notice controlling or abusive behaviours but may feel unclear about who to turn to for support. They may also not want to exacerbate family tensions or other relationship issues.

This may signify unconscious biases and ageism, leading to a perception that elder abuse warrants less attention or need for intervention than equivalent forms of family violence occurring in other relationships and community contexts. This can be particularly true for intimate partner violence between older people. Family members or services may have an assumption that:

- ... intimate partner violence does not exist in older relationships
- ... violence from an older intimate partner is less severe than that perpetrated by younger intimate partners
- ... that ageing limits a person's sexual expression or the likelihood of sexual abuse.¹⁰⁵

These incorrect assumptions can be blind spots that affect the way services provide access, and assess and respond to risk, as professionals may not recognise behaviour as controlling or abusive.

Seek secondary consultation with specialist services to provide safe responses to older people, including Aboriginal Elders or older people from diverse communities, and refer to victim survivor-focused **Responsibilities 5 and 6**.

¹⁰⁵ The Royal Commission noted instances where victim survivors of sexual abuse by older men with dementia were not recognised by health professionals as being abused. Norma's Project also found there is evidence to suggest that sexual abuse against older women is likely to be underreported. Mann R, Horsley P, Barrett C, Tinney J 2014, *Norma's Project. a research study into the sexual assault of older women in Australia*, ARCSHS monograph series no. 98, ARCHSH, Melbourne.

Specific practice considerations relating to all MARAM Framework risk factors for older people are outlined in victim survivor-focused **Responsibility 7**.

Practice considerations

Practice considerations for responding to older people experiencing family violence (elder abuse) include, but are not limited, to the following:

- ... Be aware of ageism from services and your own potential for unconscious bias and ageism. This can include not recognising their experience as family violence or undermining the person's agency, such as by not engaging with them directly but instead engaging and potentially colluding with adult children who might be perpetrators.
- ... Be careful not to assume someone is incompetent or has cognitive disability (including dementia) based on how they present or communicate, particularly as they may be experiencing trauma or grief or depression. Capacity and competence should always be presumed unless the engagement, information gathering and secondary consultation suggests this is affected. Key principles and obligations under the *Medical Treatment Planning and Decisions Act 2016 (Vic)* and *Guardianship and Administration Act 2019 (Vic)* should guide response to older people with a disability or whose cognitive capacity is affected. These include:
 - ... A person should be presumed to have capacity unless there is evidence to suggest otherwise.
 - ... Capacity can fluctuate — a person may have decision-making capacity for some decisions and not others, and this may be temporary or permanent.
 - ... A person has decision-making capacity if appropriate supports and adjustments can overcome any capacity issues.
 - ... Professionals should not make assumptions based on the person's appearance or the perceived merits of decisions they make.¹⁰⁶
- ... For older people with cognitive disability, capability to engage with services, including self-assessed levels of risk may be affected. Ensure appropriate supports and adjustments are provided for older people with disabilities or whose cognition is affected to address any issues with capacity.¹⁰⁷ This may include communication supports (for example, speech pathologists), formal or informal advocacy, and different communication strategies (written, Easy English, and verbal reiteration).
- ... Be careful not to assume someone is incompetent or has dementia based on how they present when they may be experiencing trauma, such as how this is expressed as grief.
- ... There are few specialist services working with older people experiencing family violence. Universal services might not be aware of relevant services and how to connect service users to them. Professionals can connect and collaborate with different services in relation to issues arising from family violence, such as financial and legal services to put in place financial counselling, enduring powers of attorney, wills and advance care directives.
- ... Victoria Police can conduct welfare checks at the request of service providers. They can also provide support relating to financial abuse.

¹⁰⁷ Service providers have obligations to provide reasonable adjustments for people with disabilities under the *Equal Opportunity Act 2010 (Vic)*.

¹⁰⁶ *Medical Treatment Planning and Decisions Act 2016 (Vic)*, ss 4, 7; *Guardianship and Administration Act 2019 (Vic)*, ss 5, 8, 9.

Recognising common perpetrator presentations and narratives

Any behaviour that is recognised as a family violence risk factor can be perpetrated against an older person.

The most commonly identified and visible form of elder abuse is the perpetration of financial abuse.

This may stem from the perpetrator's ageist beliefs or attitudes (linked to the devaluing of older people in society). The perpetrator may also have a self-perceived entitlement to the older person's resources, placing their own needs or desires above the needs of the older person.

Perpetrators often use psychological or emotional abuse to enact the financial abuse.

Some perpetrators use family violence in the form of neglect, such as intentional acts or omissions of care from family members who are responsible for care, including under guardianship arrangements.

People who perpetrate elder abuse may exhibit some of the following behaviours or narratives:

- ... Perpetrators may exploit or exacerbate actual or perceived 'vulnerabilities' to isolate and control the older person. This may include an adult child perpetrator leveraging a stereotype about older women and their capacity to manage finances in order to take control of decision-making, which is presented as 'helping out'.
- ... Perpetrators may use community perceptions about their own virtue as a 'carer', their competence and worthiness, to present themselves to services as trustworthy, and to undermine a victim survivor's confidence. They may undermine the victim survivor's efforts to access system supports, such as health and aged care services, or not support or prevent them from independently accessing services. Sometimes, a perpetrator will purport to be a carer (and claim associated payments and/or accommodation) but not undertake any caring responsibilities.

... People who have caring responsibilities may seek to justify or attribute their use of family violence to 'carer stress', feeling that their caring work means they are entitled to additional control over the person they are caring for.¹⁰⁸ They may also seek to justify the violence because of perceptions of 'sacrifice' due to taking on caring responsibilities. Some people who use justifications of 'carer stress' may also resent their responsibilities and the older person, which can influence their self-perceptions about their use of violence (minimising their violence or blaming the person they are caring for). Ageism and perceptions about providing care and support for older people can contribute to the perception that certain behaviours are 'helpful' or inherent to the caring role, which in other contexts would be considered 'controlling'.

... A perpetrator might exploit stereotypes of older people being less competent than younger people and less able to make decisions for themselves as a way to justify controlling an older person's access to communication, mobility or medical needs.

... A perpetrator may undermine the victim survivor's cognitive functioning and play upon community perceptions of perceived vulnerability to justify control.

... A perpetrator may exclude the victim survivor from being present in hearings or major decisions about their lives by saying 'they would be upset' if they were involved.

¹⁰⁸ This is commonly identified in health service settings.

Service access and engagement barriers for perpetrators

Perpetrators of elder abuse who are adult children or carers will have varying types of contact or engagement with the service system overall. They present with different circumstances and psychosocial needs – which may relate to their use of family violence.

These issues can introduce barriers to help-seeking or access to services that would enhance their motivation or capacity for behaviour change.

This may include circumstances and psychosocial needs of the perpetrator, including:

- ... mental health or wellbeing
- ... drug and alcohol use
- ... financial instability and gambling
- ... unemployment
- ... housing instability
- ... social isolation.

Points of contact might be through the health advocacy service supporting the older person victim survivor. These might include general practitioners, nurses and other health professionals, NDIS or other disability supports, pharmacists, social clubs, and banking and financial institutions.

Older people who use family violence may experience difficulties in accessing and maintaining engagement with services due to feelings of shame or other health issues, for example, dementia and other behavioural or cognitive issues, and mobility restrictions.

Practice considerations enabling access for older people who are experiencing violence should be considered to enable access to services for older people who are using violence.

In addition to above engagement of adult children and carers, refer to the practice considerations for responding to older people experiencing family violence (elder abuse), as to how they may also assist you with engaging an older person using violence.

12.1.6 Family violence against people from culturally, linguistically and faith-diverse communities



There are some commonly experienced risk factors for people from culturally and linguistically diverse and faith communities.

These can include:

- ... perpetrators' use of threats relating to immigration, visa status and sponsorship as forms of isolation, controlling behaviours and forced dependence on the perpetrator. This can occur across all relationships and identities. For people from LGBTIQ communities, this may include perpetrators exploiting fears about persecution, discrimination or rejection from family for the victim survivor if they were forced to return to their country of origin. A person's culture and immigration status might also affect their experiences of family violence and willingness to disclose the violence
- ... family networks supporting the perpetrator's use of violence or feeling it is justified. This might include those family networks also perpetrating violence towards the victim survivor (multiple or proxy perpetrators) or socially isolating them from community and culture for choosing to address it
- ... service access barriers relating to a lack of services' understanding of the complexities of family violence for particular communities and faiths
- ... victim survivors sympathising with perpetrators because of difficulties they are facing, such as experiences of racism.

Service access and engagement barriers for victim survivors

People from culturally, linguistically and faith-diverse communities can experience systemic barriers to seeking support including those relating to the following:

- ... speaking no or limited English or having limited access to interpreters (which may be more pronounced in rural and regional areas)
- ... limited access to information about family violence and support services, particularly in their preferred language
- ... limited information about Australian laws and services
- ... reservations about engaging with authorities or services due to past experiences or current fears and misconceptions. You can address these fears by providing support to understand why questions are being asked about their personal life and about their children's safety, stability and development. You should spend time explaining how the system works in ways that are relevant to the person
- ... lack of cultural awareness and safety from service providers.

Practice considerations

Practice considerations for responding to people experiencing family violence from diverse cultural, linguistic or faith backgrounds, including people from migrant or refugee backgrounds, include, but are not limited to the following:

- ... Consider the cultural context of the person or family and how this may affect their experience of family violence. For example, the person may:
 - ... face cultural stigma, taboos and social and community pressures
 - ... be isolated from social or family networks as a result of family violence, particularly where they are newly arrived migrants, and may be dependent on partners or family members for financial support and transport

... have cultural or faith-based beliefs that discourage separation or divorce

... hold parenting norms and practices that are influenced by many factors, including culture and faith-based beliefs.

- ... Consider the effects of recent experiences of racism and discrimination in Australia (this extends to their children and other family members).
- ... Consider experiences of significant trauma prior to migrating to Australia, particularly where they are from refugee or asylum seeker backgrounds.
- ... Be aware of how visa or immigration status can impact on access to services. For example, they may be living in Australia on a temporary or provisional visa and fear the implications of visas being cancelled if family violence is disclosed. This fear can also extend to access to their children, where their children are Australian citizens, or where the perpetrator makes threats to take the children overseas. They may also fear facing punishment or being killed if they return to their country of origin. Perpetrators may exploit these fears.
- ... Be aware of fears about engaging the legal system or police. This may be due to lack of trust based on experience in their country of origin (if applicable), or because they have experienced or heard about others in their community experiencing racism from Australian police or legal systems. Some may also have particular fears and misconceptions about engaging with legal systems in Australia relating to residency and citizenship status.

Recognising common perpetrator presentations and narratives

While there are common narratives and presentations across all cohorts of people who use family violence, some nuances around beliefs and attitudes exist for people who use family violence from culturally, linguistically and faith-diverse communities.

These can relate to gender and family roles, relationships to extended family, responsibility for financial control and entitlement, dowry entitlement, parenting, visa access and stability, and age-related expectations.

Culture or religion should never be accepted as justifications for a person's violence towards family members.

Perpetrators can feel protected by the community and community leaders, including at times where they feel their beliefs or attitudes about gender and family roles and acceptable behaviours are shared or colluded with, or pressure is placed on victim survivors not to report violence.

Service access and engagement barriers for perpetrators

When working with people who use family violence from culturally, linguistically and faith-diverse communities, you should seek to understand the varying and diverse cultural and spiritual dynamics in which family violence occurs.

Factors that may compound a perpetrator's risk of using violence include:

- ... beliefs and expectations around family, family life and roles
- ... dynamics of perpetration by multiple family members, including extended family and in-laws in Australia or overseas
- ... the experiences of trauma associated with migration and asylum seeking
- ... experiences of racism, social isolation and distress related to immigration
- ... lack of access to formal and structural supports due to lack of culturally response services and visa status.

Some people experience increased barriers to accessing support around the use of violence.

As for all people who use family violence, the experience of shame impairs decisions for help-seeking, particularly from leaders within their own community.

Consider ways to enable access to services for victim survivors from culturally, linguistically and faith-diverse communities. Enabling service access by reducing barriers and structural inequality is also essential when working with people using violence from the community.

If working with a person using violence who is not from a culturally, linguistically or faith-diverse community, refer to guidance about service access barriers, as appropriate to the person's identity, throughout this section.

People using violence who are from white, dominant culture backgrounds may present with specific tactics that invite collusion from professionals and exploit their privilege to 'make invisible' their own violence.

Where you recognise these tactics and behaviours, it is important to respond using a balanced approach to keep the person engaged with the service system (refer to perpetrator-focused **Responsibility 3**).

Identify opportunities to work collaboratively with other professionals to minimise further systems abuse and exploitation.

12.1.7 Family violence in lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) communities



The majority of experiences of family violence among LGBTIQ communities mirror those within heterosexual and cisgendered relationships.

The impact of biphobia, homophobia, transphobia, heterosexism and heteronormativity on the experience and response to intimate partner violence in LGBTIQ relationships is pronounced.¹⁰⁹

Heteronormativity is the internalisation of heterosexism at the individual, cultural and institutional level, as well as expectations about gender and sexuality, and their presentation in LGBTIQ relationships.

These forms of discrimination can also be used by LGBTIQ people to exercise power and control in their relationships.

Additionally, some LGBTIQ people may not recognise their experience as family violence. This is because it is primarily recognised across the community as experienced by cisgender women and children from cisgender men, and LGBTIQ people's experiences fall outside of this traditionally recognised power dynamic.

While awareness of family violence in LGBTIQ relationships and communities is mixed, evidence suggests higher identification and self-reporting when presented with specific forms of violence experienced from an intimate partner or a family member rather than in general terms.¹¹⁰

¹⁰⁹ Australian Institute of Family Studies 2015, *Intimate partner violence in lesbian, gay, bisexual, trans, intersex and queer communities*, CFCA professional resource, AIFS, Canberra, pp 3-4.

¹¹⁰ Hill AO, Bourne A, McNair R, Carman M and Lyons A 2020, *Private Lives 3: the health and wellbeing of LGBTIQ people in Australia*. ARCSHS monograph series no. 122, ARCSHS, Melbourne.

A 2018 Our Watch literature review found that:¹¹¹

- ... rates of intimate partner violence (IPV) against LGBTIQ people are as high as the rates experienced by cisgender women in intimate heterosexual relationships. However, rates of IPV may be higher for bisexual, transgender and gender-diverse people
- ... lesbians are more likely than gay men to report having been in an abusive relationship
- ... it is unknown how rates of IPV and/or family violence against people with intersex variations compare due to a lack of research
- ... violence from other family members may also be higher. Some examples are:
 - ... young people subject to homo/bi/transphobia being kicked out of the home after coming out about their sexuality or gender identity
 - ... gender diverse LGBTIQ people who rely on others for care and support because of age or disability having their means of gender affirmation denied, such as through the withholding of hormones by their children
 - ... older, dependent transgender people being denied access to hormone treatment by their children.

The 2020 *Private Lives 3* survey further indicates that, among participants:¹¹²

- ... more than 4 in 10 people identified ever being in an intimate relationship where they felt they were abused in some way, with emotional abuse, verbal abuse, physical violence and sexual assault commonly reported experiences
- ... almost 4 in 10 people identified ever feeling abused by a family member (either birth or chosen family), with verbal abuse, LGBTIQ-related abuse, emotional abuse and physical violence commonly reported experiences

¹¹¹ OurWatch 2017, *Primary prevention of family violence against people from LGBTI communities: an analysis of existing research*, p. 49.

¹¹² Hill AO, Bourne A, McNair R, Carman M and Lyons A 2020, op. cit., pp. 70-74.

- ... non-binary participants and trans men experienced higher rates of intimate partner violence and violence from a family member than cisgender women, cisgender men and trans women
- ... more than half reported the perpetrator of intimate partner violence to be 'cisgender man', and in reports of family violence almost three-quarters identified the perpetrator as 'parent'
- ... while only 1 in 10 people reported LGBTIQ-related abuse from an intimate partner (e.g., threatening to 'out' the victim survivor, withholding hormones or medication), experiences of violence from family members was reported by survey participants as significantly linked to sexual orientation, gender identity and/or gender expression or intersex variation/s.

There are a number of family violence risk behaviours that are unique to intimate partner violence in LGBTIQ relationships. These include:

- ... threats to out, or actual outing of the partner, when they have not disclosed their sexuality, gender, intersex or HIV status, as a method of control
- ... threats to a partner's capacity or right to children. This may be undermining or exacerbating fears about the legal status of children in same-gender relationships
- ... threats to limit or refuse a relationship with their children if they leave the relationship, when the other person is a non-birth or non-biological parent
- ... isolating the partner from contact with the LGBTIQ community and organisations, making it difficult for the abused partner to seek help, including using the victim's intersex status, sexuality, transgender, gender expression or HIV status to threaten, undermine or isolate them from their family or community
- ... abusive and undermining gendering or misgendering in relationships, such as those relating to binaries of masculinity/femininity 'butch'/'femme'

- ... exploiting deep feelings of unworthiness or shame the victim survivor might hold about being 'deserving' of the violence linked to experiences of discrimination, violence, and internalised biphobia, homophobia and transphobia
- ... controlling their partner's access to health treatments and medications (such as access to hormone therapy for people transitioning to affirm their gender identity)
- ... if the perpetrator has a chronic illness, using guilt to manipulate or keep the partner in the relationship; threatening to, or actually infecting their partner where the illness is one that can be transmitted; deliberately placing their partner of significant risk by not taking reasonable precautions to prevent transmission
- ... using technology to facilitate sexual violence and harassment.

Service access and engagement barriers for victim survivors

LGBTIQ people may mistrust the service system due to previous experiences of historical institutional or interpersonal abuse, discrimination or uneducated responses.

There are a range of ways barriers to access and engagement present, including:

- ... avoiding services or only seeking them out during times of crisis for fear of further stigmatisation
- ... not reporting violence to police
- ... preferring to access LGBTIQ services rather than mainstream services
- ... seeking support through the community rather than the service system
- ... fear of revealing sexual orientation, intersex status, sex or gender identity to a service, leading to inappropriate responses

- ... poor levels of understanding by mainstream service providers of key issues including common patterns of violence against LGBTIQ people, and how to respond/refer. Examples of myths include:
 - ... that the more masculine partner is the more violent
 - ... that women cannot be violent
 - ... that biological parents have a more significant connection with children. This can lead to risk being underestimated, violence minimised and/or the victim not being believed or responded to
- ... the lack of crisis services for male, transgender and non-binary victim survivors (particularly crisis accommodation), and programs for female and non-binary perpetrators
- ... a limited understanding of homo/bi/transphobia from family of origin as being recognised as family violence and appropriate referral pathways.

The number of LGBTIQ family violence services is limited.

However, it has expanded since the Royal Commission, and the family violence sector as a whole is building knowledge and capacity around LGBTIQ family violence inclusion in mainstream services.

Practice considerations

Practice considerations for responding to LGBTIQ people experiencing family violence include, but are not limited to the following:

- ... Recognise how the dominant understanding of family violence as only involving heterosexual cisgendered male perpetrators and their cisgendered female partners contributes to low levels of identification and reporting and is a key factor in the 'invisibility' of family violence against LGBTIQ people.
- ... Be mindful of the diversity of identities and experiences across 'LGBTIQ' to consider the individual's specific identity and what this means for risk assessment and management.

- ... LGBTIQ people may fear isolation or losing community support or connections by reporting family violence, particularly as they may have less support from their family of origin.
- ... There may be pressure not to identify violence or abuse within LGBTIQ relationships for fear it may fuel homo/bi/transphobia — particularly following the high levels of homo/bi/transphobia against LGBTIQ people during the 2017 Marriage Equality debate.
- ... Consider current and historical discriminatory laws against people on the basis of sex, sexuality and gender identity (among other attributes), such as where they conflict with religious beliefs, contributing to fears of discrimination from services.
- ... Be mindful of failing to recognise LGBTIQ victim survivors' identity or relationships, for example providing personal safety intervention orders instead of family violence intervention orders.
- ... Children and young people who experience family violence are more likely to suicide at all points along the journey from seeking safety to recovery and health. The risks of suicide are extremely high in young LGBTIQ people, particularly trans and gender-diverse young people. For LGBTIQ young people, this additional high risk is compounded by an increased risk if they have experienced family violence.¹¹³

113 Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A 2021, *Writing Themselves In 4: the health and wellbeing of LGBTQA+ young people in Australia, national report, monograph series no. 124, ARCSHS, Melbourne, p. 10*. LGBTIQ young people (aged 16 to 17 years) were five times more likely to seriously consider attempting suicide in the past 12 months than the general population. And 1 in 10 aged 16 to 17 had attempted suicide in the past 12 months, almost three times the general population. In addition, one in four 16–17-year-old LGBTIQ young people had attempted suicide in their lifetimes, four times the rate of the general population.

Recognising common perpetrator presentations and narratives

Many stereotypes exist about LGBTIQ intimate partner violence. These can both influence professionals' responses and form the basis of narratives provided by perpetrators to minimise or justify their behaviour.

In the context of relationships across LGBTIQ communities, cisnormativity, heteronormativity, and social norms and understandings around gender and sexuality can be internalised and imported into LGBTIQ relationships, leading to particular forms of coercive and controlling behaviours.

While similar patterns of coercive and controlling behaviour occur, heterosexist attitudes can also play out within LGBTIQ relationships along masculine and feminine relationship dynamics.

The general tolerance of violent expressions between heterosexual cisgender men within society has provided the foundation for normalising abuse, as well as making invisible the real prevalence, seriousness and impact of risk associated with family violence in relationships between male-identifying people, which is often not 'seen' or is downplayed.

There may be an assumption that only straight, cisgendered men are violent. Similarly, where there is violence between cisgender women or female-identifying people, this may not be visible or may be downplayed as 'less serious' or perceived as less likely/believed than violence between cisgender men.

Common presentations of behaviours and narratives among perpetrators include:

- ... the violence is a result of 'mutual violence'
- ... the violence is ok because 'men fight equally', 'boys are being boys' and have comparable strength
- ... violence doesn't occur in female-identifying same-gender relationships, presenting the belief or narrative that violence is only perpetrated by cis-men

- ... avoiding responsibility for violence through using chronic illness and 'weakness' to deflect the possibility that they could be abusive or controlling
- ... claiming the other person is a perpetrator of violence based on their physical stature or physical conformity to heteronormative expressions of gender and sexuality
- ... expressing previous experiences of trauma as anxiety to justify control over a current partner
- ... outing them to family, community networks, employers etc.

Guidance on responding to narratives of 'mutual violence' is outlined under guidance on identifying predominant aggressors in **Section 12.2.1**, and in the victim and perpetrator-focused **Responsibilities 3, 5, 6 and 7**.

Service access and engagement barriers for perpetrators

The same practice considerations for enabling access to services for LGBTQI victim survivors apply for perpetrators.

In engaging or working with people from LGBTIQ communities who are using family violence, you should understand how multiple layers of discrimination, stigma, marginalisation and oppression are experienced and perpetuated through systems and services. In your practice, you should seek to work against these factors.

Key considerations for working with people using family violence include the following:

- ... Remove barriers leading to stress and the reduction of help-seeking (e.g., housing).
- ... Understand the dual nature of victimisation and perpetration of violence experienced by this community.
- ... Use inclusive language
- ... Understand the broader issues faced by LGBTIQ people, without affirming stereotypes.

12.1.8 Family violence against LGBTIQ people by families of origin

Family violence against LGBTIQ people by family members is widely unrecognised across the service system.

Recognising common family of origin perpetrator presentations and narratives

This form of family violence may present in a range of ways, including:

- ... undermining sexual orientation or gender identity and the value of intimate relationships, calling it a 'phase' or not a real relationship
- ... refusing to acknowledge the status of the relationship or the partner by ignoring them
- ... refusal to use or correcting their pronouns (including the pronouns of their partner)
- ... using beliefs about faith or religion, gender, sexuality, family and relationships to de-legitimise or undermine identity of an LGBTIQ person, particularly young people. This could lead to relationship breakdown, housing and financial distress and parental/family abandonment
- ... minimising or justifying violence and harm under the guise of 'protective parenting' or 'rights' to parental control and discipline, rather than as family violence and targeted harm that is based on their child's sexual orientation or gender identity (also refer to perpetrator-focused **Responsibility 2** – observable narratives and behaviours).

Note that coercive and controlling behaviours including pressure to participate in conversion practices and services. These are recognised examples of family violence under the *Family Violence Protection Act 2008* and of harassment under the *Personal Safety Intervention Orders Act 2010*.

Service access and engagement barriers for perpetrators

In engaging or working with family of origin who are using violence, it is important to keep the following in mind:

- ... Often violence from family members related to identity and relationship recognition is not seen as family violence, making it harder to raise awareness and link to behaviour change supports.
- ... Some barriers to service engagement are related to minimising and justifying in relation to beliefs in 'rights' of parental control and discipline. These narratives may legitimise biphobia, homophobia or transphobia based on personal and faith-based beliefs not held by the victim survivor. For example, this includes a parent's belief in their 'legitimate' right to object to their child's sexual orientation or gender identity.

People using violence who are not from LGBTIQ community may present with specific tactics that invite collusion from professionals and exploit their privilege to 'make invisible' their own violence.

Where you recognise these tactics and behaviours, it is important to respond using a balanced approach to keep the person/family engaged with the service system (refer to perpetrator-focused **Responsibility 3**). This includes identifying opportunities to work collaboratively with other professionals to minimise systems abuse, exploitation and further violence.

12.1.9 Family violence against people with disabilities



There are more than one million people with a disability living in Victoria.¹¹⁴ This includes a wide range of disabilities that can affect how people access and participate in services, family and community in different ways.

Disabilities can be cognitive, physical, sensory, result from **acquired brain injury**, be neurological, or related to mental illness.

Further information about the relationship between family violence and acquired brain injury can be found in the 'Acquired brain injury as a result of family violence' section below. **Section 12.1.10** discusses family violence and mental illness. **Section 12.1.17** discusses perpetrators with complex needs, including cognitive disability and acquired brain injury.

Family violence is the leading cause of death, disability and ill health in women aged 18–44.¹¹⁵ People of all genders with disabilities are also at higher risk of experiencing family violence.

The intersection of gender and disability increases the risk of violence against women and girls with disabilities.¹¹⁶ International and Australian evidence shows that women with a disability experience violence more intensely and frequently than other women.¹¹⁷

The Victorian Royal Commission into Family Violence acknowledged women with disabilities experience all forms of violence at higher rates than women without disabilities.

People with disabilities are also affected by current and historical practices of institutionalisation, and trauma stemming from this needs to be considered, along with any barriers they may present to future services engagement.

114 State of Victoria 2017, *Absolutely everyone: state disability plan 2017–2020*, p. 9.

115 ANROWS 2016, *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women*, Compass 7, p. 3.

116 Women with Disabilities Victoria 2014, *Position statement: Violence against women with disabilities*.

117 Women with Disabilities Australia 2013, *Stop the violence: Addressing violence against women and girls with disabilities in Australia, background paper*, p. 27.

The social model of disability can help you respond to marginalisation and discrimination. This model recognises that disability is not only a person's condition, but the result of disabling social structures, attitudes and environments.¹¹⁸

You should have a general awareness of different types of disability and ask people with disability about any support requirements or adjustments they need.¹¹⁹

Service access and barriers for victim survivors

People with disabilities may face several barriers affecting their ability to seek support including:

- ... lack of economic resources and/or sufficient income
- ... lack of support options (or lack of awareness regarding support options)
- ... lack of access to refuges and other suitable long-term housing alternatives
- ... lack of access to interpreters, communication devices, assistance to communicate and information in an appropriate format
- ... bias of professionals in their recognition or engagement with people with disabilities.

Specific barriers to receiving appropriate and effective services include services lacking knowledge and confidence in working with people with disabilities, and professionals believing they are ill-equipped to respond.

Professionals can address this by working in a proactive and collaborative way, including through secondary consultation and referral with organisations specialising in working with people with disabilities (refer to the victim survivor-focused **Responsibilities 5 and 6**).

118 Women with Disabilities Victoria 2014, op. cit.

119 Service providers have obligations to provide reasonable adjustments for people with disabilities under the *Equal Opportunity Act 2010* (Vic).

People with disabilities experience barriers that arise from particular dynamics and forms of family violence, which among other things can affect a willingness to disclose family violence. These can include the following:

- ... People with disabilities may be reluctant to report the violence because the perpetrator may be controlling or isolating them through their assistance with essential activities, such as personal care, communication, mobility, parenting or transport.
- ... Perpetrators might use particular tactics towards victim survivors with a disability to exploit and exacerbate general fears relating to experiences of discrimination in the community. This might include threatening victim survivors with being sent to institutions or support services as a way of undermining both the victim survivor and their relationships with children.
- ... Some people with disabilities may normalise the experience of being controlled and abused, especially if this has been accepted by service providers. For example, where a carer is asked or encouraged to 'speak for' the person with the disability.
- ... People with disabilities can experience social isolation stemming from the marginalised position of people with disability in society.
- ... Professionals should be aware of issues relating to failure to address family violence perpetrated in a community residential or other care settings (for example, where a resident uses violence against another, or a long-standing carer in a 'family-like' relationship uses violence against a person with disability).

... People with disabilities can be the subject of negative stereotypes or discrimination, which can mean people are not believed when they report violence and tailoring your approach to reassure the person against these assumptions and stereotypes. These stereotypes can impact:

- ... perceptions of their capability as parents
- ... perceptions of the likelihood of the person lying or misunderstanding situations as violent
- ... perceptions of their capacity to provide evidence, including competent testimony in court
- ... increased risk of having their child removed from their care for parents with a disability, or experiencing a mental health issue, homelessness or who live in a regional area.¹²⁰

For example:

- ... Women with disabilities are often undermined about their parenting skills and abilities as a common tactic used by perpetrators, which can be reinforced through conscious or unconscious bias by professionals.
- ... Women with children with disabilities can experience additional barriers to service or risk management responses where there is lack of 'responsibility' taken by services in providing coordinated responses.
- ... Children with disabilities may not have their experience of risk from a perpetrator's behaviour adequately identified or assessed, including behaviours that are targeted directly to them or indirectly by witnessing or being exposed to its impacts, particularly on their caregivers.

120 Victoria Legal Aid 2020, *Achieving safe and certain homes for children: Recommendations to improve the permanency amendments to the Children, Youth and Families Act 2005 based on the experience of our clients*. This report states that since the introduction of the permanency amendments to the *Children, Youth and Families (Permanent Care and Other Matters) Act 2014*, 19 per cent of children who had a parent with a disclosed disability were removed from their parents and are not on a reunification pathway, compared with 11 per cent of children whose parents did not have a disclosed disability (p. 14); Carter B 2015, *Rebuilding the village: supporting families where a parent has a disability*, Report No 2, Office of the Public Advocate, p. 4.

- ... Women with disabilities have commonly experienced discrimination, structural inequality (including in the form of physical and communication barriers) and bias when seeking to access services.
- ... Women with disabilities may experience lifetimes of discrimination and violence, preventing them from opportunities to experience safety and make free choices.

Practice considerations

Practice considerations for responding to and attempting to overcome these barriers for people with disabilities experiencing family violence include, but are not limited to the following:

- ... Use a respectful, strengths-based approach. Believe the person and take their experiences seriously. While this is important for all victim survivors, it can be particularly important for people with disabilities in the context of these barriers, fears, assumptions and stereotypes.
- ... Recognise how experiences of marginalisation and discrimination might affect the person's engagement. Address any physical or communication access barriers. Person-centred responses that adjust the environment to fit the needs of a person with intellectual or other cognitive disabilities will improve the person's capacities to respond to the demands of the context.¹²¹ This includes providing access to communication supports and adjustments if needed, such as Auslan interpreters for people who are Deaf or hard of hearing, communication aids and accessible formats.
- ... Ensure responses are guided by principles and obligations under the *Medical Treatment Planning and Decisions Act 2006* (Vic) and *Guardianship and Administration Act 1986* (Vic) when working with people with a disability or whose cognitive capacity is affected.

121 Wehmeyer ML, Shogren K, Angel Verdugo M, Nota L, Soresi S, Lee S-H and Lachapelle Y 2014, 'Cognitive impairment and intellectual disability', *Special education international perspectives: biopsychosocial, cultural, and disability aspects*, Emerald Group, pp. 55-89.

- ... Some people with disabilities may have a guardian or administrator. The guardian must act as an advocate for the person, act in their best interests, take into account their views and wishes and make decisions that are the least restrictive of the person's freedom of decision and action.¹²²
- ... Design interventions to provide support to enable people with cognitive disability to participate in services. Such interventions and supports include issues pertaining to Universal Design for Learning, multi-tiered systems of supports, and promoting the self-determination of people with disabilities.¹²³

Acquired brain injury as a result of family violence

Acquired brain injury (ABI) can result from a perpetrator's use of external force applied to the head (including with weapons, striking the head, shaking or being pushed into an object or to the ground) and from stroke, lack of oxygen (including from choking or strangulation) and poisoning.

ABI can result in a range of physical, cognitive and behavioural disabilities that can impact adults, children and young people in a variety of ways, including their capacity to engage in safety planning and risk management.

Recent Victorian research found that the association between family violence and ABI in Victoria is significant.¹²⁴

It is likely to be more significant even than this research suggests, as this data is unlikely to reflect all cases of ABI.

Most victim survivors will not seek medical attention or attend a hospital when they have sustained a brain injury as a result of a perpetrator's actions. Even if they do, their brain injury may not be detected.

122 You can find more information at the Office of the Public Advocate's phone advice line and [website](#) about the role of guardians and working with people under guardianship. This includes considering the role of supported decision-making to guide people with cognitive disabilities to exercise their rights and make decisions, including through risk management and safety planning.

123 Ibid.

124 Brain Injury Australia 2018, *The prevalence of acquired brain injury among victims and perpetrators of family violence*.

This includes childhood head injuries that may never have been attended to, resulting in long-term impacts.

Aboriginal women are at very high risk of traumatic brain injury, with research suggesting they are 69 times more likely to be hospitalised for head injury due to assault.¹²⁵

Children are more vulnerable to brain injury from physical assault because of their smaller size and rapidly developing brains. Inflicted brain injury (which includes 'shaken baby syndrome') is the leading cause of death and disability in children who have been abused. Infants are at the greatest risk.

It is important to remember that victim survivors may be concerned about the stigma of disclosing ABI concerns. In particular, they may fear that this could lead to questions about their personal agency or autonomy, decision-making and parenting capacity.

You should also be sensitive to the concerns that victim survivors may have if they had not previously understood the impacts of violence on the brain, for themselves and their children.

Victim survivors may also find the possibility of being diagnosed with an ABI confronting, especially if they have not previously identified as a person with disabilities.

Perpetrators may also have ABIs, as a result of experiences of violence, including family violence.

This can affect their response to interventions or risk management strategies, so it is important to consider this possibility during risk assessment.

125 Jamieson LM, Harrison JE and Berry JG 2008, 'Hospitalisation for head injury due to assault among Indigenous and non-Indigenous Australians, July 1999 – June 2005', *Medical Journal of Australia*, vol. 188, no. 10.

Recognising common perpetrator presentations and narratives

An intimate partner, carer, adult child or other family member may be using family violence against a victim survivor with disability.

They may target perceived 'vulnerabilities' or use ableist beliefs to weaponise the structural inequality, barriers or discrimination experienced by the victim survivor.

A person using violence may use these tactics as a way to methodically gain power and control over the victim survivor and avoid taking responsibility for their use of violence.

Stereotypes about disability can form the basis of narratives provided by perpetrators to minimise or justify their family violence behaviour.

These ableist stereotypes and beliefs can also affect professionals' responses to people with disability, through colluding with the narrative of the person using violence.

Common presentations of family violence behaviours and narratives among people who use violence against people with disability include:

- ... exploiting community attitudes of carers being 'virtuous' and 'helpful' as a tactic of system collusion, undermining the victim survivor's involvement in the service. They may present to the service in a way that the professional believes the victim survivor is 'lucky' to have them in their life. Similarly, the perpetrator may blame 'carer stress' as a way to avoid taking responsibility for their actions or behaviours, or minimise their violence or its impacts on the victim survivor
- ... undermining or pathologising a person's cognitive capacity, for example, through statements such as, 'They're crazy, you need to speak with me because they don't understand things.'
- ... weaponising community assumptions about people with disabilities as parents and threatening to institutionalise the victim survivor, and/or to have the victim survivors' children removed

- ... withholding food, water, medication or personal care, or threatening to do so, to coerce and/or control the victim survivor
- ... tampering with the victim survivor's support devices (e.g., removing parts of a wheelchair) to further exert control.

It is important to be aware that people using violence will target a victim survivor's specific disabilities.

People who use violence who are carers may also exploit confusion around navigating support systems such as the NDIS or Centrelink to maintain control as 'gatekeepers' to service access.

This type of behaviour can manifest in a variety of ways.

For example, the person using violence might:

- ... be the NDIS nominee and exploit this to make decisions for the person with disability, isolating them from support and misuse their finances
- ... reinforce or exploit the victim survivor's fear of using disability services, perpetuating a narrative that interventions will subject them to discrimination and harmful stereotyping
- ... present to services with the victim survivor and answer on their behalf and not allow the victim survivor to respond
- ... constantly express dissatisfaction with services or carers who are sent to provide in-home care. This constant dismissal of services could be another tactic of isolating the victim survivor and maintaining control.

This 'gatekeeping' of service access can lead to system collusion. You should be aware of the presentations and narratives you observe and respond to them as family violence risk to the victim survivor with disability.

Service access and barriers for perpetrators

People who use family violence towards people with disabilities are most likely to be identified through their engagement with the service system on behalf of a person with disability.

When you recognise narratives and invitations to collude, you can seek to engage with the person/carer using violence by drawing out information about their perception of their carer role.

A person using violence who is in a caring role may have additional 'barriers' to engagement, such as stoicism, inability or reluctance to accept alternative options for care, and beliefs about the role of family in the person's care (rather than services).

Opportunities to reduce barriers to service access for both themselves and the person with disability may present through processes of reframing caring responsibilities to include other supports available.

Practice considerations enabling access for victim survivors with disabilities should be considered to enable access to services for people using violence with disabilities.

If working with a person using violence against a person with disability, refer to guidance about service access barriers, as appropriate to the person's identity and relationship to the victim survivor, described throughout **Section 12.1.9**.

People without disabilities who are using violence may present with specific tactics that invite collusion from professionals and exploit their privilege to 'make invisible' their own violence.

Where you recognise these tactics and behaviours, respond using a balanced approach to keep the person engaged with the service system (refer to perpetrator-focused **Responsibility 3**). Identify opportunities to work collaboratively with other professionals to minimise opportunities for systems abuse, exploitation and further violence.

Section 12.1.17 outlines recognition of perpetrators of family violence with cognitive disabilities, including ABI.

12.1.10 Family violence against people with mental health issues and mental illness



People with mental health issues and mental illness and psychological distress experience particular barriers and forms of family violence.

A perpetrator's use of family violence can exacerbate existing mental illness, cause mental disorder and mental illness, and impact negatively on recovery.

Perpetrators may be carers who are intimate partners, parents, children or other family members or carers who have a family-like relationship to the victim survivor.

The main mental health impacts of family violence are anxiety, depression and suicidal ideation.

Eating disorders, problematic alcohol and drug use as a coping mechanism, postnatal depression, self-harm, post-traumatic stress or Post Traumatic Stress Disorder and suicide are also associated with family violence.

High rates of mental health issues and mental illness following family violence demonstrate the need for support that takes these mental health impacts into account.

Many victim survivors, especially women, experience family violence following a mental illness diagnosis.

Perpetrators can use this perceived vulnerability to target women with mental illness, resulting in their experience of multiple forms of violence that lead to greater mental health impacts.

The more recent and the longer the violence has occurred, the greater the mental health impacts. The same has been found for childhood (sexual) abuse and its short to long-term impact.

Prevalence rates of any form of abuse for people who access psychiatric services are high — between 30–60 per cent of people have a history of family violence and 50–60 per cent have experienced childhood sexual or physical abuse.¹²⁶

Some studies have found that up to 92 per cent of female psychiatric inpatients have histories of childhood abuse, family violence or both.¹²⁷

People, especially women, experiencing psychosis, schizophrenia, bipolar disorder and borderline personality disorder have experienced high levels of abuse.¹²⁸

Many people with a diagnosed mental illness have experienced both childhood abuse and family violence as an adult.

Women who have also experienced childhood trauma are more likely to experience depression for a longer time, pointing to the cumulative effect of multiple traumas.

Women who have experienced severe abuse are more likely to be diagnosed with one or more mental illnesses in their lifetime. Levels and severity of depression tend to decline over time as women feel safer.

Women accessing family violence support services, especially crisis services, experience high levels of mental health issues, including anxiety (at rates three times higher than the general population) and depression (twice that of the general population).

¹²⁶ Read J, Harper D, Tucker I and Kennedy A 2018. 'Do adult mental health services identify child abuse and neglect? A systematic review', *International Journal of Mental Health Nursing*, vol. 27, pp. 7-19.

¹²⁷ Australian Institute of Criminology 2004, *Women's experience of male violence, findings from the Australian component of the International Violence Against women survey*.

¹²⁸ Khalihef H, Moran P, Borschmann R, Dean K, Hart C, Hogg J, Orborn D, Johnson S, Howard LM 2014, 'Domestic and sexual violence against patients with severe mental illness', *Psychological Medicine*, no. 45, pp. 875-886.

In Victoria, one-third of people who die by suicide had a history of family violence.

Family violence had been present for half of the women (identified as likely victim survivors) and one-third of men who died by suicide (identified as likely perpetrators).

Further, as noted in **Section 12.1.15**, threats or attempts to self-harm or commit suicide are a risk factor for homicide–suicide.¹²⁹ This factor is an extreme extension of controlling behaviours.

Practice considerations

Practice consideration for responding to people experiencing family violence who have mental health issues or mental illness include, but are not limited to:

- ... Experiences of significant stigma and discrimination can have a worse impact than the mental illness itself.
- ... People with mental health issues and mental illness, particularly women, and their family members are at greater risk of being isolated from support networks and lack of adequate support by organisations, including mental health and family violence services.
- ... People with mental health issues and mental illness, particularly women, are more likely to disclose family violence to a healthcare professional than the police, and they are unlikely to do so unless they are asked. At the same time, many people with mental illness or mental health issues, particularly women, report problematic responses by professionals following disclosure. Inadequate support can increase distress and leave people with mental illness or mental health issues in unsafe situations.
- ... People with mental health issues may be at higher risk of sexual assault and may not be believed if they report abuse.

¹²⁹ National Domestic and Family Violence Bench Book 2018, *Dynamics of domestic and family violence: factors affecting risk*, p. 5.

Barriers to accessing support from the service system include:

- ... People with a mental illness may not be believed by professionals, especially if they experience psychosis or psychotic illnesses, or professionals might judge them as untrustworthy in their account or narrative of their experience.
- ... Perpetrators may use a mental health diagnosis to ‘gaslight’ a victim survivor, meaning that they may not easily recognise the violence they have experienced, or may struggle to feel entitled to accessing services.
- ... Service providers who are not mental health services lack confidence and consider themselves poorly equipped to work with a person with a mental health issue or mental illness.
- ... Organisations having a narrow understanding of their role. For example, mental health services have historically not embraced their role working with victims of family violence.
- ... A lack of understanding of the links between trauma and mental illness by the service system. The dominance of the bio-medical model means that trauma and mental illness are frequently separated, and distress is pathologised as mental illness, rather than a normal reaction to trauma.
- ... Service providers may not understand how trauma manifests, for example, through anxiety or depression, and may be influenced by stigmatised views of mental illness.
- ... Service providers may misunderstand a victim survivor’s distress and pathologise a normal reaction to violence as mental illness.
- ... People with multiple presenting needs, such as a mental illness and alcohol or drug issues, are more likely to experience barriers to service responses unless professionals are well linked and understand the interrelated nature of their presenting needs.

Section 12.1.17 provides guidance on perpetrators with complex needs, including mental illness.

12.1.11 Adolescents who use family violence



This section provides guidance on the presentation of and high-level response to adolescent family violence.

The victim survivor–focused *MARAM Practice Guides* emphasise that adolescents who use violence are also likely victim survivors who should be assessed and supported with risk management responses.

Adolescents who are using violence should have a different response from adult perpetrators.

The adolescents using violence *MARAM Practice Guides* provide more information. These also address adolescents who use violence who have disability or cognitive impairment.

Most incidents of violence are committed by male adolescents against mothers, which may progress to using violence against women as adults.¹³⁰

Violence in the home from an adolescent towards a sibling is a specific form of violence.

There is evidence that sexually abusive behaviours by adolescents is more often directed towards younger siblings.

The most common type of sibling sexual abuse is between a brother and a sister, with the brother as the abusing sibling, and brother towards brother sexual abuse is the second most common form.

Children who display problematic sexual behaviours towards their siblings may be acting out trauma as a result of having been sexually abused themselves.¹³¹

¹³⁰ Howard J 2011, *Adolescent violence in the home: the missing link in family violence prevention and response*, Australian Domestic & Family Violence Clearinghouse, p 1.

¹³¹ Australian Institute of Family Studies 2012, *Sibling sexual abuse*, ACSSA research summary no. 3, AIFS, Melbourne.

Responses to children and young people should consider their age and developmental status, attachment and relational history, their strengths and protective factors, their care situation and their overall context. This includes whether they have experienced or are currently experiencing family violence.

Responses to sexually abusive behaviours requires a specific and targeted response that should include sexually abusive behaviours treatment services.

When working with adolescents who use violence, avoid labelling them as 'violent' or 'perpetrators'. This can lead to them internalising these labels, and it can also make it harder for you to recognise their behaviour as part of a trauma response or to use a relational trauma lens supporting behaviour change.

At the same time, you should provide clear and consistent messaging that violence is not acceptable and support them to take responsibility for and change their behaviour.

When assessing a victim survivor's level of risk, guidance outlined here relating to working with perpetrators may also be applicable to considering the **impacts of violence** by an adolescent on a victim survivor.

Violence by an adolescent against a parent/carer may result from an impact of trauma, for example the inability to process emotions, self-soothe and deal with conflict.

Nevertheless, an important learning for an adolescent recovering from the impact of trauma is to be accountable for the use of violence and to learn skills and abilities to move away from the use of violence.

Having a trauma-informed approach can be held at the same time as working with an adolescent to be accountable. This is important for the adolescent's own development and to ensure others who are in close relationships with the adolescent are safe. This work is done with respect, and in a sensitive non-blaming manner.



Professionals working with adolescents need to be mindful of collusion.

This is particularly relevant if a professional is working with an adolescent without the presence or input of a parent/carer.

Adolescents, like adults who use family violence, may minimise their use of violence and its impacts, justify and deny their use of violence and blame others, particularly parents/carers for 'causing' them to use violence.

You need to be able to challenge these constraints to taking responsibility and making change.

Collusion occurs when a professional sides with the adolescent against other family members or gives a message (even inadvertently) that the use of violence is understandable.

Collusion can occur where a professional over-identifies with an adolescent or their experience.

The adolescent may describe a picture of being the victim and provide convincing reasons for why they are unfairly being blamed for the violence. Professionals need to carefully assess the family dynamics and patterns so as not to over identify or collude with the adolescent.

Collusion can also occur with a parent/carer where the parent/carer has been abusive or violent to the adolescent.

A parent/carer may describe an adolescent's behaviour in a way that does not account for family history, experience and dynamics.

Careful assessment to fully understand the family patterns and dynamics is important so as not to collude with any family members using abuse or violence.

Working with adolescent family violence needs to be a 'both/and' approach. This means the adolescent may be living in a family context where parenting is abusive, they may have experienced family violence, or they may be dealing with complex and distressing life events and issues.

The professional needs to address these contexts as well as hold the line that violence is not acceptable.

In this context, professionals need to work with the adolescent to take responsibility for their use of violence, and to also work with other issues of concern.

Further guidance on working with adolescents as victim survivors is provided in the victim survivor-focused *MARAM Practice Guides*.

Young people aged 18 to 25 years should also be considered with a developmental lens and to ensure any therapeutic needs relevant to their age and developmental stage are met.

The adult perpetrator-focused MARAM Practice Guides include relevant information for working with young people aged 18 to 25 years who are using family violence to assess and manage their risk.

12.1.12 Family violence against men¹³²

Family violence against male victims is significantly gendered. Most men experience family violence from other men, including across age groups, relationship types and communities.

In Australia, approximately 94 per cent of female victims of violence and 95 per cent of all male victims of violence report a male perpetrator.¹³³

The gendered nature of family violence stems from the dominant gendered culture, which reflects structures of power and privilege as created and perpetuated by cisgender, white 'masculine' men.

Many men are influenced by dominant norms and expectations about masculinity, or 'ways to be a man'.

They may measure themselves and others against stereotyped characteristics, such as suppression of emotion or, expression of aggression, dominance and control.

¹³² This section refers to cisgender males.

¹³³ Diemer K 2015, *ABS Personal Safety Survey: additional analysis on relationship and sex of perpetrator*, documents and working papers, research on violence against women and children, University of Melbourne.

Dominant gendered culture plays out in various and complex ways across communities and relationships.

It drives norms and expectations in relationships and can shape the use of family violence by men towards other men in the family, or in same-gender relationships.

A smaller number of heterosexual, cisgender men do experience violence from cisgender female intimate partners.

Professionals should exercise caution when responding to family violence where this relationship dynamic is reported.

There may be potential for perpetrators and victim survivors to be misidentified where male perpetrators report or present as a victim survivor, adopting a victim stance.

Male perpetrators may adopt a victim stance generally, or in relation to their experience of violent resistance from a victim survivor.

Men who experience violent resistance from victim survivors (violence that responds to their own ongoing use of family violence risk behaviours, such as coercive and controlling behaviours) are not victim survivors.

Refer to **Section 12.1.13** for further guidance on women who use force, and **Section 12.2.1** on determining the perpetrator/predominant aggressor.

Non-specialist professionals should have some understanding that these issues might present and refer to specialist family violence services for comprehensive assessment where there is uncertainty about how to determine who is the victim survivor or the perpetrator/predominant aggressor.

For men who are determined through MARAM risk assessment to be a victim survivor, the victim survivor-focused MARAM Practice Guides are appropriate for use.

If they are determined to be the predominant aggressor/perpetrator, the perpetrator-focused MARAM Practice Guide is appropriate for use.

12.1.13 Women¹³⁴ who use force in heterosexual intimate partner relationships

There is no consistent prevalence data for cisgender women who use force in intimate relationships, either in Australia or internationally.¹³⁵

Research suggests women who use force in heterosexual intimate partner relationships often have a history of experiencing family violence from their male partners.¹³⁶

They tend to use force to gain short-term control over threatening situations, rather than using already held power to dominate or control their partner.

This motivation is distinctly different from men's use of violence, which is characterised by a pattern of coercive, controlling and violent behaviour.

Women use force for a range of reasons, including to protect themselves and their children or in self-defence or violent resistance.

Where 'mutual violence' has been identified (that is, a woman has used force and their male partner is using family violence), violence is often asymmetrical, with men demonstrating stronger patterns of coercive controlling and violent family violence risk behaviours than women.¹³⁷

In this context, women are often misidentified as a perpetrator/predominant aggressor.

This occurrence is reflected in the high rate of misidentification of women as perpetrators. For example, emerging evidence suggests that approximately 1 in 10 women named as respondents to police applications for family violence intervention orders are subsequently assessed to be victim survivors.¹³⁸

¹³⁴ This section refers to cisgender females.

¹³⁵ Kertesz M et al. 2020, *Women who use force: final report – vol. 1*, University of Melbourne, Melbourne, p. 2.

¹³⁶ Ibid.

¹³⁷ Ibid.

¹³⁸ Women's Legal Service 2018, *Policy paper 1: 'Officer she's psychotic and I need protection' – Police misidentification of the 'primary aggressor' in family violence incidents in Victoria*, p. 1.

Because of this, caution is required when working with cisgender women who are identified, at any point in the system, as perpetrators of family violence, particularly if:

- ... there are cross-accusations of violence between heterosexual cisgender people, and/or if a cisgender woman is identified as the person using violence towards a cisgender man
- ... a woman is identified as a respondent to a family violence incident.

Guidance on identifying the predominant aggressor is outlined in **Section 12.2.1**, and in the victim survivor and perpetrator-focused MARAM Practice Guides for **Responsibilities 3, 5, 6 and 7**.

You should use the victim survivor-focused *MARAM Practice Guide* when working with women who are determined through MARAM risk assessment to be a victim survivor.

If they are determined to be the predominant aggressor/perpetrator, the perpetrator-focused MARAM Practice Guide is appropriate for use.

12.1.14 Perpetrators' experience of shame and use of externalised violence

Shame, as both an emotion and a process, occupies a challenging space for responding to people who use family violence.

Although Victoria's system-wide response depends on holding perpetrators to account for their behaviour, confronting a perpetrator about their use of violence through 'shaming' processes can increase risk for victim survivors and result in further denial of responsibility.¹³⁹

139 Tangney JP, Stuewig J and Hafex L 2011, 'Shame, guilt and remorse: implications for offender populations', *Journal of Forensic Psychiatry and Psychology*, vol. 22, no. 5, pp. 706-723.

Studies have found that shame is often associated with increases in aggression and a tendency to hide away and externalise responsibility for socially unacceptable behaviours.¹⁴⁰

While a perpetrator's feelings of shame can maintain violent and coercive controlling behaviours and work as a barrier to help-seeking, addressing shame is a central aspect of specialist perpetrator intervention work towards change and personal accountability.

Not all professionals working with people using violence will address shame, however, it is important to be aware of its experience and consequences, and what it may mean for engagement and increased risk.

Shame may be compounded by gendered drivers, dominant culture and social norms such as masculinity. This may reinforce tendencies to externalise distress and blame and reduce the person's capacity to take responsibility for their behaviour, to express themselves honestly and to seek help.¹⁴¹

When shame becomes toxic, people who use violence may experience reduced self-esteem and worth (for example, at the loss of a relationship with a partner or children).

A sense of hopelessness and worthlessness may become exacerbated, increasing the risk of harm towards self and violence towards others.

This can be identified as depression or reduced mental wellbeing for people at risk of suicide, which may also present as aggression/anger and violence towards adult (usually intimate partners) and child victim survivors.

140 Furukawa E et al. 2012, 'Cross-cultural continuities and discontinuities in shame, guilt, and pride: a study of children residing in Japan, Korea and the USA', *Self & Identity*, vol. 11, no. 1, pp. 90-113; Proeve M and Howells K 2002, 'Shame and guilt in child sexual offenders', *International journal of offender therapy and comparative criminology*, vol. 46, no. 6, pp. 657-667.

141 Loeffler CH, Prelog AJ, Prabha UN and Pogrebin MR 2010, 'Evaluating shame transformation in group treatment of domestic violence offenders', *International Journal of Offender Therapy and Comparative Criminology*, vol. 54, no. 4, pp. 517-536.

Understanding the context and outcomes of shame assists in identifying the connections between the risk of self-harm and suicide with the risk of homicide or homicide-suicide.

Stigma associated with perpetrating violence is a barrier to help-seeking and engaging in services.

Feeling 'judged', 'attacked' or 'threatened' by services or programs is common, and so forming trusting and positive professional relationships is essential.

12.1.15 Suicide risk of adult perpetrators and adolescents using violence

Some risk factors for family violence are 'in common', or the same as those for risk of suicide for adult perpetrators and adolescents using violence.

The risk factors that are 'in common' are understood through the correlation of increased risk of suicide for adult perpetrators and young people using violence.¹⁴²

Recognising increased risk of suicide of people who use violence

Between 2009 and 2012, around one-third of all suicide deaths of men in Victoria involved men with a history of interpersonal violence, of which more than half had been identified as perpetrators of violence. Some were also victim survivors of violence, usually as children.¹⁴³

¹⁴² These common risk factors are also present for child and adult victim survivors, however, the drivers of suicide risk for victims is different to drivers for perpetrators and young people using violence.

¹⁴³ Maclsaac et al. 2018, 'Prevalence and characteristics of interpersonal violence in people dying from suicide in Victoria, Australia', *Asia Pacific Journal of Health*, p. 3.

The National Homicide Monitoring Program has found that 80 per cent of homicide-suicides in Australia since 1989 occurred in the context of family violence.¹⁴⁴

Homicide-suicides are most likely to be perpetrated by men who:

- ... are older
- ... exhibit paranoid thinking and depression
- ... use alcohol to harmful levels
- ... have histories of impulsivity and violence
- ... have prior suicide attempts
- ... extreme minimisation and/or denial of family violence perpetration history
- ... obsessive behaviour, including stalking
- ... prior forced physical confinement and restriction of movement
- ... experience despair and hopelessness.¹⁴⁵

Despair and hopelessness are key indicators of escalated risk and the need for immediate risk management.

Responsibilities 3 and 4 have further guidance on identifying and responding to suicide risk.

There are many 'in common' risk factors for suicide and family violence, which reflects the high rates of family violence perpetrators in cohorts of people who die by suicide. These include alcohol or drug abuse, anger, reckless behaviour, and talking about death (threatening suicide).

¹⁴⁴ Australian Institute of Criminology 2008, *Murder-suicide in Australia*, crime facts info no. 176, Australian Institute of Criminology, Canberra.

¹⁴⁵ Cheng P and Jaffe P 2019, 'Examining depression among perpetrators of intimate partner homicide', *Journal of Interpersonal Violence*, doi.org/10.1177/0886260519867151.

Risk factors for suicide are outlined below, with factors in common with family violence indicated with the + symbol:

- ... previous suicide attempts
- ... history of substance abuse⁺
- ... history of mental health conditions⁺
– depression, anxiety, bipolar, PTSD
- ... relationship problems⁺ – often described as ‘conflict’ with parents and/or romantic partners, or separation
- ... legal or disciplinary problems
- ... access to harmful means, such as medication or weapons⁺
- ... recent death or suicide of a family member or a close friend
- ... ongoing exposure to bullying behaviour
- ... physical illness or disability.

Further guidance on identifying and understanding common risk factors between suicide and family violence risk is outlined in the perpetrator-focused MARAM Practice Guides for **Responsibilities 3 and 7**.

Indicators of serious and escalating risk among this cohort that **must be acted upon immediately include:**

- ... expressing feelings of losing control of the relationship, in particular, observing obsessive and desperate behaviours and victim-stance narratives
- ... losing connection with protective factors, such as employment, connections with social and other supports
- ... declining mental wellbeing and statements about inability to cope, expressions of feeling hopeless
- ... perpetrator narratives that empathise with other men who have killed partners or children, for example ‘I now understand what they went through when they killed their partner/child’.

Each of these indicators is linked to suicide and homicide–suicide risk.

Suicide risk among adolescents who use family violence

Adolescents who use family violence have unique suicide risk factors in addition to those experienced by adult perpetrators. This is compounded by increased risk of suicide for young people who have experienced family violence as victim survivors.

The 2019 Commissioner for Children and Young People report *Lost, not forgotten identified that:*

... as children grow older and their trauma starts to manifest in challenging behaviour, disengagement from school, risk taking, violence or mental ill health, professionals lose empathy. The children become seen as the problem and referred to as ‘difficult’, ‘needy’, ‘angry’ and ‘bad’.¹⁴⁶

This report found that between 2007 and 2019:

- ... 94 per cent of children who were known to child protection (particularly repeat reports) and who died by suicide had experienced family violence, and most had parents with mental illness and/or substance use issues¹⁴⁷
- ... 84 per cent were either diagnosed or suspected to have mental illness¹⁴⁸
- ... 83 per cent were recorded as having engaged in deliberate self-harm¹⁴⁹
- ... 51 per cent of the children who died by suicide in this period had contact with police in the 12 months before their deaths, 43 per cent within six weeks of death¹⁵⁰
- ... of those who had police contact, 44 per cent were alleged to have used family violence against a family member.¹⁵¹

146 Commissioner for Children and Young People 2019, *Lost, not forgotten: inquiry into children who died by suicide and were known to Child Protection*, Melbourne, p 14.

147 Ibid., p 14.

148 Ibid., p. 64.

149 Ibid.

150 Ibid., p. 17.

151 Ibid.

Practice considerations when identifying suicide risk

To date, assessment tools for assessing proximal suicide risk have been considered both 'imperfect' and 'one of the most stressful tasks for clinicians'.¹⁵²

Therefore, emerging suicide prevention research and practice places less emphasis on 'risk assessment', and more on identifying the drivers of suicidality and an individual's intent.¹⁵³

Professionals working with people who use violence are well placed to consider the 'in common' risk factors.

In family violence risk management practice with adult perpetrators and young people who are using violence, suicide safety planning, or a mental health referral response where the common risk factors are identified, is a standard minimum response across the service system and particularly for specialist practitioners.

Also consider referrals to manage social distresses that increase suicide risk, such as employment, financial and housing issues and drug and alcohol addition/use.

Common family violence and suicide risk factors, and protective factors, are considered under **Responsibilities 3 and 7**.

¹⁵² Fowler JC 2012, 'Suicide risk assessment in clinical practice: pragmatic guidelines for imperfect assessments', *Psychotherapy* (Chic), vol. 49, no. 1, pp. 81-90.

¹⁵³ Ellis TE, Rufino KA, Allen JG, Fowler JC and Jobes DA 2015, 'Impact of a suicide-specific intervention within inpatient psychiatric care: the collaborative assessment and management of suicidality', *Suicide and Life-Threatening Behavior*, vol. 45, no. 5, pp. 556-566.

12.1.16 Family violence perpetration at the time of or following natural disasters and community-wide events

Emerging research highlights the links between prevalence of gendered violence and emergencies. This is because traditional norms associated with masculinities are reinforced or strengthened in times of crisis.

At these times, where family violence has previously occurred, it is likely to increase. Where family violence has not previously occurred, it is likely to commence.

Key considerations for understanding the context of family violence at times of crisis include:¹⁵⁴

- ... the real and felt pressure experienced by men to fulfil the 'protector and provider' role within community, and feelings of failure and loss of control arising from a perceived failure to fulfil this role
- ... increased stress on people and relationships due to grief, loss, displacement, social isolation and financial instability
- ... within the community, unwillingness to hear about family violence and tendencies to discourage reporting and/or excuse the behaviour of perpetrators due to the stress or trauma they have experienced or because they are 'heroes'
- ... community monitoring and judgement of roles performed by those within and interacting with the community
- ... the belief that anger is more acceptable than tears
- ... increased reluctance to seek help, which is commonly linked to reverting to rigid and traditional notions of masculinity, heightened sexist environments, with increased behaviours associated with hypermasculinity including erratic driving, excessive drinking and jokes
- ... potential increased control and isolation from the person using violence, which means it may be more difficult for services to keep risk 'in view'
- ... increased unemployment and suicidality.

¹⁵⁴ Zara C, Weiss C and Parkinson D 2013, *Men on Black Saturday: risks and opportunities for change*, Women's Health Goulburn North East.

It is critical for anyone working in areas impacted by disaster to be aware of family violence risks for victim survivors and wellbeing and suicide risks for perpetrators.

Particular narratives or behaviours that may indicate the presence or increased risk associated with family violence include:¹⁵⁵

- ... increased anger and quickness to anger
- ... increased drinking
- ... using behaviours that are not part of their 'normal' behaviours
- ... attempts to regain a sense of masculinity and disclosure of 'failing' as a man
- ... desire to be part of a hero narrative created through perceptions of bravery.

12.1.17 Perpetrators with complex needs

People using family violence can present with and experience a multitude of complexities in their health, wellbeing and cognition. These can influence and exacerbate family violence attitudes and behaviours.

These complexities will inform your understanding, assessment and management of risk. However, they are not a reason, excuse or cause of a perpetrators' choice to use violence.

Complex needs can include drug and alcohol use, mental illness or mental health condition, or cognitive impairment. People may have more than one complex need.

The EACPI *Final report* notes that not all perpetrators who present a serious risk have complex needs, and not all perpetrators with complex needs necessarily present a serious risk of family violence reoffending.

However, 'complex needs can increase the risk of family violence (re)offending, as well as affect a perpetrator's ability to respond to treatment for family violence offending (responsivity)'.¹⁵⁶

The report also notes that 'interventions for this cohort should address violent behaviour as well as other contributing or reinforcing factors'.¹⁵⁷

¹⁵⁵ Ibid.

¹⁵⁶ Expert Advisory Committee on Perpetrator Interventions 2018, *Final report*, p. 66.

¹⁵⁷ Ibid.

You should assess and respond to people using violence using the 'person in their context' approach. This will support you to consider their co-occurring presenting needs and circumstances and how these impact on serious family violence risk behaviours.

Some complex needs are recognised as MARAM evidence-based risk factors, including mental illness or depression, and drug and/or alcohol misuse/abuse.

In and of themselves, these are not risk behaviours; however, they may influence the likelihood and severity of a perpetrator's family violence behaviours.

Responding to complex needs is a key aspect of risk management.

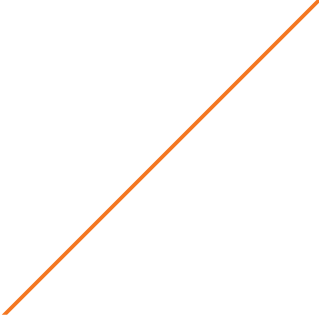
It can support the person's individual capacity to engage in interventions and increase the likelihood of eligibility for further interventions required to address their use of violence.

Victoria Police data cited in the EACPI *Final report* reveals alcohol use is involved in around 40 per cent of family violence incidents, and mental health issues as present in approximately 1 in 5 family violence incidents, with a strong association between mental illness and recidivist perpetrators.¹⁵⁸

It is important to note that the reliability of this data depends on the ability of the attending police to identify it as such.

While most people with a mental illness are not violent, poor mental health and wellbeing can have a significant influence on family violence risk and suicidality. Refer to **Section 12.1.15** for further information on suicide and homicide–suicide risk in the context of family violence.

¹⁵⁸ Ibid, p 76.



Unless it is your role to diagnose a mental illness, you should not attempt to do so.

In your engagement with a person using violence, you may be able to recognise presentations of mental ill health which can inform your assessment of risk and where appropriate, may prompt you to refer the person using violence to a mental health professional.

It is important to remember that for people with mental illness who use violence, the risk presented is impacted by fluctuations in mental state.

Disturbances in mental state may be linked with likelihood, escalation, frequency and severity of violence.

If the person is also using substances, this will further impact or cause fluctuations in mental state.

Service access and engagement barriers

The overlapping nature of these complex needs may mean it is difficult for the person to receive available treatment and support from services.

If they are referred to services that are unable address their multiple presenting needs, they may disengage and fall out of 'view' of the system.

In this case, carers/families can be left with the responsibility of supporting the person, which can increase risk if the person is using violence towards people who are providing care for them.

People using family violence are less likely to engage with services or follow up on referrals when they:

- ... present with escalating or unpredictable behaviours as a result of inconsistent or increased use of illicit drugs, alcohol, prescription drugs or inhalants
- ... have complex and multi-layered presentations that are difficult to discern from one another and respond to
- ... are moving in and out of potential psychosis
- ... have had traumatic experiences of institutions where violence was normalised and may have presentations of PTSD that may limit their willingness to engage with further service interventions.

Responding to perpetrators with complex needs

Professionals responding to people using violence with complex needs should be aware of appropriate referral pathways to address specific needs.

Risk management plans should include interventions that reinforce each other and are appropriately sequenced, to avoid overwhelming the person.

This can include:

- ... identifying any care/treatment plans that are in place and understanding the person's engagement/compliance/adherence with the plan
- ... reinforcing these plans through family violence risk management plans and safety planning conversations
- ... exploring prior engagement with systems or services (such as justice or mental health institutions)
- ... considering narratives that may indicate systems manipulation or traumatic experiences that create a barrier for future engagement
- ... addressing these experiences/narratives when planning your risk management response
- ... identifying patterns or fluctuations in mental state that may be linked with escalation, frequency and severity of use of violence and may require a specific response, and any specific planning that may be required at these times.

Recognising family violence use by people with cognitive disabilities

People with cognitive disabilities have impaired cognitive functioning.

Cognitive disabilities may include acquired brain injury (ABI), neurological impairment, developmental delay, intellectual disability, mental illness or psychosocial disability and dementia, as well as cognitive impairments because of stroke or alcohol and drug use.¹⁵⁹

Cognitive disabilities can affect a person's thought processes, interpersonal skills, behaviour regulation, movement, emotions, judgement and communication. This can adversely affect the person's independence, self-management or capacity for social, economic, cultural and educational participation.

People with cognitive disabilities may not readily present or be identified as having a disability. They might not know they have a disability, and they might not identify as having a disability.

Further, presentation and experiences can differ greatly across different types of cognitive disabilities and age groups.

For example, the developmental, life experience and necessary adjustments for a person born with an intellectual disability will differ greatly from those for a person who acquires a cognitive disability later in life.

Some cognitive disabilities may not be visible, so it is important to be aware of indicators you might observe through your engagement.

Indicators are **not** determinative without professional assessment, as they may indicate a range of things, including intoxication, sleep deprivation, or mental ill health.

¹⁵⁹ Judicial College of Victoria 2016, *Disability access bench book*.

Indicators may prompt you to ask a question or seek an assessment of cognitive disability.

These indicators of cognitive disability may include:

- ... distractibility and difficulty understanding concepts
- ... trouble with speaking and memory
- ... difficulty understanding or engaging with complex systems, legal information and the consequences of interventions
- ... unacknowledged or unrecognised delayed learning
- ... indications that the person is pretending to understand but does not.

If you suspect a person has a cognitive disability based on your observations or available information, you can ask some general questions about the person's history and circumstances. This may indicate whether it is possible the person has a cognitive disability and whether they require supports or adjustments.

There is a wide range of types of cognitive disabilities, associated life experiences, and adjustments and practice considerations that may be needed.

Seek secondary consultation with disability organisations with expertise in understanding different types of disability to inform your response (refer to victim-focused **Responsibilities 5 and 6**).

As described in **Section 12.1.9**, you should be guided by a social model of disability, focusing on the effects of disabling social structures, attitudes and environments and making adjustments to address these.

People with acquired brain injury who use violence

Some of the most common forms of ABI include traumatic brain injury, stroke, hypoxic brain damage, infection, tumours, and alcohol related brain damage.

ABI can result in physical, behavioural and cognitive disabilities.

People with ABI are overrepresented among both victim survivors and perpetrators of family violence.¹⁶⁰

Brain Injury Australia reports that there are few studies of the prevalence of brain injury among perpetrators of family violence.

However, the evidence available indicates that rates of ABI are disproportionately high among perpetrators of family violence, compared with matched non-violent community samples and the general population.¹⁶¹

The rate of ABI among samples of male perpetrators of intimate partner violence is around 60 per cent, double the rate found in matched community samples.

Additionally, ABI is a risk factor for violent crime generally due to damage to the parts of the brain that control emotions and regulate behaviour – the behavioural outcomes of this is sometimes referred to as ‘challenging behaviours’.¹⁶²

Due to this high prevalence, it is particularly important to ensure responses to people with ABI who use violence include necessary supports and adjustments.

ABI is characterised as damage to the brain after birth and throughout the lifespan.¹⁶³

A person with an intellectual disability might also acquire a brain injury later in life, impacting their life in different ways.

¹⁶⁰ Prevalence among victim survivors often resulted in acquired brain injury as a direct result of the perpetrator’s violence. Prevalence of ABI among victim survivors is reflected above in **Section 12.1.9** and across the victim survivor-focused practice guides, including through screening questions in intermediate risk assessment about harm including loss of consciousness and hits to the head or neck.

¹⁶¹ Brain Injury Australia 2018, *The prevalence of acquired brain injury among victims and perpetrators of family violence*, p vii.

¹⁶² Ibid.

¹⁶³ Australian Institute of Health and Welfare 2014, *National community services data dictionary*, AIHW, Canberra.

Acquired brain injury can have a range of physical, cognitive and behavioural effects including issues with involuntary movements, balance, physical functioning and mobility, cognition (such as concentration, memory, attention), and emotional/behavioural dysregulation/impulsivity. Refer to perpetrator-focused **Responsibility 3** for more detail.

Despite the strong association of challenging behaviours with ABI, the same behaviours can be equally present in those without ABI (for example, behaviours associated with poor regulation of emotions).

This highlights the importance of identifying whether there are underlying causes that contribute to the behaviours, which may inform your approach to risk assessment and management.

Service access and barriers for perpetrators

People with cognitive disabilities can experience barriers to service access and engagement, requiring alternative strategies to ensure participation on an equal basis with others.

In the context of working with people who use family violence, people with cognitive disabilities may face particular challenges when engaging with interventions such as behaviour change groups, accommodation services or in understanding information such as conditions of intervention orders.¹⁶⁴

Some people with cognitive disabilities may also feel unsafe talking to police or other services, as these services might not have the training or knowledge to understand cognitive disabilities, sensitive engagement and making adjustments.

It is important to use practice techniques, such as asking the person to repeat back information in their own words. This ensures people with cognitive disability understand statements or conditions and are not just agreeing to be compliant or to ‘help’ the professional.

¹⁶⁴ State of Victoria 2016, *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132 (2014–16), Volume IV Report and recommendations, pp. 179, 198, 280.

Having this understanding is important to inform the type and approach to interventions, and to ensure people using violence can participate, understand what is occurring and stay engaged with the service system.

As a starting point, you should always ask the person about their preferred communication method.

Adjustments might include using plain English materials, allowing the person to use any communication aids, using clear, concise language and short sentences, repeating information to confirm understanding, avoiding jargon including around medical and legal information, and providing breaks.

You may also need to conduct risk assessment conversations over time/a series of appointments, to ensure you can work with the person at their pace.

Refer to perpetrator-focused **Responsibility 3** for more information on identifying cognitive disability.

Balancing practice approaches and understanding

Professionals should practice in a way that balances accountability for the use of violence with an awareness of the person's experiences of structural inequality, which includes lack of access to resources and opportunities, ableism, ageism and disabling environments.¹⁶⁵

Recognising and responding to people with cognitive disabilities who use violence requires sensitivity to the 'lack of able-bodied privilege that these perpetrators experience in many aspects of their lives.'¹⁶⁶

¹⁶⁵ The term 'disabling environments' reflects the social model of disability, which recognises disability is not just a person's condition but the result of disabling social structures, attitudes and environments; Women with Disabilities Victoria 2014, *Position statement: violence against women with disabilities*.

¹⁶⁶ Deloitte 2019, *Evaluation of new community-based perpetrator interventions and case management trials: final evaluation report*, p. 26.

While experiences of marginalisation and discrimination do not excuse a person's use of violence, it is important to recognise how individuals can be both using violence and experiencing barriers of systemic ableism at the same time.

Where a person has capacity, the choice to use violence still rests with them.

The EACPI *Final report* outlines that complex needs, including cognitive disability, are not usually the cause of the person using violence, but require adequate identification and management to reduce the risk of the person using violence.¹⁶⁷

As such, you should understand that people with cognitive disabilities can use violence while also requiring care and adjustments to increase capacity for behaviour change.

You can provide support to address both needs and behaviour concurrently.

People with cognitive disabilities may perpetrate violence towards another person with a disability or person without a disability, including intimate partners, children, carers and other family members.

You must be aware to not align with the myth that people with cognitive disabilities cannot perpetrate family violence due to their disability and are not more likely to be violent because of their cognitive disability.

People with cognitive disability need to be assessed on an individual basis without preconceptions. People with cognitive disabilities can still have capacity, and therefore responsibility, for their family violence behaviour.

The level of capacity can be conceptualised as a continuum – the severity of a person's impairment is linked to the degree of decreased capacity.

¹⁶⁷ Expert Advisory Committee on Perpetrator Interventions 2018, *Final report*, p. 71.

Recognising common perpetrator presentations and narratives in relation to cognitive disability

Some common presentations that may indicate the presence of a cognitive disability or family violence behaviours¹⁶⁸ include:

- ... obsessive and controlling styles of behaviour and increased high dependence being expressed as 'not being able to distance themselves from their partner or carer', which relates to trying to keep partner in the relationship
- ... anxiety and controlling behaviours, thinking their partner will leave them due to their disability
- ... non-recognition of own behaviours or their impact, and to what extent they are linked to diagnosed/ undiagnosed conditions
- ... antisocial or risk-taking behaviours
- ... inability to empathise or understand the other person's perspective
- ... abusive behaviours that are linked to poor impulse control or reduced self-regulation
- ... lack of awareness or care of the consequences of actions due to inability to connect actions to reactions.

A person with a cognitive disability may use violence towards another person and minimise their responsibility by stating that the victim survivor 'upset' them and 'made them use violence'.

For example, a person with ABI may avoid taking responsibility for their violence with statements like, 'I can't help it, I have a brain injury.'

In this case, it is important to also address their use of violence in a way that recognises their cognitive capacity and provides tailored support to them to change their behaviour.

¹⁶⁸ It is important to undertake further identification or assessment of family violence behaviours to ensure they are present. A cognitive disability may be present at the same time as family violence behaviours.

Further guidance and approach to risk assessment and management

The perpetrator-focused MARAM Practice Guides for **Responsibilities 3 and 7** provide further guidance on recognising and responding to people using violence who have a cognitive disability. These focus particularly on the high prevalence of ABI and links to higher likelihood of violent crime.

Responsibility 7 provides specific guidance on strategies and adjustments in risk assessment, such as providing breaks and clear, structured questioning.

Any person using violence with suspected cognitive disability, including ABI, should be referred to a general practitioner to coordinate a referral to a rehabilitation professional for further neuropsychological or other relevant assessment (e.g., a neuropsychologist, occupational therapist, clinical psychologist).

Other referrals and supports could include linking to an occupational therapist, as well direct service and advocacy organisations that can assist with providing information on different disabilities and necessary supports and adjustments.¹⁶⁹

You can seek secondary consultation for support on adjustments to service environments and interventions that meet their needs, refer to perpetrator-focused **Responsibility 5**.

12.1.18 Recognising high-risk perpetrators' use of family violence

The EACPI Final report notes that some perpetrators who commit acts of family violence that cause severe physical injury or even death do not have any previous history of family violence offending.¹⁷⁰

However, EACPI also cites Crime Statistics Agency data showing that most high-risk perpetrators have known histories of family violence perpetration against intimate partners.

¹⁶⁹ Organisations including Synapse, Brain Injury Australia, Scope Australia and the Office of the Public Advocate (who coordinate the Independent Third Persons Program) can provide information about a range of cognitive disabilities and support to consider a tailored approach to interventions, providing adjustments and communication supports.

¹⁷⁰ Expert Advisory Committee on Perpetrator Interventions 2018, *Final report*, p. 67.

Around 40 per cent of high-risk perpetrators are also identified as using violence against other family members and have a history of non-family violence offending.¹⁷¹

This means that many family violence perpetrators are already known to the system.

In these cases, the ongoing challenge for services is how to intervene effectively to reduce repeat violence and prevent the escalation of violence.

Recognising common high-risk perpetrator presentations

High-risk perpetrators will present to the service system with a range of co-occurring high-risk factors and behaviours. These include:¹⁷²

- ... if they are younger perpetrators, displaying high risk-taking behaviours
- ... if they are older, having entrenched violent behaviours
- ... expressing strong victim stance, overwhelming sense of hopelessness and blaming of other party for their behaviour or its impacts
- ... holding little to no regard for legal sanctions or processes, resulting in:
 - ... persistent breaches to legal sanctions, including intervention, corrections and family law (parenting) orders
 - ... long criminal history, with frequent periods of imprisonment
 - ... connections to criminal groups and gangs.

171 Coghlan S and Millsteed M 2017, *Identifying the differences between generalist and specialist family violence perpetrators: risk factors and perpetrator characteristics*, In Brief No. 8, Crime Statistics Agency.

172 Andrews DA 2015, *The psychology of criminal conduct*, Routledge, Oxfordshire and New York; Mazerolle P et al. 2000, 'Onset age, persistence, and offending versatility: comparisons across gender', *Criminology* vol. 38, no. 4, pp. 1143-1172; Lowenstein J et al. 2016, 'A systematic review on the relationship between antisocial, borderline and narcissistic personality disorder diagnostic traits and risk of violence to others in a clinical and forensic sample', *Borderline Personality Disorder and Emotion Dysregulation* vol. 3, no. 1.

- ... exhibiting extreme gendered expectations and attitudes
- ... showing little to no capacity for empathy, present with psychopathy or sociopathy, or personality disorder
- ... stalking and predatory behaviours, indicated by an intense control of movement or surveillance of the victim survivor
- ... using sexual violence through coercion and manipulation, including attempting to ensure the victim survivor is continuously pregnant as a form of control
- ... having multiple victims now or over a long period of time, and/or targeting victims with actual or perceived vulnerabilities related to their needs or identity.
- ... Some of the common presentations above are consistent with the evidence base on homicide and/or homicide-suicide in the context of family violence. Refer to **Section 12.1.15** and perpetrator-focused **Responsibility 3** for further information.

Service access and engagement barriers

There are very few needs-based responses available to serious risk offenders. Their contact with the service system mainly occurs through justice settings.

People operating at this level of violence often have very low voluntary engagement with services and may actively avoid contact.

Men in this cohort commonly experience feelings of system injustice and discrimination.

Responding to high-risk perpetrators with proactive and coordinated intervention

Professionals' responsibilities to undertake active and coordinated interventions are outlined in the perpetrator-focused **Responsibilities 4, 8, 9 and 10.**

While opportunities for change among high-risk perpetrators are low, you should still actively manage risk through coordinated interventions.

You should identify points of potential conversation and engagement that are outside of 'usual' service delivery, and work collaboratively with professionals across the service system to leverage opportunities.

Any opportunity to have contact with and engage a perpetrator should be maximised. Give priority to assessing and addressing criminogenic needs.

This includes developing exit planning strategies for those leaving correctional facilities.

Perpetrators in positions of authority and impact on victim survivors

Any person in a position of power in a community or professional setting, or any role that directly relates to authority, can use that position to target their use of violence, use systems abuse or reduce access to support for victim survivors. In a community setting, these roles may include cultural, religious leaders or community social group leaders. In small metropolitan, rural or regional communities, perpetrators may be well respected and have social standing that imbues them with power, such as a school principal, local counsellor, firefighter or community sports leader.

In professional settings, perpetrators who are in significant positions of power within society, including those working in the justice system such as policing, armed and correctional services, or other recognised positions of authority or standing in the community, can present specific risks to victim survivors.

Perpetrators in these positions of authority and power may:

- ... have control over their family due to the nature of their employment, such as frequent redeployment, causing the victim survivor to be socially isolated and economically dependent on the person using violence¹⁷³
- ... operate within a workplace culture where rigid social norms around hypermasculinity may be elevated. Workplaces where dominating and controlling behaviours are considered leadership traits and held in high regard (i.e. military services), may diminish or discourage traits that are deemed feminine such as empathy, fear or sadness¹⁷⁴
- ... have capacity due to their position to access information that increases risk to the victim survivor and impact on the victim survivor's willingness to seek help (such as state-owned record management systems)
- ... encourage their peers to collude:
 - ... with their narratives and behaviours and narratives to minimise or justify their use of violence¹⁷⁵ and/or
 - ... limiting the service response options available to the victim survivor
- ... use their access to weapons to control the victim survivor.

As part of the narrative, perpetrators in positions of power may minimise, justify or shift responsibility for their behaviours due to the impact of their work on their health or wellbeing, or experience of trauma. They may be less likely to accept responsibility for family violence behaviours or support for related needs (such as mental illness) due to associated stigma and potential consequences such as being discharged or deemed unfit to deploy.¹⁷⁶

173 Pollard R and Ferguson C 2020, 'Intimate partner violence within Australian Defence Force families: an exploratory study', *Journal of Gender-Based Violence*, vol. 4, no. 2, p. 4.

174 *Ibid.*, p. 4.

175 This can include perpetration of family violence behaviours by proxy

176 *Ibid.*, p. 17.

As a result of these types of controlling behaviours and the position of authority the perpetrator is in, the victim survivor is likely to feel isolated or particularly fearful of reporting their experiences to authorities and services due to:¹⁷⁷

- ... Fear that they will not be believed if they seek help in the community, or that as a consequence of seeking help for experiencing violence they will be ostracised from their community
- ... Minimisation or normalisation of the person's use of violence due to the high level of stress they endure in their workplace. Societal acceptance that a range of occupations involving exposure to traumatic situations with often life-threatening and violent outcomes, has previously made family violence less visible and 'normalised' within some relationships
- ... Being reliant on support including housing, compensation and resources to meet basic needs (for example from ADF). Access to these may be contingent on maintaining a relationship with the person using violence, which can include accepting the role of carer to support the person using violence in their military duties, such as where the person using violence may have experiences of PTSD¹⁷⁸
- ... Fear that the person using violence will be able to use their occupational knowledge and expertise to locate them if they leave, avoid prosecution, or manipulate the system into not believing them. People using violence in positions of power may exacerbate fears of victim survivors that system intervention cannot guarantee their safety and confidentiality

- ... Fear of retaliation from the perpetrator for disclosing violence where there are impacts on their employment, such as the perpetrator's behaviour becoming known to their workplace and facing disciplinary actions or losing their job. There may be fear of increased severity of violence if the person has access and licence to use firearms
- ... Capacity for people in positions of power to intimidate and seek collusion from colleagues to further perpetrate, threaten or coerce a victim survivor to drop charges or withdraw family violence intervention or other orders.

Stronger positions of power and systems awareness enables perpetrators to exploit their position and standing in the method, narrative and behaviour they use to seek collusion from other professionals and services. People using violence in positions of power may have more knowledge, skill and capacity to use systems abuse behaviours to reduce victim survivors' access to services, and navigate or weaponise systems as a method of coercive control.

People using violence in positions of power may have more knowledge, skill and capacity to use systems abuse behaviours to reduce victim survivors' access to services.

Stronger systems awareness enables perpetrators in positions of power to understand how to seek collusion from other professionals and services with their narrative and behaviour, exploiting their position and capacity to navigate and weaponise systems as methods of coercive control.

¹⁷⁷ Kwan J, Sparrow K, Facer-Irwin E, Thandi G, Fear NT and MacManus D 2020, 'Prevalence of intimate partner violence perpetration among military populations: a systematic review and meta-analysis', *Aggression and Violence Behavior*, vol. 53, art. no. 101419; Saunders DG, Prost SG and Oehme K 2016, 'Responses of police officers to cases of officer domestic violence: effects and demographic and professional factors', *Journal of Family Violence*, vol. 31, pp. 771-784.

¹⁷⁸ Ibid., p. 21.

12.2 INFORMING OUR PRACTICE

12.2.1 Perpetrator/predominant aggressor and misidentification¹⁷⁹

Family violence risk assessment and management practice includes identifying:

- ... the person experiencing family violence (the victim survivor)
- ... the person using violence (the perpetrator)
- ... the ongoing risk of victimisation and perpetration of violence.

Correctly identifying each party is critical. This informs all immediate and ongoing strategies to reduce the risk of harm.

Harm includes the perpetrator's use of violence and coercive control, the impact of family violence on victim survivors, and the unintentional harm or trauma created through system responses.

Identifying the person who has used a **pattern** of coercive, controlling and violent behaviour over time is key to identifying the perpetrator.

Where there is cross-disclosure, cross-accusations or observations of 'mutual' or 'bi-directional' violence (for further information, refer to below), the person who exhibits this pattern would be identified as the 'predominant aggressor' in the family relationship.

The predominant aggressor is the person causing the greatest family violence harm to a partner or family member.

Failure to identify the predominant aggressor may result in the misidentification of the victim survivor as the perpetrator.

Misidentification can lead to a number of system responses such as civil or criminal orders.

¹⁷⁹ This guidance uses the term 'predominant aggressor' rather than 'primary aggressor'. This is to avoid mutualising family violence perpetration with use of force and other self-protective behaviours that can lead to misidentification of the 'real' perpetrator.

This can have long-lasting negative consequences on the victim survivor. It can lead to mistrust of police and the intervention system, resulting in reluctance to report subsequent violence.¹⁸⁰

Misidentification can be due to a number of different factors. These factors include perpetrator behaviours, such as using vexatious claims or systems abuse as part of a pattern of coercive control, as well as system failures, for example, low levels of understanding about LGBTIQ relationships in parts of the service system.¹⁸¹

Perpetrators may be misidentified as victim survivors for a range of reasons.

They may use the criminal justice system to control the victim survivor by contacting the police and making false accusations.

They may also believe that they have a right to control the victim survivor by whatever means they choose, and they may express their dissatisfaction in losing control by misrepresenting themselves as a victim survivor.

Some perpetrators of family violence report being victim survivors.

A perpetrator can overtly present themselves as the victim of the violence to manipulate services, including police, and get them 'on side' with their narrative, resulting in the 'real' victim being misidentified as a perpetrator.

This tactic is a form of systems abuse and has significant impact on victim survivors.

Presenting in this way is consistent with the victim stance that many perpetrators adopt to justify and excuse their behaviour.

Perpetrators may also aim to convince service providers that they are the victim survivor or use a range of behaviours to avoid or deflect their responsibility for using family violence.

¹⁸⁰ Women's Legal Service 2018, *Policy paper 1: "Officer she's psychotic and I need protection" – Police misidentification of the 'primary aggressor' in family violence incidents in Victoria*.

¹⁸¹ Rainbow Health Victoria 2020, *Pride in prevention: a guide to primary prevention of family violence experienced by LGBTIQ communities*, p. 9.

Perpetrators may also present with narratives of injustice from system interventions, which may be related to their own experiences of violence, marginalisation and discrimination.

Research evidence suggests that misidentification of victim survivors is more likely in some circumstances than others.

Those at higher risk of being misidentified include victim survivors:

- ... from Aboriginal communities
- ... from culturally, linguistically and faith-diverse communities (especially where there is a language barrier)
- ... with a disability
- ... identifying as trans and/or gender diverse
- ... with a mental illness
- ... in same-gender relationships.¹⁸²

Some victim survivors may be misidentified as a perpetrator where they have used self-defence or violent resistance in response to their experience of the perpetrator's pattern of violence and coercive control, or for actions taken to defend another family member.

Victim survivors are also misidentified as a perpetrator based on misinterpretation of their presentation or behaviour.

This can be due to direct and deliberate misrepresentation by the perpetrator, or due to bias on behalf of professionals and services, such as gender norms and stereotyped expectations of, for example, women's behaviour.

Women's behaviour is often misinterpreted in relation to:

- ... their response to the impact of violence on them (such as trauma responses)
- ... having mental health issues
- ... the influence of alcohol or other drugs
- ... perceived or actual aggression towards police or at initiation of police contact.

¹⁸² No to Violence 2019, *Discussion paper: predominant aggressor identification and victim misidentification*, No to Violence, Melbourne.

You should be mindful of your own biases and how these might contribute to their understandings of what a victim is 'supposed' to look like.

Evidence suggests notions of the 'perfect victim' can be highly racialised, gendered and classed, with beliefs held that a victim survivor is not supposed to fight back and be submissive to authority.¹⁸³

There is significant evidence, however, that victim survivors are rarely passive victims of the abuse to which they are subjected.¹⁸⁴

Misidentification may also occur when a perpetrator:

- ... falsely accuses a victim survivor of using violence or misrepresents their self-defence as evidence of violence
- ... cites substance misuse by the victim survivor as evidence to support their claim they are a perpetrator
- ... undermines a victim survivor's presentation or behaviour as resulting from mental illness or misrepresents a victim survivor's disability as drunkenness or being drug affected. For example, the victim survivor may be in shock or distraught as a result of the violence, they may be calm and assertive, or they may fear reprisals from showing their reaction to the violence. The perpetrator may seek to deliberately leverage commonly held discriminatory attitudes to misrepresent the victim survivor's true state and minimise the victim survivor's opportunity to have their voice heard.

Misidentification can also occur where a victim survivor is experiencing barriers to communication with the police or a service provider (due to trauma responses, injury or from pre-existing communication barriers).

¹⁸³ Larance LY, Goodmark L, Miller SL and Dasgupta SD 2018, 'Understanding and addressing women's use of force in intimate relationships: a retrospective', *Violence Against Women*, vol. 25, no. 1, pp. 56-80.

¹⁸⁴ Kertesz M 2020, *Women who use force: final report – vol. 1*, University of Melbourne, Melbourne.

Key indicators for identifying a predominant aggressor include:¹⁸⁵

- ... the respective injuries of the parties
- ... whether either party has defensive injuries
- ... whether it is likely one party has acted in self-defence
- ... in predicting or anticipating violence, whether it is likely one party acted with violent resistance
- ... the likelihood or capacity of each party to inflict further injury
- ... self-assessment of fear and safety of each party, or, if not able to be ascertained, which party appears more fearful
- ... patterns of coercion, intimidation and/or violence by either party.

Other indicators include:

- ... prior perpetration/histories of violence (from a range of services, including specialist family violence services, health services, etc.)
- ... accounts from other household members or witnesses, if available
- ... the size, weight and strength of the parties.¹⁸⁶

Where the identity of the predominant aggressor or perpetrator is unclear or not yet determined, you should record your reasoning in organisational data collecting systems so that the information can be made available to other services through information sharing.

In these situations, seek assistance from a professional with specialist skills in family violence risk assessment.

Guidance on identifying the predominant aggressor (perpetrator) is outlined in victim survivor-focused **Responsibility 7** and perpetrator-focused **Responsibilities 2, 3 and 7**.

¹⁸⁵ *Victoria Police Manual, Family Violence*, 'Identifying the primary aggressor', pp. 12-13, last updated 19 February 2021.

¹⁸⁶ Evidence on this item is based on cisgender heterosexual relationships. Evidence is not present for how this should inform predominant aggressor identification in LGBTIQ relationships.

Challenging narratives about 'mutual violence' or 'bi-directional violence'

Professionals should not use mutualising language to describe family violence, including using the terms 'mutual violence' and 'bi-directional violence' to name or describe the situation.

Mutualising language in the context of family violence can occur when:

- ... there are cross-accusations by parties of the other/multiple parties using violence in a family context
- ... professionals accept an immediate presentation of violence without further assessment and analysis of the situation
- ... situations are complex and the process of correctly identifying a predominant aggressor is elongated, challenging and uncertain.

Using mutualising language risks colluding with a perpetrator/predominant aggressor and undermining the safety of victim survivors.

Understanding who is causing the greatest harm can be complex in circumstances where both, or multiple, parties report they are the victim of the other.

Where there are cross-accusations, presentations or narratives that the violence is 'mutual' or 'bi-directional', take care you are not colluding with a predominant aggressor/perpetrator's narrative to position a 'real' victim survivor as a perpetrator.

If a perpetrator's victim stance is not recognised and they are provided with opportunities to collude, they may intentionally seek to manipulate professionals and services and use systems abuse to further their use of violence against the victim survivor.

Using mutualising language also risks decontextualising the experience and use of family violence from the broader situation or pattern of events.

It is important to account for the complexity and crucial distinction between violence driven by ongoing, patterned, coercive and controlling behaviours versus self-defence and violent resistance.

The perpetrator may exploit the latter through gaslighting and confusing the victim survivor, so that they view themselves as a perpetrator.

You should listen carefully to the service user's narrative to identify situations where:

- ... a person reports they are using violence within a relationship, however, their disclosures indicate they experience the other person's pattern of violence and coercive control
- ... a person suggests they are a victim survivor; however, their narratives indicate their use of family violence behaviours.

Presentations can be complex, and allegations of 'mutual violence' can occur across age groups, intimate partner and family relationships and communities, including within a family of origin context.

Responding to disclosures or cross-accusations requires specialist family violence service support.

You can seek secondary consultation and share information with specialist services for further assessment (refer to the perpetrator-focused MARAM Practice Guides – **Responsibilities 2, 3, 5, 6 and 7** in particular).

12.2.2 Accountability to victim survivors' lived experience

Accountability to victim survivors is the collective responsibility of a whole service system response to family violence.

Everyone has a role to play.

A system that is accountable to victim survivors is also accountable to perpetrators, other professionals and the community more broadly.

This underpins the model of Structured Professional Judgement discussed in **Section 10**, which is premised on understanding the 'expertise' victim survivors have in the assessment of their level of safety.

It centralises victim survivors' expertise in identifying the perpetrator's pattern of behaviour. It builds on strategies they have already used to keep themselves safe to enhance immediate safety.

Perpetrators have an individual responsibility to be accountable for their user of violence. Specialist family violence services work with them to first acknowledge that they are using family violence before they can consider the need to stop.

Perpetrators must be personally ready to change their behaviour, and they must be stable enough in life to benefit from intervention.¹⁸⁷

Perpetrators may demonstrate their readiness to change by making a personal commitment to their family's safety and:

- ... acknowledging that they are using violence
- ... recognising their patterns of violence, rather than focusing on a few 'signature' examples
- ... developing an internal motivation to change and understanding what aspects of their behaviour and attitudes they should change
- ... demonstrating a capacity to change (for example, professionals can respond to needs-based issues such as homelessness and criminogenic needs that can otherwise act as significant barriers and limits to capacity for a perpetrator to change their behaviour)
- ... demonstrating shifts in deep-seated attitudes, starting to think differently, and applying these new attitudes in behaviour towards family members
- ... discarding influences that might work against these revised attitudes
- ... making amends for some of the damage caused
- ... demonstrating maintenance of any change in attitudes and behaviour achieved.¹⁸⁸

¹⁸⁷ EACPI 2019, *Final report*, State Government of Victoria, Melbourne, p. 22.

¹⁸⁸ Adapted from State Government of Western Australia 2015, *Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, 2nd ed.

Contributing to perpetrator accountability across the system

All points of the service system must take responsibility for the way in which interactions with the perpetrator can potentially make families safer, while ensuring they do not inadvertently increase risk.¹⁸⁹

In aligning to the MARAM Framework, you are committing to working with a shared understanding of family violence, family violence risk, and collaborative approach to risk management.

When working with people using family violence, accountability to victim survivors' lived experience at a **systems level** means:

- ... provide **consistent information and messages** that family violence is not tolerated or accepted, and that support is available
- ... working with others to situate the responsibility for the violence with the perpetrator
- ... contributing to collaborative risk management strategies that do not undermine other parts of the system response to work directly with victim survivors
- ... monitoring a perpetrator's use of violence by keeping them **'in view'**
- ... understanding when you should seek secondary consultation or share information with specialist family violence services for comprehensive risk assessment and management, including services that work with perpetrators of violence
- ... reporting criminal offences or collaborating on risk management approaches before reporting
- ... reporting concerns about any children to Child Protection or other relevant authorities to enhance partnering with non-violent parents/adult victim survivors and increasing perpetrator accountability.

Concepts of consistent messaging, consequences and 'in view' are further described below.

¹⁸⁹ No to Violence 2020, *NSW risk, safety and support framework*, No to Violence, Melbourne.

In view

Keeping perpetrators engaged and 'in view' can provide current information about the level of risk presented by individual perpetrators and how this can fluctuate over time.

With this information, the service system can intervene in a timely way to identify, assess and manage dynamic and real-time risks presented by perpetrators to their family members in the short term and over time.

Perpetrators may be held to be 'in view' of the service system from many different perspectives.

Coordination and collaboration among service providers and sharing perspectives and expertise about the risk individuals present to their family members will support a comprehensive and timely 'view' of a perpetrator's likelihood to use or escalate their use of violence.

Perpetrators (whether identified as such or not) will have varying motivations to engage with the service system.

These may include:

- ... in the **normal course** of using universal services, such as accessing therapeutic supports health care, education, housing or other community programs that are not related to family violence occurring within their family. These services are most likely to have more regular engagement with perpetrators, and so have an ongoing role in identification, risk assessment and management
- ... to seek services or justice intervention as a way of **maintaining their control** over the victim survivor, such as
 - ... taking out an intervention order against the person they are perpetrating violence against
 - ... reporting a family member to Child Protection
 - ... destruction of property or incurring fines on behalf of the victim survivor in order to gain additional control of their resources and living requirements
 - ... changing or making threats related to child parenting arrangements

... to seek **support for themselves** to address the implications of their use of family violence. These services are most likely to be accessed when needs are acute and ongoing engagement may not occur. This may include:

- ... reaching out to community networks such as religious or community groups
- ... accessing therapeutic supports such as phone counselling services to assist with parenting, mental health or housing support
- ... men's sheds or specialist perpetrator's family violence services

... to seek **support for the victim** of their violence. These services are most likely to be accessed when needs are acute and ongoing engagement may not occur. Seeking support for the victim survivor may be an extension of coercive and controlling behaviours. It may also be motivated by fear of the impact of their violence on the victim survivor and/or to retain the appearance of a concerned family member. This may include:

- ... calling emergency services
- ... taking a victim survivor to a hospital emergency department or health service following physical or sexual violence.

The way in which you learn of a service user's perpetration of family violence will influence the way you engage safely with the person to:

- ... hold them 'in view'
- ... provide consistent messages that the behaviour is unacceptable
- ... avoid collusion.

Consistent messaging and consequences

At a systems level, all professionals should provide consistent and reinforcing messages that violence is unacceptable in ways that are clear and respectful.

As a service system, there is a shared responsibility and aim to support and enable a perpetrator to assume personal responsibility for the use of violence and its impacts and desist from using violence.

However, the use of violence in family relationships is based on deeply held attitudes and is an intentional pattern of behaviour.¹⁹⁰

Where a perpetrator comes to the attention of service providers or authorities, it is likely that they will experience external forms of accountability before (and if) they assume personal responsibility for their use of violence.

External consequences for using family violence can take a range of forms, including:

- ... criminal charges and sanctions
- ... civil remedies such as the imposition of intervention orders or family violence safety notices
- ... court-mandated participation in perpetrator behaviour change programs or other programs that provide case management
- ... a Children's Court order for contact with their children to be supervised.

Outside the justice and statutory systems, perpetrators may feel held to account by:

- ... service system interventions that reinforce their accountability such as case work or opportunities to participate in culturally informed perpetrator behaviour change programs
- ... formal and informal community support and interventions that encourage people using violence to assume responsibility for and cease their use of violence.

¹⁹⁰ RMIT Centre for Innovative Justice 2019, *Foundations for family and domestic violence perpetrator intervention systems*, RMIT CIJ, p. 8.

13. WHAT'S NEXT?

Organisations should provide information to professionals and services on the responsibilities that are applicable to their role.

Professionals can use the appropriate chapters in the victim-survivor or perpetrator-focused MARAM Practice Guides, as appropriate to their role, to support their risk identification, assessment and management practice.

14. DEFINITIONS

Aboriginal definition of family violence	The Victorian Indigenous Family Violence Task Force defined family violence in the context of Aboriginal communities as ‘an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’ The definition also acknowledges the spiritual and cultural perpetration of violence by non-Aboriginal people against Aboriginal partners which manifests as exclusion or isolation from Aboriginal culture and/or community. ¹⁹¹
Adolescent who uses family violence	A young person who chooses to use coercive and controlling techniques and violence against family members, including intimate partners. Adolescents who use family violence often coexist as victims of family violence and therapeutic responses should be explored.
At-risk age group	<p>An age group that has been identified, through evidence, as being at a higher risk of experiencing or being exposed to the negative impacts of family violence, due to their developmental stage, dependency on others or their experiencing a period of transition between dependence and independence, or vice versa. All children and young people are vulnerable to the experience of, or exposure to family violence, and some children and young people may be more vulnerable.</p> <p>Infants are an at-risk age group as they are more likely to be present when family violence is occurring, as compared with all other age groups, and are totally dependent on adult care to meet their needs. Risk and vulnerability diminish with increasing age of children.</p> <p>Adolescence, however, is also considered an at-risk age group as young people transition from dependence to independence, and if experiencing family violence in their family of origin, they are also at increased risk of experiencing violence in their intimate relationships.</p> <p>Older people are also recognised as an at-risk age group as at some stage they may experience ageism, and/or a period of transition from independence to dependence and become more marginalised or devalued. In addition, their social and community connections can diminish over time and these factors can result in increased vulnerability to mistreatment and abuse.</p>

¹⁹¹ State of Victoria 2008, *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities — 10 year plan*, 2nd ed.

Characteristics of person using violence linked to serious risk	Key behaviours and traits of a person using violence that indicate they are more likely to present a serious risk, including greater likelihood of escalated and severe family violence risk, can include levels of jealousy and hostility, violence directed towards general community as well as family members, pro-violence attitudes, limited capacity for empathy and remorse and low receptivity to system interventions. They generally have very low voluntary engagement with services and may actively avoid contact. Characteristics of the person posing serious risk of family violence, considered alongside the assessed pattern and history of coercive control, complex needs and circumstances, will inform the determination of level of risk and active and coordinated risk management intervention strategies.
Child	Has the meaning set out in section 4 of the FVPA, being a person who is under the age of 18 years (which includes infants and adolescents).
Cisgender	People whose gender identity is in line with the social expectations of their sex assigned at birth, that is, those who are not transgender.
Coercive control	Coercive control can be exerted through any combination of the evidence-based family violence risk factors. It is often demonstrated through patterned behaviours of emotional, financial abuse and isolation, stalking (including monitoring of technology), controlling behaviours, choking/strangulation, sexual and physical violence. The behaviour is intended to harm, punish, frighten, dominate, isolate, degrade, monitor or stalk, regulate and subordinate the victim survivor. One occurrence of family violence behaviour can create the dynamic of ongoing control, due to the threat of possible future family violence and the resultant ongoing fear, even if 'high-risk' behaviours do not re-occur. People using violence exert coercive control using a range of behaviours over time, and their effect is cumulative. Everyone experiencing family violence is experiencing coercive control.
Collusion	Refers to ways that an individual, agency or system might reinforce, excuse, minimise or deny a perpetrator's violence towards family members and/or the extent or impact of that violence. Collusion can take many forms (verbal and non-verbal), it can be conscious or unconscious and it includes any action that has the effect of reinforcing the perpetrator's violence-supportive narratives as well as their narratives about systems and services.
Commonwealth Privacy Act	<i>Privacy Act 1988</i> (Cth)
Culturally safe responses	To practice in a culturally safe way means to carry out practice in collaboration with the service user, with care and insight for their culture, while being mindful of one's own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.
CYFA	<i>Children, Youth and Families Act 2005</i> (Vic)

Diverse communities	<p>Diverse communities include the following groups:</p> <p>diverse cultural, linguistic and faith communities; people with a disability; people experiencing mental health issues; lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/questioning (LGBTIQ) people; women in or exiting prison or forensic institutions; people who work in the sex industry; people living in regional, remote and rural communities; male victims; older people and young people (12 to 25 years of age).</p>
Elder	<p>An older person, as defined below.</p> <p>In Aboriginal communities, Aboriginal Elders hold valued positions and are recognised for their strong leadership, wisdom, expertise and the contributions they make to the Aboriginal community.</p>
Elder abuse	<p>Is any harm or mistreatment of an older person that is committed by someone with whom the older person has a relationship of trust. In the context of family violence, this may be elder abuse by any person who is a family member (such as their partner or adult children) or carer. Elder abuse may take any of the forms defined under ‘family violence’.</p>
Family violence	<p>Has the meaning set out in section 5 of the FVPA which is summarised here as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person.</p> <p>In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour.</p> <p>This definition includes violence within a broader family context, such as extended families, kinship networks and communities.</p>
Family violence assessment purpose	<p>Has the meaning set out in section 144A of the FVPA, being the purpose of establishing or assessing the risk of a person committing family violence or a person being subjected to family violence.</p>
Family violence protection purpose	<p>As defined in the FVPA to mean the purpose of managing a risk of a person committing family violence (including the ongoing assessment of the risk of the person committing family violence) or a person being subjected to family violence (including the ongoing assessment of the risk of the person being subjected to family violence).</p>
FOI Act	<p><i>Freedom of Information Act 1982.</i></p>
Framework	<p>The Family Violence Risk Assessment and Risk Management Framework approved by the relevant Minister under section 189 of the FVPA.</p>

Framework organisation	An organisation prescribed by regulation to be a framework organisation for the purposes of Part 11 of the FVPA and required to align their policies, procedures, practice guidance and tools to it. References in this document to framework organisations include section 191 agencies.
FVPA	<i>Family Violence Protection Act 2008.</i>
Guidelines	The Family Violence Information Sharing Guidelines issued by a Minister under section 144P of the FVPA.
Imminence of risk	Likelihood of risk of harm or death escalating immediately or within a short timeframe.
In view	To keep the person using violence visible to the service system. Actively monitoring changes to risk behaviours used and the coordination and collaboration of service providers to intervene in a timely way to reduce or remove risk and support safety. Keeping perpetrator's risk in view holds them to account for their use of family violence and supports them to change their behaviour.
Intent	The purpose or aim for the person's choice to use family violence. Intent is a significant predictor of whether a behaviour will occur. Understanding a person's intent and end objective of their use of violence helps professionals to establish a picture of dynamic risk factors associated with beliefs and attitudes . Intent should be understood in the context of coercive control.
Intersectionality	Refers to the structural inequality and discrimination experienced by different individuals and communities, and the impact of these creating barriers to service access and further marginalisation. Intersectionality is the complex, cumulative way in which the effects of multiple forms of identity-based structural inequality and discrimination (such as racism, sexism, ableism and classism) combine, overlap or intersect, in the experiences of individuals or communities. ¹⁹² These aspects of identity can include gender, ethnicity and cultural background, language, socioeconomic status, disability, sexual orientation, gender identity, religion, age, geographic location or visa status.
ISE	Information sharing entity as defined in the FVPA to be a person or body prescribed, or a class of person or body prescribed, to be an information sharing entity.
LGBTIQ	Lesbian, gay, bisexual, transgender and gender diverse, intersex and queer/questioning.
MARAM Framework	The Family Violence Multi Agency Risk Assessment and Management Framework.

¹⁹² Adapted from Merriam-Webster dictionary definition of intersectionality.

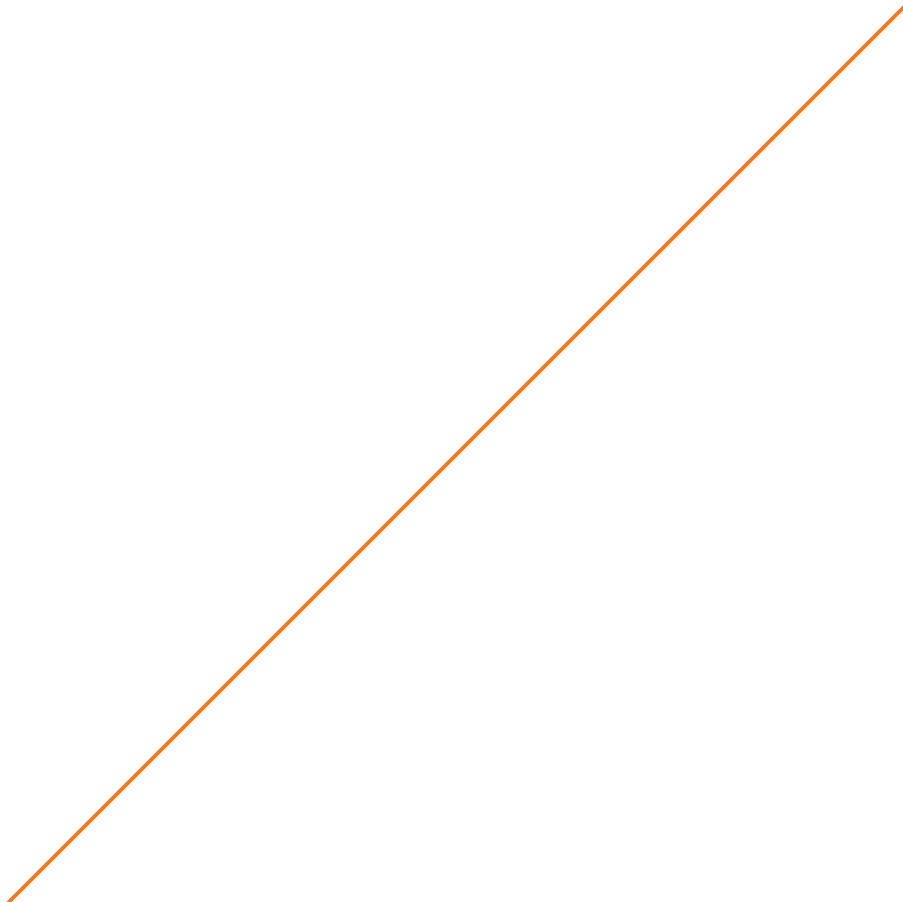
Misidentification	Where a victim survivor of family violence is named or categorised as a perpetrator (or respondent in criminal proceedings) for their use of self-defence or violent resistance, or as a form of defence of another family member, or where they are identified based on a misinterpretation of their presentation due to the impact of violence, mental health issues, influence of alcohol or other drugs, aggression towards police or initiation of police contact.
Needs	Refer to protective and stabilisation factors below.
Older people	Any person who is aged 65 or older, any Aboriginal Victorian aged 45 or older.
Perpetrator	Has the same meaning as the words 'a person of concern' in section 144B of the FVPA. The FVPA provides an individual is a person of concern if an information sharing entity reasonably believes that there is a risk that they may commit family violence. This will have been identified by undertaking a framework-based family violence risk assessment.
Perpetrator accountability	<p>The process by which the perpetrator themselves acknowledges and takes responsibility for their choices to use family violence and work to change their behaviour.</p> <p>It sits with all professionals, organisations and systems through their collective, consistent response to promote perpetrators' capacity to take responsibility for their actions and impacts, through formal or informal services response mechanisms.</p>
Person in their context	This term refers to the practice of taking a holistic and comprehensive view of the perpetrator. It supports practitioners to form an understanding of the perpetrator's history, experiences, circumstances, presenting needs, current environment and relationships in order to determine and assess aspects of their life that are contributing to their choice to use family violence risk behaviours. This includes developing an understanding of the person's behaviours in context to their expressed values, beliefs, attitudes, and personality characteristics.
Predominant aggressor	The term predominant aggressor seeks to assist in identifying the actual perpetrator in the relationship, by distinguishing their history and pattern of coercion, power and controlling behaviour, from a victim survivor who may have used force for the purpose of self-defence or violent resistance in an incident or series of incidents. The predominant aggressor is the perpetrator who is using violence and coercive control to dominate, intimidate or cause fear in their partner or family member, and for whom, once they have been violent, particularly use of physical or sexual violence, all of their other actions take on the threat of violence.
Protection entity	A prescribed information sharing entity that is authorised to request information for a family violence protection purpose.

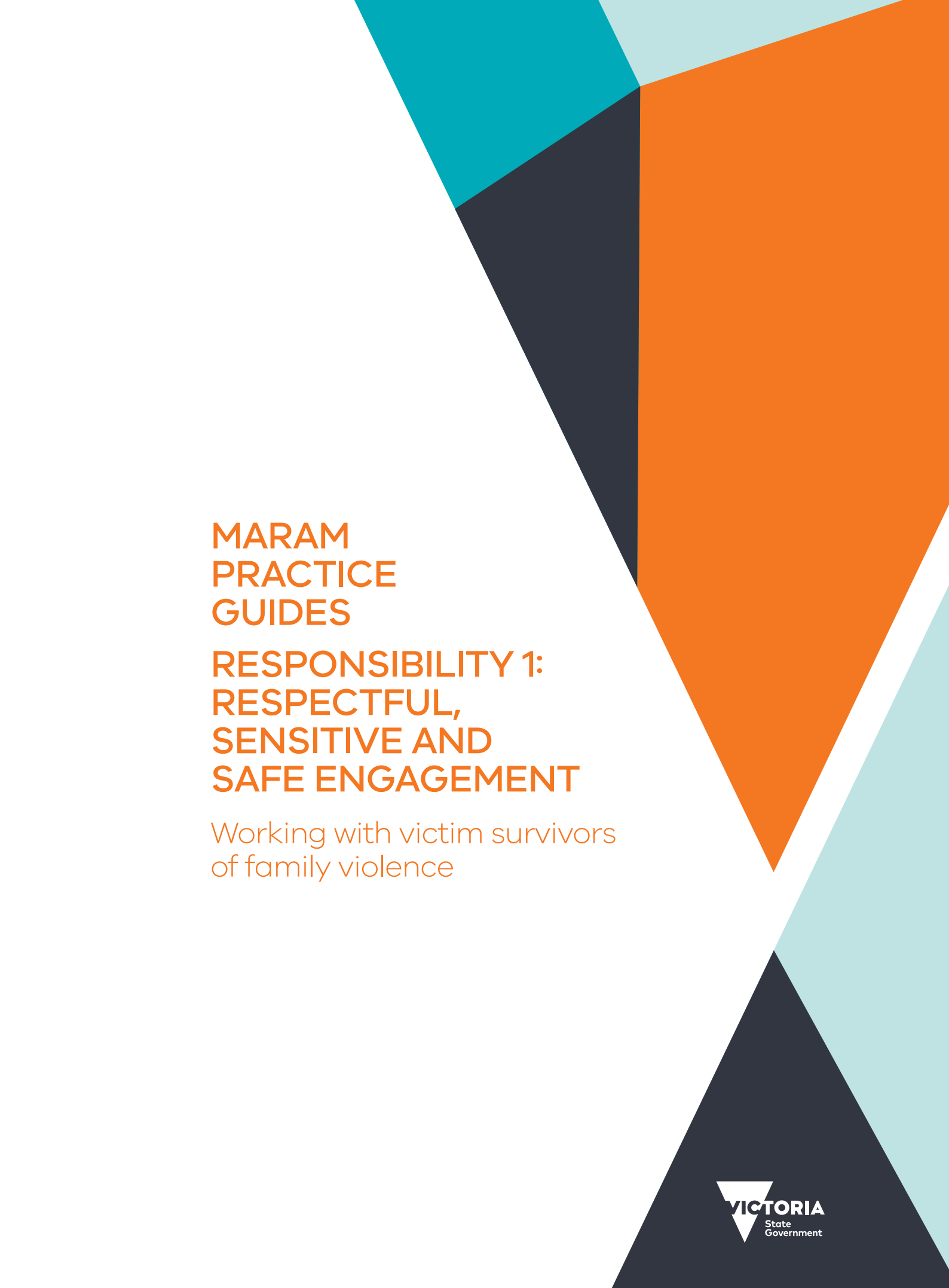
Protective and stabilisation factors	Factors identified that, when strengthened, promote safety, stabilisation and recovery from family violence, such as intervention orders, housing stability and safety, health responses, support networks, financial resources and responding to wellbeing and needs. Protective factors are often referred to when professionals undertake needs assessment. When engaging with a person using violence, identifying and responding to these factors enables professionals to understand a 'person in their context'. This lens supports targeted and tailored risk management responses to their use of violence. Where protective factors are strengthened, it may reduce the likelihood of continued use of some forms of family violence and increase capacity for behaviour change. Consideration of protective and stabilisation factors provides an understanding of contextual factors related to their use of violence, not a justification for it.
Queer	Queer is an umbrella term used by some people to describe non-conforming gender identities and sexual orientations. Queer includes people who are questioning their gender identity and sexual orientation.
Reasonable belief threshold	A reasonable belief requires the existence of facts that are sufficient to induce the belief in a reasonable person. Belief requires something more than suspicion. ¹⁹³
Regulations	The Family Violence Protection (Information Sharing and Risk Management) Regulations 2018.
Risk assessment	The process of applying the model of Structured Professional Judgement to determine the level of family violence risk.
Risk assessment entity	Has the same meaning as set out in the FVPA, being an information sharing entity that is prescribed to belong to the category of a risk assessment entity. Risk assessment entities can request and voluntarily receive information from ISEs for a family violence assessment purpose.
Risk identification	Recognising through observation or enquiry that family violence risk factors are present, and then taking appropriate actions to refer or manage the risk.
Risk factors	Evidence-based factors that are associated with the likelihood of family violence occurring or the severity of the risk of family violence.
Risk management	<p>Any action or intervention taken to reduce the level of risk presented to a victim and hold perpetrators to account. Actions taken and interventions that are implemented appropriate to the level of risk identified in the risk assessment stage.</p> <p>Risk management includes supports or interventions that promote stabilisation and recovery from family violence for victim survivors.</p> <p>Risk management includes responding to circumstances and presenting needs of perpetrators that reduce likelihood of use of related risk behaviours.</p>

¹⁹³ Refer to *George v Rockett*, 1990, 170 CLR 104.

Routine screening	The use of family violence specific screening questions, asked of all individuals engaged with a service in the intake/screening/initial consultation phase.
Safety planning	<p>Safety planning involves a conversation by a professional who is working with an adult or child victim survivor, or a person using violence, about actions they can take to respond to family violence risk of the person using violence.</p> <p>When working with a victim survivor, a safety plan documents strategies to help manage their own safety in the short to medium term; building on what the victim survivor is already doing and what works for their circumstances, to resist control, manage the impacts of the perpetrator's behaviour and other actions aimed at keeping themselves safe.</p> <p>When working with a perpetrator, safety plan assists them to take responsibility for recognising their needs and circumstances that relate to escalating family violence risk behaviours; stopping their use of risk behaviours against family members, including through de-escalation strategies; self-initiating engagement with professional services when their circumstances change or use of risk behaviours escalates (risk to victim survivors or risk to self (suicide or self-harm)).</p>
Screening	The use of questions to explore the possibility of family violence being present, due to concerns through observation or other assessment.
Section 191 agency	Has the same meaning as section 188 of the FVPA, being an agency that a public service body or public entity enters into or renews a state contract or other contract or agreement in accordance with section 191 and that provides services under that contract or agreement that are relevant to family violence risk assessment or family violence risk management. References in this document to Framework organisations include section 191 agencies.
Serious risk	Risk factors associated with the increased likelihood of the victim survivor being killed or nearly killed.
Service	Provision of a specific support or providing a formalised level of assistance, which is of benefit to individuals in the community.
Service provider	Businesses, organisations, or other professional groups which provide a service or range of services, to the benefit of individuals in the community.
Seriousness of risk	The level of risk assessed to be present, indicating the likelihood that the victim/s will be seriously harmed, killed, or be subjected to an escalation of the family violence perpetrated against them.

Systems abuse	People who use family violence may seek to manipulate actions or decisions of professionals in the system as a method to further coerce and control victim survivors. This can come in the form of vexatious applications to courts (which are particularly prevalent in family law proceedings) or malicious reports to statutory bodies such as police, health services, family services and Child Protection. People using violence may target the identity of a victim survivor to leverage structural inequality or barriers they experience as a form of systems abuse. Systems abuse can also lead to misidentification of people using family violence and victim survivor. Systems abuse should be considered in the context of broader understandings of coercive control – it is a strategy to maintain control over a victim survivor or cause further harm.
The Royal Commission	The Victorian Royal Commission into Family Violence.
Third party	Has the same meaning as the words ‘a linked person’ in section 144A of the FVPA, being any person whose confidential information is relevant to a family violence assessment purpose or family violence protection purpose other than a person who is a primary person (i.e., the victim survivor), a person of concern (i.e., the perpetrator) or is alleged to present a risk of family violence (i.e., alleged perpetrator).
Transgender	People whose gender identity differs from the social expectations of their sex assigned at birth. That is, a person who is not cisgender.
Victim stance	A person using violence may present a victim stance to reduce taking responsibility for their own behaviours, or deflect from admitting the harm they have caused. It often presents through minimising, denying, justifying or blame-shifting narratives. A person using violence may also highlight their past experiences of violence, trauma, or systems barriers when discussing the violence. This tactic invites professionals to collude with the person using violence and adopt beliefs about who is responsible or less responsible for the violence. This can result in misidentification of the person using violence and victim survivor. Presenting a victim stance enables a person using violence to minimise responsibility-taking by placing blame on their experiences as the ‘cause’ of their use of violence. It can be a tactic to deflect professionals’ attention to factors outside the person using violence’s control and cover up the choices they have made or continue to make.
Victim survivor	Has the same meaning as the words ‘a primary person’ (adult or child) in the FVPA. The FVPA provides a person is a primary person if an information sharing entity reasonably believes there is risk that the person may be subjected to family violence.
Women who use force	Is used to describe victim survivors who, in their intimate partner relationships, have used force in response to violence from a predominant aggressor/perpetrator. This can be identified through recognising the history and pattern of ongoing perpetration of violence against them.





**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 1:
RESPECTFUL,
SENSITIVE AND
SAFE ENGAGEMENT**

Working with victim survivors
of family violence

RESPONSIBILITY 1

Respectful, Sensitive and Safe Engagement

1.1 Overview	131
1.2 Engagement as Part of Structured Professional Judgement	132
1.3 Creating a Safe Environment to ask about Family Violence	132
1.4 Asking about Identity	136
1.5 Building Rapport and Trust	138
1.6 Trauma-Informed Practice in a Person-Centred Approach	139
1.7 Using an Advocate or Support Person	140
1.8 Different Factors that Impact Support and Safety Options	140
1.9 Responding When you Suspect a Service User is Using Family Violence	141

Respectful, Sensitive and Safe Engagement — Children and Young People

1.10 Experience and Engagement	142
1.11 Building Rapport with a Parent/Carer to Support Assessment of a Child or Young Person	145
1.12 Building Rapport to Engage Directly with Children and Young People	146
1.13 What's Next?	148

To receive this publication in an accessible format phone 1800 549 646, using the National Relay Service 13 36 77 if required, or email infosharing@familysafety.vic.gov.au

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Family Safety Victoria, February 2021.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.

The Victorian Government proudly acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and water on which we rely.

We acknowledge and respect that Aboriginal communities are steeped in traditions and customs built on an incredibly disciplined social and cultural order. The social and cultural order has sustained up to 50,000 years of existence. We acknowledge the ongoing leadership role of the Aboriginal community in addressing and preventing family violence and join with our First Peoples to eliminate family violence from all communities.

ISBN 978-1-76096-528-0 (pdf/online/MSword)

Available at <https://www.vic.gov.au/maram-practice-guides-and-resources>

1 RESPECTFUL, SENSITIVE AND SAFE ENGAGEMENT

1.1 OVERVIEW

This guide should be used to create a respectful, sensitive and safe environment for people who may be experiencing family violence. This includes an emphasis on listening to, partnering with and believing victim survivors as experts in their own experience.

This guide may be used where family violence is already suspected or not and is vital to support disclosure and facilitate **identification** and **screening**, which are discussed in **Responsibility 2**.

Your organisation will have its own policies, practices and procedures relevant to safe engagement. Leaders in your organisation should support you and others to understand and implement these policies, practices and procedures.

KEY CAPABILITIES

All professionals should use **Responsibility 1**, which includes understanding:

- ... The gendered nature and dynamics of family violence (covered in the *Foundation Knowledge Guide* and the MARAM Framework)
- ... Respectful, sensitive and safe engagement as part of Structured Professional Judgement
- ... How to facilitate an accessible, culturally responsive environment for safe disclosure of information
- ... How to respond to disclosures sensitively and prioritise the safety of victim survivors
- ... How to tailor engagement with adults, children and young people, including Aboriginal people and people from diverse communities
- ... The importance of using a person-centred approach
- ... Recognising and addressing barriers that impact a person's support and safety options.

All information in this guide is relevant for assessing risk to any adult, child or young person who is a victim survivor.

There are additional practice considerations on safe engagement with children and young people in **Section 1.10–1.12** of this guide.

Information which refers to a perpetrator in this guide is relevant if an adolescent is using family violence **for the purposes of risk assessment with a victim survivor about their experience and the impact of violence**. Risk assessment and management for adolescents should always consider their age, developmental stage and individual circumstances, and include therapeutic responses as required.

REMEMBER

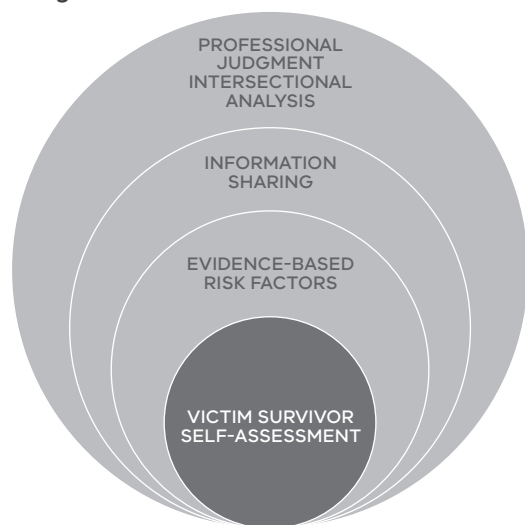
The practice guidance across all ten practice responsibilities builds on the *Foundation Knowledge Guide* which covers the gendered nature and dynamics of family violence, and its impacts. The *Foundation Knowledge Guide* includes information on practice approaches which complement the information in this guide, including trauma-informed, person-centred practice, applying an intersectional lens, reflective practice and identifying and addressing bias.

1.2 ENGAGEMENT AS PART OF STRUCTURED PROFESSIONAL JUDGEMENT

Reflect on the model of Structured Professional Judgement outlined in **Section 9.1** of the *Foundation Knowledge Guide*.

Respectful, sensitive and safe engagement is an important foundation that supports Structured Professional Judgement. This practice creates the trust and rapport with a victim survivor to create an environment where they can feel safe and respected to talk about their experiences of family violence. This underpins the key element of Structured Professional Judgement — facilitating a victim survivor to disclose their self-assessment of their fear, risk and safety, by letting them know they will be **believed and supported**.

Figure 1: Model of Structured Professional Judgement



Creating a safe and supportive environment will allow victim survivors to feel believed when they are asked to disclose their self-assessment of fear, risk and safety and whether they hold concerns for other family members' safety. An adult's self-assessment of their own level of family violence risk is a strong indicator of the level of risk (see **Responsibility 2**).

Further information about Structured Professional Judgement will be provided in each of the relevant chapters of the *Responsibilities for Practice Guide*.

1.3 CREATING A SAFE ENVIRONMENT TO ASK ABOUT FAMILY VIOLENCE

Key steps to creating an environment where the person feels safe and respected to talk about their experiences of family violence include considering:

- ... The immediate health and safety needs of each person (adult or child) who may be experiencing family violence
- ... The physical environment, including accessibility
- ... Communicating effectively, and
- ... Safely and respectfully responding to the individual's culture and identity.

1.3.1 Prioritising immediate health and safety

As a first priority, determine if there is an immediate threat to a person's health or safety. If yes, contact:

- ... the police or ambulance by calling 000, and/or
- ... other emergency or crisis services for assistance.

Assessing immediate safety includes both:

- ... **Identifying that a threat is present.** This might include situations where the perpetrator is able to access the victim survivor and has made a specific threat or where the specific location of the perpetrator is unknown
- ... Determining the **likelihood and consequence if immediate action is not taken** to lessen or prevent that threat. It may also include facilitating or encouraging access to medical treatment (where physical and sexual violence has occurred).

Further guidance on determining immediate risk to safety from family violence is outlined in **Responsibility 2**.

Your service or organisation should have established policies and processes in place to manage an immediate threat. If an immediate threat is identified and the whereabouts of the perpetrator is unknown, your service's safety arrangements could include:

- ... Conducting interviews in a secure physical environment (see **Section 1.3.2**), arranging care for children or young people for this to occur, if they are present
- ... Using the prompting questions and commencing use of the **Screening and Identification Tool (Responsibility 2, Appendix 3)** or a risk assessment tool to establish the presence of family violence if observable signs of trauma or risk are present (**Responsibility 2, Appendix 1**)
- ... Making security or other suitable personnel to be available to prevent the perpetrator entering the premises, and/or relocating the victim survivor to a safer environment
- ... If there is an immediate threat, follow your workplace policies and procedures and take any actions necessary, including calling the police.

It may not be appropriate, safe or reasonable to undertake a further risk assessment until any immediate safety risks or health needs are addressed.

1.3.2 Physical environment

The physical environment sets the context for building rapport with the victim survivor.

- ... Make the person feel safe and ask about the things they need to feel comfortable
- ... Create a safe space — for example, provide physical cues that the client is welcome, and that their culture and other identities will be respected (see **Section 1.4** and the *Foundation Knowledge Guide*).

It is critical that you do not ask questions in the presence of a perpetrator, alleged perpetrator, or adolescent who may be using family violence. Doing so may increase the risk to the victim survivor and any child victim survivors in their care. Using a private environment when asking about sensitive and personal information is critical to establishing rapport with the victim survivor.

If the person suspected of using violence is present, your organisation should have policies and procedures for safely separating them from the victim survivor to provide a private space for conversation. For example, you might ask the person who may be using violence to go to another room by:

- ... Stating that it is your agency's standard practice or policy to ask questions in private, or
- ... You might ask them to complete administration forms.

If the person suspected of using violence is a carer, you may need to arrange alternative communication or support assistance to enable the victim survivor to take part in a safe conversation.

If it is not possible to separate the victim survivor and perpetrator or alleged perpetrator you should consider deferring the conversation about family violence until a safe environment can be established. You may need to consider options on how to re-engage with the victim survivor at another time to support this conversation, such as by booking a follow-up appointment.

When adolescents use family violence against a parent, carer, sibling or other family member, a parent or carer may wish to be engaged in the service along with the adolescent. You should seek the victim survivor's views and prioritise their safety when considering how to engage in these situations. Keep in mind that adolescents who use violence may also be currently experiencing or have experienced past family violence. Adolescents should always be provided with support that considers their age and developmental stage and circumstances, and be considered for therapeutic responses. Further information on working with adolescents who use family violence is in **Responsibility 7** and in the *Foundation Knowledge Guide* at **Section 11.2**.

1.3.3 Communication

Creating a safe environment means actively listening with empathy and without judgement. Validate the information provided by showing you believe the victim survivor and are seeking to understand their experience, so you can work together to find ways to help.

As a basis for building a relationship of trust, you should provide key information for example, about what you/your service is there to provide, and clearly set expectations. Always consider the communication needs of any child or young person who is a victim survivor, seeking their views as appropriate, safe and reasonable and validating their unique experiences.

As a priority, ensure that the person can communicate with you. You should consider and make efforts to address any barriers to communication, including those relating to English language proficiency, or for people with disabilities requiring communication adjustments or supports. For example, ensure that you:

- ... Engage in a culturally sensitive and respectful manner — for example, you could ask if they would like support from a bi-cultural or bilingual worker or services from an Aboriginal organisation. You should adjust to the level of engagement that is comfortable to the person. For example, eye contact is desirable in many cultures and for many people but not all. Consider how the person is engaging with you and be aware that reluctance to make eye contact is not a sign of evasiveness. You should give the person the opportunity to voice their preference regarding the gender of the worker they are engaging with
- ... Arrange access to an accredited interpreter if needed (level three if possible) or an Auslan interpreter for people who are deaf or hard of hearing. For some communities with smaller populations, it is more likely an interpreter may know the victim or perpetrator. You can avoid identifying names or use an interstate interpreter. Offer an interpreter of the same gender as them. Children, family members and non-professional interpreters should not be used
- ... Ensure access to any necessary communication adjustments or aids if the person has a disability affecting their communication or other communication barriers, and confirm that they understand the information provided to them (see Practice Tip, below)
- ... Individually acknowledge the experiences of children and young people who may be victim survivors, particularly if they are present. If developmentally and age appropriate, provide the opportunity for them to raise any concerns of their own. Introduce yourself and explain that you need to speak with their parent/carer in private. Provide an appropriate and safe place to wait, and give them permission to come back into the room if they need anything
- ... You can assess risk directly with children if it is safe, appropriate and reasonable to do so. If you are doing so, consider if a parent/carer who is not using violence, or another safe person, should be present. If a parent/carer is present, be aware this may affect the responses the child or young person provides. Ensure that questions you ask are appropriate for that child or young person's developmental age and stage (discussed further below)
- ... Let the person know that they can take a break at any time, and schedule breaks as required, especially if the person is distressed, ill or has a cognitive impairment or other relevant disability and remind them of this at appropriate intervals
- ... Ask the person if they would like to have an advocate or support person present (see [Section 1.7](#)). Do not assume this if another person attended with the victim survivor. Check that the advocate/support person is not using violence or is close to the suspected perpetrator. Where possible, ask the question in private.



PRACTICE TIP:

If the adult, child or young person has a disability or developmental delay that affects their communication or cognition, seek their advice or the advice of a relevant professional regarding what adjustments might assist (including any augmented or alternative communication support, such as equipment or communication aids).

If the victim survivor has an existing augmentation or alternative communication support plan in place, you should engage directly with them, with support from a support worker, advocate or other communication expert, if required, to help you navigate its use.

In cases where a child's carer or primary caregiver is not a perpetrator or suspected/ alleged perpetrator, you can consult with them.

Where there is an existing relationship between the victim survivor and an advocate or support person, consider this relationship before agreeing to the inclusion of the other professional.

If the person suspected of using violence is a person who usually provides communication support, arrange alternative communication or support assistance to enable the victim survivor to take part in a safe conversation¹.

¹ Organisations such as Scope and Communication Rights Australia may be able to assist.

Communicating about a perpetrator's use of violence

Where family violence is identified or suspected, effective communication also includes placing responsibility for the violence and its impacts with the perpetrator. If an adolescent is using violence, placing responsibility should also occur with an understanding of their age, developmental stage, individual circumstances and family context. For example, any developmental delay or their own experience of family violence. This includes in situations where an adolescent is using family violence toward a parent/ carer, sibling, other family member or intimate partner.

Perpetrators often lead victim survivors to believe that the victim survivor caused or provoked the violence because they did not do something 'right'. Perpetrators use this narrative to excuse their violence. **It is important to keep the focus on the perpetrator's responsibility for the violence, even if the victim survivor blames themselves.**

1.3.4 Cultural safety and respect (using intersectional analysis in practice)

Reflect on information provided in the *Foundation Knowledge Guide* and the MARAM Framework on using an intersectional lens. The *Foundation Knowledge Guide* also includes more information on recognising personal bias and understanding the experience, structural inequality and barriers experienced by Aboriginal people and people from diverse communities or at-risk age groups.



Cultural safety is about creating and maintaining an environment where all people are treated in a culturally safe and respectful manner.² All people have a right to receive a culturally safe and respectful service, including:

- ... Where there is no challenge or denial of a person's identity and experience
- ... Showing respect, listening, learning, and carrying out practice in collaboration, with regard for another's culture whilst being mindful of one's own potential biases
- ... Undertaking genuine and ongoing professional self-reflection about your own biases and assumptions including with more experienced professionals
- ... Listening and understanding without judgement.

Other practical steps you can take include:

- ... Be familiar with and know the requirements of your organisation's client access and equity policies and procedures
- ... Ensure a welcoming environment with inclusive signage and posters — for example, an Aboriginal flag, rainbow flag or transgender and gender diverse flag
- ... Prior to meeting the person, ensure you know their name, including those of any accompanying children. Identify and review notes if available
- ... Identify and challenge your own biases (see *Foundation Knowledge Guide* **Section 9.7**).

² Adapted from State of Victoria, 2018, *Dhelk Dja: Safe Our Way*, Cultural safety, page 31.

Providing a culturally safe response, particularly for Aboriginal people, includes respecting an individual's right to self-determination. Consistent with a person-centred approach (described in detail in *Foundation Knowledge Guide* at **Section 9.3**), cultural safety includes recognising a victim survivor as the expert in their own experience and including and supporting them to make decisions about their own risk management.

Providing a culturally safe response also involves understanding how family violence is defined in different communities, including for Aboriginal communities. Further information is outlined in the MARAM Framework and *Foundation Knowledge Guide* at **Section 10.4**.

Assessment processes must be respectful and inclusive of broad definitions of family and culture. For example, it is particularly important not to assume who is 'family' or 'community' to a child or young person, but rather to ask who should be involved in risk assessment and management.

1.4 ASKING ABOUT IDENTITY

Always enquire about and record the language, culture and other aspects of identity of each family member.



Never assume you know these, or that they will be the same for each family member. It is good practice to openly acknowledge the culture a person identifies with in a positive and welcoming way. This includes, for example, ensuring Aboriginal children or young people that may be in the family are identified, even when accompanied by a non-Aboriginal parent/carer. Information about a person's identity must inform all subsequent assessment and management responses.

Until you have built trust and rapport, some people may choose not to disclose their identity groups. This might be for a range of reasons, including fear of discrimination based on past experience.

For Aboriginal people, structural inequality, discrimination, the effects of colonisation and dispossession, and past and present policies and practices, have resulted in a deep mistrust of people who offer services based on concepts of protection or best interest. Professionals should be mindful of how this might affect a person's actions, perceptions and engagement with the service. Acknowledge the impact these experiences may have had on a person, their family or community. Assure the person that you will work with and be guided by them to provide an inclusive service and minimise future discriminatory impacts through their engagement with your service.

It is also important to recognise the strength and resilience of Aboriginal people and culture in the face of these barriers and structural inequalities. Kinship systems and connection to spiritual traditions, ancestry and country are all important strengths and protective factors. The role of family is critical and Aboriginal children are more likely than non-Aboriginal children to be supported by an extended, often close family. Assessment of Aboriginal children must support cultural safety and take into account the risk of loss of culture.

You can find more information about cultural safety, including for Aboriginal children, and Aboriginal identity and experience in the *Foundation Knowledge Guide* at [Section 10.4](#).

Why do some victim survivors not report family violence?

Victim survivors, predominantly women and children, might not report their experience of family violence or it might be reported in a way that obscures its nature or extent. For example, by reporting an injury, but not attributing it to violence (sometimes called 'hidden reporting').

Many varied and complex factors lie beneath hidden reporting and under-reporting, including shame, fear and stigma. Victim survivors may not recognise certain behaviours — particularly emotional or economic abuse — as constituting family violence.

Many women might not disclose or might minimise the extent of violence in an effort to manage the perpetrator. For example, a woman might fear that if she discloses the violence, the risk to herself or her children will escalate.

In the case of adolescent family violence, parents/caregivers may feel stigma and shame arising from unfair assumptions about the victim's ability (often the mother) to be a good parent and the shock that their child (or grandchild or sibling) has used violence against them. Shame is exacerbated by lack of community awareness about this form of violence. Parents/carers might also fear their child may get a criminal record if the violence is reported to police.

Women may find sexual violence particularly difficult to disclose. The Royal Commission into Family Violence reiterated that sexual abuse is often 'left under the table' because of the additional layers of shame.

Responsibility 2, Section 2.6 describes a range of reasons a person may be reluctant to disclose family violence, and how you can address barriers to disclosure.

People who have diverse individual and/or social identities, circumstances or attributes, may or may not choose to disclose that to a professional unless they trust the professional and feel a rapport. You can support disclosure by never assuming how the person and their partner or parents identify. For example:

- ... Don't assume gender identity (which can result in misgendering) based on a person's voice, appearance or how they dress as this can lead to disengagement
- ... You can ask what pronouns a person uses by saying "I use [she and her / he and him / they and them] pronouns, what do you use?" This can let the person know you can provide inclusive and respectful service
- ... You can ask if a person identifies as LGBTIQ and if there is a way you can support them to engage with your service, or if there are external supports available to ensure they are comfortable engaging with you
- ... You can ask if the person has any disabilities, developmental delays or mental health issues, and if there are any supports or adjustments you need to make.

Services should be aware that identity is complex and that aspects of a person's identity should be considered as part of their whole experience. To help inform your response, you might choose to engage in secondary consultation with specialist family violence services with an expert knowledge of a particular diverse community, and the responses required to address the unique needs and barriers faced by this group (see **Responsibilities 5 and 6**).

1.5 BUILDING RAPPORT AND TRUST

.....
From the first moment of engagement, victim survivors will be making decisions about how much information to disclose.
.....

Building rapport with victim survivors is crucial as people are more likely to disclose the full extent of the violence if they feel they will be believed, not judged and provided with support.

When strong rapport and engagement have been established, victim survivors are more likely to discuss their experience, including the circumstances, relationships, impacts of violence and their self-assessment of their own fear, risk and safety.

Professionals will often have built rapport before family violence has been identified or disclosed. For this reason, people will often choose to disclose to a person in a service that they have existing rapport with. It is critical that all professionals are able to provide an appropriate response that preserves rapport and facilitates continued engagement and referral.

Building rapport and trust to support engagement is the responsibility of all professionals. Key elements of rapport building include:

- ... Fully explaining your role and responsibility within an organisation and introducing the risk screening or assessment process (as applicable) in a sensitive way. This should include an outline of the assessment process
- ... State that screening and assessing risk, as applicable, is a regular part of your service/organisation's engagement. State that risk is dynamic and can change over time, so this conversation is undertaken regularly to understand if risk has changed or escalated. It is important to specifically address safety on each occasion. For example, to remind the person to call 000 in an emergency and that 24-hour services are available to support them

- ... Provide adequate information so the person can make informed choices. This includes providing information about information sharing laws which allow for the sharing of relevant information without consent in specific circumstances, discussed further in **Responsibility 6**
- ... Provide advice on your legal obligations as a professional, as applicable
- ... Ask open-ended questions about wellbeing to start the conversation. This might include questions about the person's circumstances, identity and their relationship (including positive aspects) before moving to more specific and detailed questions about any family violence they may be experiencing
- ... Acknowledge the courage it has taken for the person to talk about their experiences with you and that you recognise them as the expert in their own experiences, circumstances and the violence they may have endured
- ... Continue to affirm to the person that they and their children (if applicable) have a right to live free from violence and that there are services and options, including legal options, to support their safety
- ... Be aware of how the person has expressed their identity or situation (for example, do they identify as Aboriginal, identify with a particular community or faith groups, or as a person with a disability). Understanding a person's identity can help you understand how their experience of family violence relates to other experiences of structural inequality, barriers to service access or discrimination, and its particular impacts on them (see *Foundation Knowledge Guide Section 9.4*)
- ... Highlight that any possible interventions will be guided by the person's views and wishes
- ... However, safety for themselves and any children that may be experiencing violence will be prioritised. Remember that when any victim survivor's safety (adult or child) is in competition with an adult's choices, safety is the paramount concern

- ... Be transparent around how information they disclose may be shared with other professionals or services, including Child Protection
- ... Tailor your communication, be flexible and not overly prescriptive in how you ask questions. This can include allowing people to tell their story as a way of gathering relevant information. Hearing a person's story, guided by your questions and a conversational style can help to draw out information without seeming like an interview.

1.6 TRAUMA-INFORMED PRACTICE IN A PERSON-CENTRED APPROACH



Refer to the *Foundation Knowledge Guide* on information about intersectionality, trauma-

informed and person-centred practice. By combining intersectionality and trauma-informed practice into a person-centred approach, it will make it possible for a victim survivor to be validated and aware of the ongoing impacts of their experiences, and how you can tailor your responses to empower them to make informed choices and access services and supports.

You may be engaging with a victim survivor who you know has experienced trauma, from family violence and/or another cause. You can seek secondary consultation or seek shared support from a professional with trauma-informed practice expertise, such as specialist family violence service, to assist you. Their expertise may support you in engagement, and also assist you in a fuller consideration of family violence risk, experiences and management strategies.

Some of these professionals may also have expertise in, for example, art or music therapy, which may support your engagement and give you access to the information you need in a different way. This may be of use in engaging with someone with limited verbal capability.

1.7 USING AN ADVOCATE OR SUPPORT PERSON



You should ask the victim survivor if they need or would like a support person in the initial engagement process and revisit this during the assessment or management stages as required. The advocate/support person could be a trusted friend or family member who is not a perpetrator (such as a parent/carer), or a relevant professional, as appropriate.

A support person should be appropriate and safe. There must be no coercion or control from the advocate/support person towards the victim survivor. A perpetrator may use their presence to intimidate or coerce a victim survivor, controlling the information they share as well as behaviour, such as by answering questions on their behalf or reducing the victim survivor's access to interventions to support their safety.

You should have a private conversation with the victim survivor prior to an assessment, to explore their relationship to their identified advocate/support person. You should ask if the victim survivor feels comfortable with their advocate/support person knowing intimate and personal details about their life, or whether their presence will limit or change what a victim survivor will say.

If an advocate or support person is a new partner, be aware that a victim survivor may defer to a new partner or edit their story in their presence. A victim survivor may seek or need you to deny the support person access if they do not feel comfortable challenging their presence.

If a victim survivor has a cognitive impairment or requires communication adjustments, it is important to work on the assumption that the person has capacity and to overcome any communication barriers. Talking with the person directly rather than through their nominated advocate, support person or carer will assist to build trust and rapport and support disclosure. If required, you can consult with the Office of the Public Advocate for further advice.

1.8 DIFFERENT FACTORS THAT IMPACT SUPPORT AND SAFETY OPTIONS

.....
There are many different factors that might affect a victim survivor's access to support and safety options.
.....

These factors may also impact on the approach you take to create safe engagement. You should be familiar with how discrimination, structural inequality and barriers have affected Aboriginal people and people who identify as belonging to a diverse community or people from at-risk age cohorts (see *Foundation Knowledge Guide Section 9.4*).

People may have experienced racism, sexism, ableism, ageism, homophobia or transphobia, or judgement about their personal traits or circumstances. As a professional, it is important for you to acknowledge the influence of both your own culture and values, your biases, and those of the broader service system. Recognising these can enable you to challenge and address them and help you build awareness of your own place in the service system's creation of structural privilege and power.

You should demonstrate an open and respectful approach to cultural and experiential differences. Consider how your engagement approach, as well as assessment and management practice can be tailored to reduce or remove barriers to engagement for people who face structural inequality and discrimination. Inclusive practice can be informed by asking the person, "What can I do to support you in our service?".

You can find detailed information about how these different factors intersect, recognising structural inequality and discrimination, and engaging in person-centre reflective practice in the *Foundation Knowledge Guide*.

1.9 RESPONDING WHEN YOU SUSPECT A SERVICE USER IS USING FAMILY VIOLENCE

As a professional, from time to time you will come into contact with people, including adolescents, who you suspect may be using family violence.

Use of family violence may be indicated from the person's words or actions, or through another source of information.

A perpetrator or adolescent using family violence may use tactics to try and align you to their position to justify, minimise or excuse their use of violence or coercive behaviour, or to present themselves as a victim survivor. This is known as collusion and these behaviours are outlined in the *Foundation Knowledge Guide* at **Section 11**.

Identifying who is perpetrating family violence can be complex. Guidance on understanding misidentification of victim survivors and perpetrators, and identifying predominant aggressors is outlined in the *Foundation Knowledge Guide* at **Section 11.3** as well as in **Responsibilities 3 and 7**.

You should not engage with a person directly about family violence if you suspect they are perpetrating family violence, unless you are trained or required to do so to deliver your service. **This is because confrontation and intervention may increase risk for the victim survivor.**

Instead, you should consider proactively sharing information, as authorised, with a specialist family violence service that can support the person you suspect is experiencing family violence (see **Responsibility 5 and 6**). You can also contact a specialist family violence service with expertise in assessing perpetrator risk and who can safely communicate with a person who may be using violence to engage them with appropriate interventions and services, such as behaviour change programs.

The age and developmental stage of adolescents who may be using violence, their circumstances, experience of trauma, emotional state, mental health and other contexts will inform the assessment or management response. Therapeutic responses, including those that involve other family members, particularly the non-violent parent/carers should be considered (see **Responsibility 3**). Some responses to adolescents (for example, those who have experienced trauma or have a developmental disability) will include behaviour modification and a skills-based approach.

A trauma-informed and developmentally appropriate approach to engaging with an adolescent who uses family violence may be used if their behaviour stems from trauma and learned violent behaviours from their parent/carer, or they are using intimate partner violence (noting that sometimes a young person may be using violence in both family and intimate partner contexts).

Further information about responding to adolescent family violence is in **Responsibility 7** and in the *Foundation Knowledge Guide* at **Section 11.2**.

RESPECTFUL, SENSITIVE AND SAFE ENGAGEMENT — CHILDREN AND YOUNG PEOPLE

NOTE:

The prevalence of family violence against women and children, and against women as mothers and carers, is well established and recognised across the service system. Recognising this, the following section on risk to children uses gendered language to describe experiences for mothers, including damage to the mother/child bond caused by perpetrator behaviours. However, it should be noted that this guidance also applies to all forms of families and parenting.

Language in this section of 'mother/carer' refers to a parent/carer who is **not** using violence (a perpetrator).

1.10 EXPERIENCE AND ENGAGEMENT



How information in each of the preceding sections (**Sections 1.1–1.9**)

applies to children and young people should also be considered.

A child is defined as a person under the age of 18 and a young person is aged 12–25 years. The guidance below is relevant for children and young people up to the age of 18. You should determine, using your professional judgement, if a young person who is approaching adulthood should be engaged using adult-centred guidance, as detailed above.

It is important to view and acknowledge children and young people as victim survivors in their own right:

- ... The risks to children and young people can be different to those of an adult victim survivor and may be different for each child or young person

- ... Children and young people may be victim survivors of family violence whether they are targeted or not, or directly exposed or not, even if they do not hear or see it. Children who are exposed to family violence or its impacts are more at risk of direct family violence, including physical or sexual abuse
- ... Children who experience family violence from an adolescent, such as an adolescent sibling, may be impacted in the same ways as children who are impacted by family violence from an adult. This includes being at risk of physical or sexual abuse
- ... Professionals should recognise the experience of violence on a child or young person, including trauma and cumulative harm which can disrupt children's achievement of development
- ... Family violence can create significant risks to a child or young person's social, emotional, psychological and physical health and wellbeing. Impacts on children who live with family violence may be acute and chronic, immediate and cumulative, direct and indirect, seen and unseen
- ... Professionals should provide opportunities for children and young people to raise any views, wishes and concerns they have, and contribute to risk assessment, management and safety planning.



Recognising the signs of family violence or its impacts can be difficult. It is important to remain aware of and balance your own biases and ensure you are being non-judgemental when considering the experiences, wellbeing and safety of children and young people. For example:

- ... Parents/carers are expected to set boundaries that are appropriate to age and developmental stage for children and young people and these vary across and within all cultural and faith groups, as do approaches to teaching and discipline
- ... Male and female children/young people, and children who are non-biological children of one or both parents, may be treated differently within families and according to family, cultural and other gendered norms.

In addition to barriers to service access arising from discrimination and structural inequality related to identity (as outlined in the *Foundation Knowledge Guide*) children and young people may experience additional barriers due to their age and developmental stage. This includes, generally, requiring consent to engage with services from a parent/carer. You should note that consent is not required to assess or manage family violence risk or promote wellbeing or safety of children and young people.

Each child or young person experiences family violence differently, and in particular forms of violence, to other family members depending on their age, stage of development, identity, their relationship to the perpetrator, and their level of dependence on adult carers. For example, as outlined in the MARAM Framework:

- ... Aboriginal children experience higher rates of family violence, including from non-Aboriginal family members
- ... Girls with disabilities are twice as likely to experience family violence
- ... Young people from LGBTIQ communities may experience forms of violence relating to 'coming out', their gender identity, and rejection from their families, and are over-represented in homelessness populations.

Children and young people engaged in universal services, such as early years services or education, are likely to have their initial risk identified without a parent/carer present:

- ... This should only occur if it is safe, appropriate and reasonable to do so
- ... In some cases, professionals should seek the input of a parent/carer who is not using violence for further risk assessment
- ... Where risk is present for children and young people, the parent/carer should also have their risk assessed.

Young people can be affected by family violence in their own intimate relationships, such as their 'dating relationships'. Although young women experience family violence at higher rates than their older counterparts, they can also be reluctant or unable to identify the behaviour as coercive or abusive.

Young women experiencing family violence are more likely to disclose or seek help from a peer, and peers are also more likely to know about violence or coercion within a relationship. Therefore, disclosures may not be made directly from the young person experiencing the violence to a professional or service. In such cases, support also needs to be provided to peers who have received a disclosure from a friend.

Many adolescents experiencing family violence are likely to enter the service system through youth support, youth justice or homelessness services.

Adolescents who may be using family violence, may be currently experiencing or may have experienced family violence, sexual assault or abuse in the past. Some adolescents may use violence due to difficulty with emotional regulation or heightened emotional states. This can be further exacerbated by substance use, particularly substances like methamphetamine. Any responses to adolescents should be underpinned by an understanding of the context in which the use of violence occurs, and therapeutic responses and/or behaviour modification strategies should also be explored (see **Responsibilities 3 and 7**).

1.10.1 How can you support assessment of a child or young person's risk?

Children and young people, like adult victim survivors, hold information about their own experience of risk. Child victim survivors should be supported through direct engagement where appropriate, safe and reasonable to do so. Engaging directly with children and young people can help them to feel safe.

Most older children and young people can understand and articulate their experiences of violence and coercive control, and this experience differs from those of adults.

While acknowledging children's unique and individual needs, many children may prefer to be spoken to with the support of their parent/carer who is not using violence, or other significant person/carer. If age and stage appropriate they should have the opportunity to speak privately if they wish to do so.

There are a range of options for assessing a child or young person's risk. This may occur by:

- ... Asking questions directly if appropriate, safe and reasonable to do so (reflecting their age, developmental stage and individual circumstances)
- ... Asking questions of the parent/carer who is not a perpetrator (usually a mother, who may also be a victim survivor)
- ... Asking questions of another appropriate adult or professional engaged with the child.

You should consider each option as to whether it is safe, appropriate or reasonable. Further guidance on determining the appropriate approach to assessing risk for children and young people is in **Responsibility 3**.

Each option requires you to ensure you have built rapport with any supporting, non-violent parent/carers and the child or young person.



1.11 BUILDING RAPPORT WITH A PARENT/CARER TO SUPPORT ASSESSMENT OF A CHILD OR YOUNG PERSON

REMEMBER

Victim survivors who are parents/carers (usually mothers) may prioritise immediate action that minimises harm to themselves and their children. It should be acknowledged that victim survivors who seek assistance and intervention are acting in the best interests of the child or young person.

Mothers who may also be victim survivors are often a key source of information and expert in assessing risk to self and their children. However, in some situations, their ability may be restricted in providing for their child's needs due to the actions of the perpetrator. Due to their own experience of violence from a perpetrator, their assessment of risk and impact of the violence on their children should be balanced with an independent assessment of the child or young person's risk. Parents/carers may require information and support to understand the assessment of risk for their children.

A perpetrator's actions and behaviours may be specifically directed to undermine a child's relationship with their parent/carer (usually the mother). Children who witness or experience family violence directly, or are exposed to its impacts, may not recognise protective behaviours from a parent/carer who is not a perpetrator, or might be accustomed to hiding or tolerating the violence.

Mothers might need assistance to help their children make sense of their negative experiences within the family home. It is important to recognise that parents/carers often go to significant lengths to try to minimise or prevent the perpetrator's violence from impacting his children. Sometimes these actions have their own impact on the child's safety, and on their relationship with their mother.

Perpetrators often use family violence to attack or undermine the child's bond with an adult victim survivor/other parent/carer (described in detail in the *Foundation Knowledge Guide* at **Section 10.2**) It is important to create a safe environment to explore risk that is being experienced by children, including through talking and building rapport with a parent/carer (who is not a perpetrator) and may be a victim survivor. Approaches to do this include:

- ... Asking the parent/carer rapport-building questions about the children in the family. For example, "tell me about your children". It is important to establish early on the level of risk that a child is experiencing, and this should be considered independently to any risk being experienced by their parent/carer
- ... Assessing the risk of adult victim survivors without children present. Arrangements should be made for appropriate professionals, or another safe person, to care for the children during this time
- ... Asking specific questions about what risk the perpetrator poses to the children (such as through screening or assessment, see **Responsibilities 3 and 7**), and how the violence is impacting the children. This should be done whether or not the violence is being experienced by direct actions towards a child or indirectly through exposure to violence or its impacts. Affirm the experience and impact of indirect violence on a child.

If you can't assess children directly, you can build rapport and trust with the parent/carer through their assessment to help you do so in the future. This will help to reduce the fear, shame and self-blame that a parent/carer may feel if their child has experienced family violence. A good rapport can also support direct discussion if the parent/carer has fears about possible engagement with Child Protection, and is unsure how they can be supported in this process. This is particularly important when working with adults, children or young people who identify as Aboriginal, belonging to a diverse community group and older people who may have experienced discrimination, impacts of child removal or other structural inequality and barriers which have created mistrust in services (see also the *Foundation Knowledge Guide*).

1.12 BUILDING RAPPORT TO ENGAGE DIRECTLY WITH CHILDREN AND YOUNG PEOPLE



If you are trained and resourced, or your role is to engage with children and young people, you can do so for the purposes of assessing risk. If not, consider engaging or seeking secondary consultation with services that specialise in working with children and providing therapeutic interventions. Consider:

- ... If a child is old enough to speak with you, talk to them about your role as appropriate to their age and developmental stage. For example, you might say to a very young child *"I am here to help you and mummy."* You should tailor your use of language and style to meet the needs of the child or young person
- ... If a child or young person has experienced trauma, ensure your practice does not further traumatise them. As described above, consider seeking secondary consultation or support from appropriate professionals or services (see **Responsibility 5 and 6**)
- ... The older and more developmentally advanced a young person is, the more information you can/should be able to provide. If a young person is nearer in age to adulthood (18 years), you can consider if it is age and developmentally appropriate to use the adult risk assessment tools, discussed further in **Responsibility 3**
- ... Your assessment will be more accurate and complete if children and young people have direct input. For example, you might note the presence of a range of potentially supportive adults in a child's life. However, the child/young person themselves is best placed to tell you about whether they see these people as supportive and trusted, and the degree to which they feel trust in them

- ... If assessing a child/young person directly, building rapport will need to be centred on them, as much as the parent/carer who may be experiencing violence, if they are also present. The focus of the assessment will change from one centred on the adult to one centred around the child/young person, and the impact of violence on the carer/parent-child relationship, as applicable. Remember a child victim survivor may have an enduring relationship with the perpetrator. For example, if this person is a parent. Obtaining the child's views and wishes regarding both of the parents is necessary to meet the child's wellbeing and developmental needs
- ... Where assessing risk directly with a child/young person, without a parent/carer present, another appropriate professional should be engaged as an independent third person to support the child/young person.

1.12.1 Safe engagement with infants

Play-based support: If a victim survivor is very young, or has limited verbal communication, you may wish to seek support in understanding their play-related behaviour. Their behaviour can reveal a significant amount about what a child or young person is navigating. A professional with training in engaging with infants, such as a maternal child health nurse, behaviour specialist, early childhood teacher (who may be employed in early learning centres), or early primary teacher may be able to assist you in this engagement and consideration of their behaviours. Where they have an existing relationship with the victim survivor, they may be able to assist with contextualising behaviours, and/or providing further information about their play beyond your engagement.



Infants usually communicate a great deal about themselves through their play. When you communicate with an infant:

- ... Observe closely to see their reactions and modulate your approach accordingly
- ... Look for any signs of physical violence, such as bruising or abrasions
- ... Remember that sudden moves and loud voices may be re-traumatising for infants, even if they are intended to be fun and engaging
- ... Where possible, sit at the child's level (often this means on the floor) and play alongside them
- ... Remember that infants understand more than they can express verbally — talk about what you are doing as you are doing it
- ... Acknowledge what the child seems to be feeling, consciously modelling ways to validate both the emotions that the child has, and their expression of them.

Remember, eye contact is desirable in many cultures but not all. In the latter case, even young infants will have absorbed their parents' cultural practices in this regard. In addition, infants generally look away if they feel overwhelmed.

1.12.2 Safe engagement for children and young people

Engagement with children and young people should be based on their age and developmental stage. You should consider whether the information needs to come from direct communication with the child/young person, or if it could be obtained from other sources, including any appropriate adult who is not suspected of using family violence.

For many professionals, the conversation with a child or young person about whether they are experiencing family violence will take place in an organisational environment such as an office or clinical setting. Children and young people are more likely to engage with you at your office if the space is welcoming and inclusive.

However, if your workspace is not a safe environment or is not optimal for the child/young person's needs, you should consider appropriate alternatives. This may include the child/young person's home, or a playground, park or cafe. Settings that have movement, require limited eye contact, and there is something neutral to look at can make it easier for children and young people to communicate. For example, children and young people may prefer to talk with you whilst being driven somewhere or while playing, driving or walking.

Young people might have different views, needs and wants to their parent/carer, and you might feel a tension in supporting both parties. If your agency does not have a youth worker, consider asking a youth service to support and advocate for a young person.

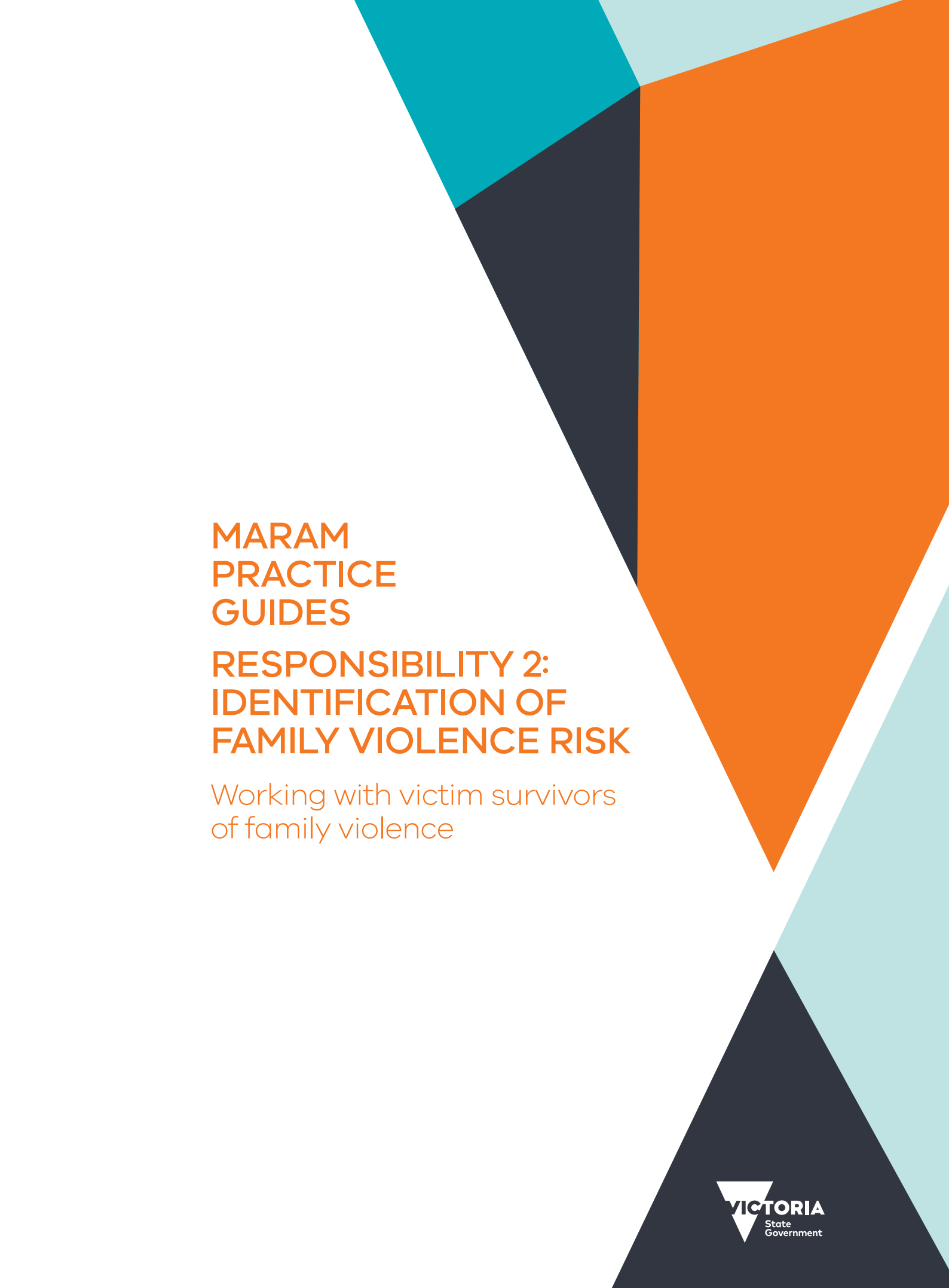
1.12.3 Activities

Children and young people also tend to engage through age-appropriate play. Children and young people might struggle to find words to describe their experiences and label their feelings. Consider using age-appropriate communication aids such as drawing, dolls, puppets, or feelings/strengths cards. It is preferable to seek advice or training on how to incorporate these into your practice.

Children and young people with communication barriers or are non-verbal, may also benefit from this form of engagement.

1.13 WHAT'S NEXT?

Guidance on identifying and screening for family violence risk is outlined in **Responsibility 2**. All professionals who suspect that a person is experiencing family violence should use the guidance in the next chapter on how to identify the presence of family violence, including the use of the **Screening and Identification Tool**.



MARAM PRACTICE GUIDES

RESPONSIBILITY 2: IDENTIFICATION OF FAMILY VIOLENCE RISK

Working with victim survivors
of family violence

RESPONSIBILITY 2

Identification of Family Violence Risk

2.1	Overview	151
2.2	Structured Professional Judgement in Identification and Screening	152
2.3	Identification of and Screening for Family Violence	152
2.4	Using Prompting Questions with an Adult to Support Screening	154
2.5	When to Use the Screening and Identification Tool	155
2.6	Why Someone Might not Disclose Family Violence, Even if Asked	156
2.7	Identification and Screening for Children and Young People	157
2.8	Guidance on using the Screening and Identification Tool	159
2.9	If it Seems Family Violence is NOT Occurring	160
2.10	If Family Violence Is Occurring	160
2.11	If Family Violence is Occurring and an Immediate Response is Required	160
2.12	What's Next?	161
	Appendix 1: Observable signs of trauma that may indicate family violence	162
	Appendix 2: Guidance on using the Screening and Identification Tool	166
	Appendix 3: Screening and Identification Tool	172
	Appendix 4: Response options following identification and screening of family violence risk and Basic Safety Plan	178

2 IDENTIFICATION OF FAMILY VIOLENCE RISK

2.1 OVERVIEW

This chapter should be used when family violence is suspected but not yet confirmed.

This guidance will enable you to identify if family violence is present and undertake screening for an adult, child or young person to assist you to decide if further action and/or assessment is required. Specific guidance on identifying violence and use of screening tools with children and young people is outlined in **Section 2.7** of this guide.

Only professionals who have received training to engage with perpetrators about their use of violence should do so. It can increase risk to a victim survivor to engage with a perpetrator when not done safely.

KEY CAPABILITIES

All professionals should have knowledge of **Responsibility 2**, which includes:

- ... Awareness of the evidence-based family violence risk factors and explanations, outlined in the *Foundation Knowledge Guide*
- ... Being familiar with the questions to identify family violence, observable signs and indicators, using the **Screening and Identification Tool** and how-to-ask identification questions
- ... Using information gathered through engagement with service users and other providers via information sharing to identify signs and indicators of family violence (for adults, children and young people) and potentially identifying victim survivors. Information sharing laws and practice is further described in **Responsibility 6**

REMEMBER

Guidance which refers to a perpetrator in this guide is relevant if an adolescent is using family violence **for the purposes of risk assessment with a victim survivor about their experience and the impact of violence**. Risk assessment and management for adolescents should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required.

2.1.1 Who should use the Screening and Identification Tool?

Appendix 2 contains the Screening and Identification Tool within a table of practice guidance. The Screening and Identification Tool as a standalone template is in Appendix 3.

All professionals should use the **Screening and Identification Tool**, either applied routinely when this is a part of your professional role or service, or only when indicators of family violence are identified.

Screening is not an activity that occurs only once by a single professional or within a service. In service settings where a person has multiple contacts, it is necessary to screen over time and at each contact to ensure any changes in the relationship or use of violence is identified.

Some organisations and workforces will undertake routine screening, asking every person accessing their service questions to screen for family violence (such as in perinatal settings or Youth Justice). Other workforces will only use the **Screening and Identification Tool** when they have identified indicators or signs of family violence risk through their regular service and are seeking to confirm the presence of family violence.

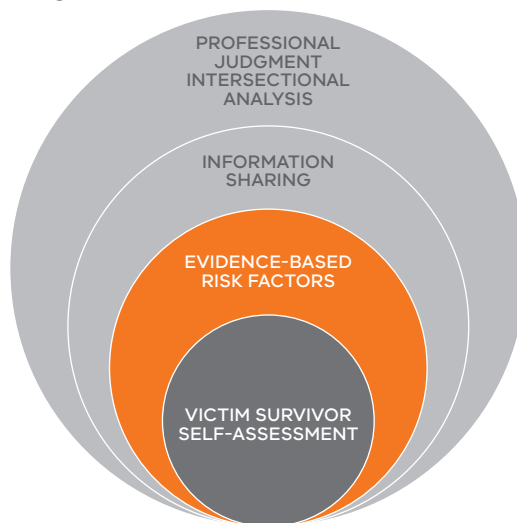
Identification (including through use of the Screening and Identification Tool) will support professionals to form their professional judgement about how to respond.

2.2 STRUCTURED PROFESSIONAL JUDGEMENT IN IDENTIFICATION AND SCREENING

Reflect on the model of Structured Professional Judgement outlined in **Section 9.1** of the *Foundation Knowledge Guide*.

Identification and screening is the first opportunity to ask a victim survivor about their self-assessment of their risk, fear and safety, as well as some initial questions about family violence risk factors. These can be further informed by risk assessment and information sharing, described in later responsibility guides.

Figure 1: Model of Structured Professional Judgement



Identification and screening is the first step in understanding if family violence risk factors are present, and is informed by a person's assessment of their own level of family violence risk (self-assessment). Observing signs and indicators of risk and asking screening questions about family violence support these two elements of Structured Professional Judgement.

2.3 IDENTIFICATION OF AND SCREENING FOR FAMILY VIOLENCE

Identifying and screening for family violence means identifying that family violence risk factors are present. This can be done through observation of signs of trauma that may 'indicate' family violence is occurring, and/or confirming this by undertaking screening.

Screening involves asking questions defined in a 'tool' (provided in **Appendix 3**) to enable a person to disclose whether they are experiencing family violence. The questions are designed to identify information about evidence-based family violence risk factors. The **Screening and Identification Tool** includes some of the high-risk factors associated with an increased likelihood of a person being killed or almost killed.

All of the questions in the Screening and Identification Tool should be asked, when possible.

Before beginning, you should discuss the purpose of the **Screening and Identification Tool** (or risk assessment) with the person. You should acknowledge that some of the questions may be confronting and difficult to answer but that they are important for assessing risk and identifying appropriate responses.

2.3.1 What are family violence risk factors?

The family violence risk factors are outlined with a short description in the *Foundation Knowledge Guide* at **Section 8**. Family violence risk factors are evidence-based factors that are used to:

- ... Identify if a person is experiencing family violence
- ... Identify the level of risk, and
- ... Identify the likelihood of violence re-occurring.

Responsibility 3 describes how to assess for risk factors, including determining the level or seriousness of risk.

2.3.2 Observable signs of trauma that may indicate that family violence is occurring



Family violence risk factors may be identified through observing signs or 'indicators' related to a person's physical or emotional presentation, behaviour or circumstances. These signs are presentations of possible trauma, which may indicate family violence is occurring and can be expressed differently across a person's lifespan, from infancy, childhood and adolescence¹, through to adulthood and old age.

Appendix 1, Tables 1–5, contain a non-exhaustive list of signs of trauma which may indicate that family violence is occurring for adults and children.

¹ For young people over the age of 18 signs and indicators for adults apply.

These signs of trauma do not by themselves determine that family violence is occurring, they are 'indicators' only at this stage.

These signs may also indicate that another form of trauma has occurred. If you suspect someone is experiencing family violence, it is important to ask the person screening questions about family violence.

Adults and children experiencing family violence may also not exhibit any of these signs and indicators. If you don't observe any signs or indicators but think that something is 'not quite right', you should use prompting questions or the **Screening and Identification Tool** to explore whether family violence might be occurring.

2.3.2.1 Signs and indicators relating to age for children and young people²

Signs of trauma in a child or young person may indicate family violence or another form of trauma. Signs may be observed through the presentation, behaviour or circumstances of a child or young person. Some signs may relate to trauma from specific forms of family violence, including sexual abuse (indicated by *) or emotional abuse (indicated by *).

Some signs may indicate a child's experience of trauma or other circumstances outside of the family or home environment. Consider the wellbeing and safety of a child within and outside of the family context when observing these indicators.

Children's behaviours may be driven by a range of underlying factors, including disability, developmental issues, and non-family violence related trauma and you will need to consider how these factors may be affecting or reinforcing each other. Significant changes in behaviour can indicate the presence of family violence and/or increased risk.

² For further information of indicators of family violence in children and young people, see the practice resource by the Department of Health and Human Services, [Assessing children and young people experiencing family violence: a practice guide for family violence practitioners](#).

Observable 'general' signs of trauma for a child or young person of any age are listed in **Appendix 1**, Table 2. Signs can also vary considerably according to the age and stage of a child or young person's development, and are listed in **Appendix 1**, Tables 3 and 4.

Sometimes the presence of family violence may be observed from a child's circumstances and may relate to neglect due to the experience of family violence. Some signs or indicators of neglect are listed in **Appendix 1**, Table 5.

Guidance on whether to assess children and young people directly, or through asking questions of a parent/carer who is not using violence, is outlined at **Section 2.7**.

2.4 USING PROMPTING QUESTIONS WITH AN ADULT TO SUPPORT SCREENING

You can use broad, prompting questions that lead into screening questions to begin the conversation. You can use your judgement on how to use these example questions or other prompting questions appropriate to the individual or their circumstances.

You can begin by asking open-ended, rapport-building questions about their wellbeing, for example:

- ... *"I'm pleased to see you today — how are things going?"* [if Aboriginal — *"Can I ask who are your mob?"*]
- ... *"What has brought you here today?"*
- ... *"Can you tell me what has been happening for you lately?"*
- ... *"Tell me a bit about your family / home life / relationship with X?"*

You can also frame prompting questions as part of routine or formal process used in your service to identify and screen for family violence risk. You can have a scripted question, such as:

- ... *"In our organisation it is common that we ask questions about family violence so we can connect people with appropriate support. Is it ok if I ask you a few questions about how things are going at home/in your relationship?"*

- ... *"When we are concerned about someone, we always ask a set of questions to find out if they are experiencing violence or being mistreated in any of their relationships"*
- ... *"You have just let me know X (i.e. that you have recently separated). When any of our clients tell us this we ask a question about your experience at home and safety"*
- ... *"Is there anyone else in the family who is experiencing, seeing, overhearing, or being exposed to or aware of these things?"*

You can also start by linking some of the observable indicators (**Appendix 1**) in to the conversation.

- ... *"I noticed that you appear to be experiencing X, is there something worrying you/you would like to talk about?"*

You could use simple statements such as:

- ... *"Many people experience problems in their relationships"*
- ... *"I have seen people with problems like yours who have been experiencing trouble at home."³*

If an adult, child or young person responds to your prompting questions, you can ask the direct screening questions in the **Screening and Identification Tool**. These are purposely direct, because research indicates that victim survivors are more likely to accurately answer direct questions.

3 Adapted from World Health Organization, 2014, *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*, pp 10–11.

2.5 WHEN TO USE THE SCREENING AND IDENTIFICATION TOOL

The **Screening and Identification Tool** as a standalone template is at Appendix 3.

Guidance on each question in the tool is at Appendix 2.

It is important to note that the **Screening and Identification Tool** has been developed to be used with adult victim survivors to identify family violence for both adult and child victim survivors.

The purpose of the **Screening and Identification Tool** is to identify:

- ... If family violence is occurring
- ... The victim survivor's level of fear for themselves or another person
- ... The person using violence/perpetrator.

The outcome of the **Screening and Identification Tool** will guide you on what to do next, that is, whether immediate action, further assessment and/or risk management is required.

If someone isn't ready to respond to your questions about family violence, you need to respect this and let them know that if they are ready in future to talk about any experience, you are open to doing this.

The **Screening and Identification Tool** should be used:

- ... When you suspect that someone may be experiencing family violence and have observed signs/indicators of family violence
- ... To start the conversation if someone **discloses** they are experiencing family violence, or
- ... If your workplace requires you to **screen all** individuals you work with for family violence (that is, 'routine screening' such as in antenatal/maternal child health settings).

At times, a victim survivor may want to give detailed answers about their experiences. The priority in this identification and screening stage is to identify the presence of risk and any immediate risk. This may mean you need to refocus or guide them back to a question. You can say you want to give them space and time to share their experience. However, if risk is identified as present and it is the role of another professional within your service or another service to continue to undertake intermediate or comprehensive assessment, you can sensitively contain the conversation around screening to ensure they do not have to tell their story multiple times (which can increase trauma).

Screening and identification should not be undertaken if the person suspected of using violence is present.

Your objective is to encourage the person to tell their story in their own words. You could lead into the questions by describing how the questions are structured, with a statement such as:

... *"I would like to ask you a series of questions that have 'yes', 'no' or 'don't know' answers. They will help us work out what to do next together"*

... *"We will start with questions about the person making you feel unsafe or afraid and then ask some questions about your level of fear and questions about children (if relevant)."*

It is important to ask direct questions about family violence. Questions 1–4 support you to understand if family violence risk is occurring, the victim survivor's level of fear for themselves or another person and the identity of the person using violence (the perpetrator).

Risk factors may change over time and some may increase in severity. A perpetrator may change their behaviours and their impact on the victim survivor may become more severe. **If a risk factor has increased in severity, recently or over time, this should be noted as indicating an escalation in violence and a serious risk.**



Frequency by itself is *not always* the indicator of the level of risk you should be asking further questions to understand if frequency has **changed or escalated**. This is particularly important for some high-risk factors and provides important information when considering if someone is at immediate risk.

Some key considerations when asking screening questions 1–4 is to look out for information about changes in frequency or severity which may indicate escalation and imminence of risk, particularly if change or escalation has occurred recently (further explored in questions 5–7).

How to move through the risk assessment questions:

- ... If the answer to a question indicates that family violence is not occurring no action is required relating to that risk factor/question. Advise the individual that if this occurs in future to seek assistance
- ... If the answer to a question indicates family violence is occurring, proceed to the next question(s) **as outlined below**.

REMEMBER

Screening questions are designed to be asked to an adult victim survivor about their risk or risk to any children and/or young people. The risk for children and/or young people correlates to the level of risk for the adult.

Risk to children and young people should be identified independently and informed by risk identified as present for the adult victim survivor (for example, who may be a parent/carer).

2.6 WHY SOMEONE MIGHT NOT DISCLOSE FAMILY VIOLENCE, EVEN IF ASKED

There are many reasons why people do not feel comfortable or ready to disclose family violence. For example, a person might:

- ... Not be ready
- ... Not identify their experience as family violence
- ... Have had negative experiences when disclosing it in the past
- ... Be scared that the perpetrator will find out that they have talked to you and the potential repercussions for their safety
- ... Be concerned about cultural profiling or not feeling culturally safe
- ... Be concerned about their visa or residency status
- ... Be worried that they don't meet family or community expectations
- ... Be worried that their primary carer will be taken away
- ... Be worried that their children will be taken away
- ... Be worried about judgement if they are in a same-sex relationship
- ... Be worried about judgement if they are not ready to end their relationship
- ... Be worried about judgement for their life circumstances or lifestyle choices
- ... Be worried that a disclosure is interpreted as evidence of mental illness
- ... Be worried about the perpetrator harming themselves or their children if they report family violence and/or end the relationship
- ... Be concerned about the impact of disclosure on the family unit, a perpetrator or adolescent using family violence, such as on their development or involvement of justice responses
- ... Be worried that professionals won't believe them.

To address barriers to disclosure and provide a safe opportunity to disclose, you can take a partnership approach by explaining processes, active listening, normalising anxieties and fear of disclosure, and setting realistic expectations to strengthen your rapport and engagement.

Some issues identified above can be mitigated by reassuring the person (adult or child) how your service will not share their disclosure of family violence with the person who may be using violence. For example, if information is shared with other sources it can be conveyed as sensitive and should not be made known to the perpetrator.

If a perpetrator becomes aware information was shared, it should be presented as being based on other sources or reports rather than by the victim. For example, family violence safety notices or intervention orders which they would already be aware of.

2.7 IDENTIFICATION AND SCREENING FOR CHILDREN AND YOUNG PEOPLE



Children and young people can be affected by family violence even if they do not hear or see it. Whilst there can be many causes of trauma, signs of trauma can be an indicator that the cause of that trauma is from family violence. If you observe one or more of the signs of trauma listed in Tables 2–4, **Appendix 1**, this may indicate that a child is experiencing direct family violence or being exposed to family violence and its impacts. Consider any observable signs of trauma with other information about the child's circumstances.

If you see signs of trauma, this should prompt you to screen for family violence. For children and young people you can screen for family violence by asking:

- ... The child or young person prompting questions at **Section 2.7.3** to provide you with more information about what may be causing the signs of trauma
- ... A parent/carer who is not using violence questions in the **Adult Screening and Identification Tool (Appendix 3)** which includes questions about risk to children.

Making a decision on whether to screen directly with a child or young person, or through assessment with a parent/carer is outlined further in **Responsibility 3**, including considerations about whether it is **safe, appropriate and reasonable to do so**, with reflection of your professional role and experience or training in working directly with children or young people.

You should also consider assessing for wellbeing and general safety, guided by your organisation's policies and procedures and any existing child wellbeing frameworks that apply to your role.

2.7.1 Speaking with adults about violence their child might be experiencing

You should always ask the parent/carer about what their child/ren might be experiencing directly or exposed to from a person who may be using violence (even if the person does not live with them). This includes if a child is being exposed to the aftermath of family violence (for example, broken furniture or an upset or injured victim survivor).

Explain to the parent/carer that they may be experiencing family violence and that it may be impacting their children. It is important for you to ask:

- ... *"What are your worries for each of your children?"*
- ... *"What have you noticed about how this is affecting the children?"*

Explain to the parent/carer:

- ... That you may speak to their child directly
- ... What kind of questions you will ask their child (even if they will be present)
- ... Why you need to ask the questions.

If the parent/carer is not present, ask the child or young person:

- ... To identify a parent/carer (who might also be a victim survivor) or safe person who is not using violence
- ... For their views about sharing information about what they have told you with that parent/carer.



Reassure both adult and/or child victim survivor(s) that they will not be identified as the source of any information to the perpetrator.

When asking these questions, you should be sensitive to the impacts of perpetration of family violence on women (and other caregivers, kin or guardians) as parents. Perpetrators often use various harmful tactics to deliberately undermine, manipulate and damage the mother-child relationship. This can cause women to lose confidence in their parenting and affect their ability to be as engaged with their children as they want to be. In this context, questions touching on parenting may be seen as intrusive and undermining.

You should be aware of these dynamics and tactics to avoid making judgments about women's parenting when asking the questions above. See **Section 10.2** of the *Foundation Knowledge Guide* for detail about the impacts of perpetrator behaviours on parenting.

2.7.2 Deciding when to talk with a child or young person directly

If you or another professional has expertise and training in working with children, and it is safe, appropriate and reasonable in the circumstances, you can speak with the child or young person directly about the signs you have observed. Assess all children and young people in ways that are appropriate to their stage of development:

- ... When talking to younger children it is useful to physically get down to their level, consider your tone of voice, and speak gently and reassuringly. You might start your conversation by acknowledging that they may be nervous or confused about speaking to an adult they don't know, or don't know very well. Reassure them that they will not be in trouble and you won't judge them, no matter what they tell you
- ... In addition to above information, primary school-aged children can be asked the simple direct prompting questions suggested below
- ... For young people, a mix of the questions for adults and children might be suitable. Young people, especially young women, might experience violence in the family home and/or from a partner outside the home so it is important to obtain the name of the suspected perpetrator or adolescent who may be using violence and their relationship to the victim survivor.

Further information on assessing risk for children and young people can be found in the [Assessing Children and Young People Experiencing Family Violence Practice Guide](#).

You can screen for family violence with children and young people by asking the prompting questions below.

2.7.3 Using prompting questions with children and young people

For children and young people, use prompting questions that may relate to observations you have made about their manner or situation. If you have identified signs or indicators of trauma, including those that may relate to neglect, you can start by asking questions based on things you have observed. For example:

... *"You appear to be really tired today. Is there a reason you're maybe not getting enough sleep?"*

You can also ask general prompting questions about their home life or family relationships:

... *"Have things changed at home recently?"*

... *"Tell me about the good things at home"*

... *"Is there someone at home that makes you feel safe?"*

... *"Can you talk to them if you had a problem or were worried about something?"*

... *(If the answer to the above question is no) "Are their other adults who make you feel safe that you might be able to talk to?"*

... *"Are there things at home you wish you could change?"*

... *"What don't you like about home?"*

... *"Does anyone living in your home do things that make you feel unsafe or scared?"*

... *"Tell me about the ways mum/dad/family member or carer look after you"*

... *"What happens in your house if people have a fight?"*

... *"Do you worry about your mum/dad/ brothers/sisters for any reason?"*

When using these prompting questions, you should keep the following practice considerations in mind:

... Ask questions in an empathic, non-judgemental manner

... Remember to validate a child who provides you information or expresses their feelings about their family or circumstances

... Do not ask questions in a way that feels like a list

... Use language that is age and developmentally appropriate, as well as relevant to the culture and community that the child is part of. Some children and young people may not like the words 'violence' and 'abuse'. Some cultures and communities have other words that they use with the same meaning

... It is important to use words that adults and children themselves use

... If a child is experiencing family violence their trust in adults may already be damaged.

2.8 GUIDANCE ON USING THE SCREENING AND IDENTIFICATION TOOL

Appendix 2 contains the **Screening and Identification Tool** questions, and relevant practice guidance information.

The **Screening and Identification Tool** as a standalone template is in **Appendix 3**.

It is important to note that the **Screening and Identification Tool** has been developed to be used with adult victim survivors to identify family violence for both adult and child victim survivors.

How to move through the risk assessment questions:

... If the answer to a question indicates that family violence is not occurring, no action is required relating to that risk factor/question. Advise the individual that if this occurs in future to seek assistance

... If the answer to a question indicates family violence is occurring, proceed to the next question(s), as outlined below.

2.9 IF IT SEEMS FAMILY VIOLENCE IS NOT OCCURRING

If responses to the screening questions indicate that no family violence is occurring, you must respect this. The person might not be ready or not feel comfortable to talk to you about the family violence they are experiencing. They may also not be experiencing family violence.

Thank the person for answering the questions and inform them about the help that is available and that they are able to contact your service in future should they ever experience family violence.

2.10 IF FAMILY VIOLENCE IS OCCURRING

If the person's responses indicate that they are experiencing family violence:

- ... Reassure the person that you believe them and state clearly that the violence is not their fault, and that all people have a right to be and feel safe
- ... Acknowledge any challenges and difficulties they have spoken of and validate their efforts to protect themselves and their family members
- ... Let them know that there are different services and options for people who experience family violence
- ... Ask whether they would like your help
- ... If **Responsibilities 3 or 7** are a part of your role:
 - ... Explain that you would like to ask them further questions to assess the level of risk and ask them if they are ok for you to proceed.
- ... If **Responsibilities 3 or 7** are not a part of your role:
 - ... Let the person know you would like to seek secondary consultation or refer them to a trusted professional who can undertake further assessment of the level or seriousness of risk (see **Responsibilities 5 and 6**). Let them know that this will enable you and the specialist professional to determine together what action may be required to support the person to be safe

... You might need to contact several services or authorities in response to a disclosure of family violence for secondary consultation or to respond to immediate risk.

- ... **Appendix 4** outlines a flow diagram of response options and provides a basic safety plan
- ... If children are identified as experiencing family violence, let the person (adult) know that you may have responsibilities to assess or manage children's wellbeing or safety, or under legislation to report any abuse to the relevant authorities.

2.11 IF FAMILY VIOLENCE IS OCCURRING AND AN IMMEDIATE RESPONSE IS REQUIRED

If family violence is identified and an immediate risk management response is required (that is, the person has let you know they are experiencing an immediate threat to their life, health, safety or welfare, or you have determined this based on their answers to screening questions):

Contact the police or ambulance by calling 000, or

Contact other emergency or crisis services for assistance.

This may be indicated if the person does not feel safe to leave the service. For example, you could say *"I am very concerned about your safety and would like to help you get assistance today. How do you feel about us contacting specialist assistance?"*

You should ask the victim survivor about their views on calling the police or other emergency and crisis services. If there is an immediate threat, calling the police is an appropriate response, however, **if the person indicates that calling police may increase their risk:**

- ... Their experience and views should guide your approach as this can inform you about the level of immediate risk and management responses that may be needed
- ... You should talk to them about the support police and crisis services can provide, and how you can plan with them to keep them safe.

Victoria Police have a range of discretionary response options available to them when responding to reports of family violence. It is important that you are aware of the different types of action police can take when discussing options with a victim survivor. Responses can include, but are not limited to:

- ... Crisis responses and attending a family violence incident in response to a 'triple 0' (000) call
- ... Responding to reports of family violence or criminal offences in person or by contacting local police stations (that is, non-emergency reports)
- ... Laying charges
- ... Issuing a Family Violence Safety Notice
- ... Making an intervention order, which may include conditions such as exclusion of an individual from a property
- ... Removing an individual from a property or location
- ... Referring an individual to a specialist service that works with either victim survivors or perpetrators of family violence, Child Protection or child and family services
- ... Referring the incident to the Victoria Police Family Violence Unit for further action or investigation
- ... Providing individuals with information around next steps.

2.12 WHAT'S NEXT?

See the flow chart diagram in **Appendix 4** for how to act based on the outcome of the screening questions.

If risk is present, the diagram will guide you on what to do if there is immediate or non-immediate risk.

Use the template at Appendix 4 to develop a basic safety plan.

Professionals with responsibility for family violence risk assessment should use the information outlined in **Responsibility 3**.

If this is not within your role, contact another professional within your service or another service to assist. Professionals who need to make referrals, seek secondary consultation or share information should refer to guidance on **Responsibilities 5 and 6** respectively.

Consider if any statutory responsibilities apply and if you may have to report to authorities in the situation.

2.12.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisations record management system:

- ... If you had a conversation about consent and confidentiality, and its limitations (see **Responsibility 6**)
- ... Contact details for the victim survivor, including method of contact (such as text before call) and time it may be safe to make contact
- ... Children's details and if they were present
- ... Emergency contact details of a safe person if the victim survivor cannot be contacted
- ... What signs of trauma indicated to you that family violence may be occurring and led you to complete a screening tool
- ... If an interpreter was used in the conversation
- ... If you completed the **Identification and Screening Tool**
- ... If you spoke with a child or young person directly using prompting questions about their risk
- ... If family violence has been identified as present or not present
- ... The action required, that is, if you go on to undertake a safety plan, referral, secondary consultation or further risk assessment.

APPENDIX 1: OBSERVABLE SIGNS OF TRAUMA THAT MAY INDICATE FAMILY VIOLENCE

Table 1: Signs of trauma in adult victims

Form	Signs of trauma that may indicate family violence is occurring for adult victims	
Physical	<ul style="list-style-type: none"> ... bruising ... fractures ... chronic pain (neck, back) ... fresh scars or minor cuts ... terminations of pregnancy 	<ul style="list-style-type: none"> ... complications during pregnancy ... gastrointestinal disorders ... sexually transmitted diseases ... strangulation
Psychological	<ul style="list-style-type: none"> ... depression ... anxiety ... self-harming behaviour ... eating disorders ... phobias ... somatic disorders 	<ul style="list-style-type: none"> ... sleep problems ... impaired concentration ... harmful alcohol use ... licit and illicit drug use ... physical exhaustion ... suicide attempts
Emotional	<ul style="list-style-type: none"> ... fear ... shame ... anger ... no support networks 	<ul style="list-style-type: none"> ... feelings of worthlessness and hopelessness ... feeling disassociated and emotionally numb
Social/financial	<ul style="list-style-type: none"> ... homelessness ... unemployment ... financial debt 	<ul style="list-style-type: none"> ... no friends or family support ... isolation ... parenting difficulties
Demeanour	<ul style="list-style-type: none"> ... unconvincing explanations of any injuries ... describe a partner as controlling or prone to anger ... be accompanied by their partner, who does most of the talking 	<ul style="list-style-type: none"> ... anxiety in the presence of a partner ... recent separation or divorce ... needing to be back home by a certain time and becoming stressed about this ... reluctance to follow advice

Table 2: General signs of trauma in a child or young person

General observable signs of trauma for a child or young person that may indicate family violence is occurring

Signs of trauma can manifest as either physical, emotional or behavioural and can include:

- ... Being very passive and compliant
- ... Showing wariness or distrust of adults
- ... Demonstrating fear of particular people and places
- ... Poor sleep patterns and emotional dis-regulation
- ... Becoming fearful when other children cry or shout
- ... Developmental regression (i.e. reverting to bed-wetting)
- ... Bruises, burns, sprains, dislocations, bites, cuts
- ... Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally
- ... Poisoning
- ... Internal injuries
- ... Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury
- ... Being excessively friendly to strangers
- ... Being excessively clingy to certain adults
- ... A strong desire to please or receive validation from certain adults
- ... Excessive washing or bathing
- ... Unclear boundaries and understanding of relationships between adults and children
- ... Excessive sexualised behaviour/advanced sexual knowledge
- ... Violence or sexualised behaviour to other children.

Table 3: Signs of trauma for a child (unborn to young child)

Observable signs of trauma that may indicate family violence for:

an unborn child	a baby (under 18 months)	a toddler
<ul style="list-style-type: none">... Poor growth and neural development caused by rushes of maternal adrenalin and cortisol... Injuries sustained via injury to mother or by the perpetrator targeting the unborn child directly (such as inflicting blows to mother's abdominal area).	<ul style="list-style-type: none">... Excessive crying... Excessive passivity... Underweight for age... Significant sleep and/or feeding difficulties... Reactions to loud voices or noises... Extreme wariness of new people... No verbal 'play' (such as imitating sounds)... Frequent illness... Anxiety, overly clingy to primary caregiver	<ul style="list-style-type: none">... As for baby (under 18 months), and also:... Excessive irritability... Excessive compliance... Poor language development... Delayed mobility... Blood in nappy, underwear

Table 4: Age-related signs of trauma that may indicate family violence in a child or young person

Many indicators may be expressions of trauma that may be observed through the presentation, behaviour or circumstances of a child or young person. Some indicators are related to trauma from specific forms of family violence, including sexual abuse (indicated by #) or emotional abuse (indicated by *), or indicate signs of neglect.

Observable signs of trauma that may indicate family violence for:

a pre-schooler	a primary school-aged child	an adolescent
... Extreme clinginess	... Rebelliousness, defiant behaviour	... As for primary school aged children, and also:
... Significant sleep# and/or eating difficulties	... Limited tolerance and poor impulse control	... School refusal/avoidance (absenteeism/disengagement)
... Poor concentration in play	... Temper tantrums or irritability, being aggressive or demanding*	... Criminal or antisocial behaviours, including using violence against others
... Inability to empathise with other people	... Physical abuse or cruelty of others, including pets	... Eating disorders
... Frequent illness	... Avoidance of conflict	... Substance abuse
... Poor language development and/or significant use of 'baby talk'	... Showing low self-esteem*	... Depression
... Displaying maladaptive behaviour such as frequent rocking, sucking and biting#	... Extremely compliant behaviour, being passive, tearful or withdrawn*	... Suicidal ideation
... Aggression towards others	... Excessively oppositional or argumentative behaviour	... Risk-taking behaviours
... Adjustment problems (for example, significant difficulties moving from kindergarten to school)	... Risk-taking behaviours that have severe or life-threatening consequences	... Anxiety
... Anti-social play or lack of interest in engaging with others	... Lack of interest in social activities	... Pregnancy
	... Delayed or poor language skills*	... Controlling or manipulative behaviour
	... Experiencing problems with schoolwork#	... Obsessive behaviour
	... Poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)**	... Homelessness or frequent changes in housing arrangements
	... Acting like a much younger child*	
	... Poor school performance	
	... Poor coping skills	
	... Sleep issues#	
	... Bed wetting#	
	... Excessive washing	
	... Frequent illness	
	... Complaining of headaches or stomach pains#	
	... Self-harm	
	... Displaying maladaptive behaviour#	
	... Displaying sexual behaviour or knowledge unusual for the child's age#	
	... Telling someone sexual abuse has occurred#	
	... Complaining of pain going to the toilet	
	... Enacting sexual behaviour with other children	
	... Excessive masturbation	

Table 5: Signs and indicators of neglect

Observable signs and indicators of neglect of a child or young person

... Being frequently hungry	... Being abandoned by their parents
... Being poorly nourished	... Stealing food
... Having poor hygiene	... Staying at school outside school hours
... Wearing inappropriate clothing, for example, wearing summer clothes in winter	... Often being tired and/or falling asleep in class
... Being unsupervised for long periods	... Abusing alcohol or drugs
... Not having their medical needs attended to	... Displaying aggressive behaviour
	... Not getting on well with peers.

APPENDIX 2: GUIDANCE ON USING THE SCREENING AND IDENTIFICATION TOOL

Note: A detailed list of risk factors is in *Foundation Knowledge*, **Table 3**. Serious risk factors⁴ are indicated in **orange shading**.

Question 1: Identifying if family violence is present.

Question	Practice Guidance
1 Has anyone in your family done something that made you or your children feel unsafe or afraid? (Are there multiple perpetrators?)	<p>Why is it important to ask this question?</p> <p>It is important to find out if the person experiencing family violence is unsafe or afraid for themselves, any children, or anyone else (e.g. new partner or other family members).</p> <p>It is also important to understand whether more than one person is making the person feel unsafe or afraid. For example, an adult perpetrator may support the use of violence by an adolescent (usually a male) against one or more family members.</p> <p>What should you keep in mind when asking this question?</p> <p>The self-assessed level of fear of a person experiencing family violence is a strong indicator of their level of risk. There are also times when a person may not be able to accurately assess their level of risk or will minimise the level of risk to themselves or their children. For example, if the violence has always been present in the relationship/s, it may have become 'normalised' and the person may be unable to see the risks. The person may also be afraid of repercussions (such as Child Protection involvement, removal of a carer) if they tell you about their experience.</p> <p>As in the wider community, many people who experience violence are unaware of the variety of family violence tactics and behaviours, and often attribute family violence and fear only to physical abuse. For this reason, you should explore their level of fear not only from physical abuse, but general feelings of fear from any abusive behaviours.</p> <p>Some people have a broad concept of family. 'Family-like relationships' such as carer in a family-like relationship and broad definitions of family used by Aboriginal people. These broader definitions are recognised within the context of assessing and responding to family violence risk. LGBTIQ communities refer to 'families of choice'. Some people may not identify or be aware that these relationships are recognised in family violence. For some people, consider asking:</p> <p><i>"Has anyone done something that made you or your children feel unsafe or afraid?"</i></p> <p>You could follow this up with:</p> <p><i>"Who is making you feel unsafe?"</i> and ask the person what relationship they have with the person identified.</p> <p>There may be more than one perpetrator. You can also ask a follow-up question:</p> <p><i>"Is there more than one person in your family that is making you or your children feel unsafe or afraid?"</i></p> <p>The answers to this question are yes, no, not known.</p> <p>If the answer is no/never, no action is required relating to this risk factor. Explain that if this occurs in future to seek assistance. Be open to people choosing not to disclose, even if risk is present.</p> <p>If the answer to this question is 'yes', follow up with these questions:</p> <p><i>"Who is making you feel unsafe or afraid?"</i> (there may be one or multiple perpetrators)</p> <p><i>"Has the frequency changed, or the experience increased in severity?"</i></p> <p>If more than one person is identified as a perpetrator — undertake screening questions relating to each of them about their behaviours. This is a follow-up question in the tool that does not need to be asked directly of a victim survivor.</p>

⁴ There are evidence-based risk factors which may indicate an increased risk of the victim being killed or almost killed. These are described as 'serious risk factors'.

Questions 2–4: Assessing the level of risk of family violence.

Question	Practice Guidance
2 Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?	<p>Risk factor:</p> <p>This question is asking about:</p> <p>Controlling behaviour</p> <p>Other risk factors to keep in mind when asking this question include:</p> <p>Obsession/jealous behaviour toward victim survivor (as a driver of controlling behaviour)</p> <p>Emotional abuse (as an outcome of controlling behaviour)</p> <p>May be expressed through other risk factors, such as economic abuse and isolation. Relevant to this factor is understanding:</p> <p>Escalation — increase in severity and/or frequency</p> <p>Imminence</p> <p>Why is it important to ask this question?</p> <p>Controlling behaviour is an indicator of serious risk.</p> <p>Controlling behaviours are a manifestation of a perpetrator’s beliefs and attitudes to the victim survivor (usually women and children). This can include a stereotypical view of family, their role as a head of the family/ household and the role of women and children within a family, possessive or entitled views that link control of family members to their ego.</p> <p>Use of controlling behaviours is strongly linked to homicide.</p> <p>Perpetrators who feel entitled to get their way, irrespective of the views, needs of, or impact on others are more likely to use various forms of violence against the victim survivor, including sexual violence. Perpetrators may express ownership over family members as an articulation of control.</p> <p>Examples of controlling behaviours include the perpetrator telling the victim survivor how to dress, who they can socialise with, what services they can access, limiting cultural and community connection or access to culturally appropriate services, preventing work or study, controlling their access to money or other financial abuse, and determining when they can see friends and family or use the car.</p> <p>Perpetrators may also use third parties to monitor and control a victim survivor. Perpetrators may also use systems and services as a form of control of a victim, such as intervention orders and Family Court proceedings. For older children and young people, this is about controlling behaviour outside of normal parenting practices.</p> <p>What should you keep in mind when asking this question?</p> <p>Understand the common and persistent nature of coercive control in the context of family violence.</p> <p>Be aware that controlling behaviours are often linked to other risk factors, such as when the perpetrator’s social control of the victim survivor results in isolation. Or if the perpetrator’s controlling behaviours constitute sexual abuse. This question may result in the identification of numerous risk factors, including high-risk factors.</p> <p>The answers to this question are yes, no, not known.</p> <p>If the answer is no/never, no action is required relating to this risk factor. Advise that if this occurs in future to seek assistance.</p> <p>If the answer to this question is ‘yes’, follow up with:</p> <p><i>“Has the frequency changed or the experience increased in severity?”</i></p>

Question

Practice Guidance

- 3 Have they threatened to hurt you in any way?

Risk factor:

This question is asking about:

Threats (primary risk factor) which may present in various ways:

Threat to harm (may relate to adult or child)

Threat to kill (may relate to adult or child)

Has ever harmed or threatened to harm or kill pets or other animals

Other risk factors to keep in mind when asking this question include:

Hurt/harm may be defined broadly and relate to other risk factors, such as:

Physical harm (threat may relate to using physical violence)

Sexual assault (threat may relate to using sexual violence)

Controlling behaviours and emotional abuse as outcomes of threats to harm

Property damage

Has ever threatened or tried to self-harm or commit suicide (threat may be self-directed)

Relevant to this risk factor is understanding:

Escalation — increase in severity and/or frequency

Imminence

Why is it important to ask this question?

Threats of violence, harm or to kill should always be taken seriously.

This question is focussed on understanding **escalation** and **imminence** as it relates to the type of **harm threatened**. Answers to this question will guide you on the **level of risk** present and whether a timely response is required.

What should you keep in mind when asking this question?

You should consider any threats to kill similarly to threats to suicide. Has the perpetrator spoken to others about the threat, do they have a plan, do they have access to weapons/materials to carry through the threat, have they rehearsed the threat (such as attempted strangulation or choking of the victim survivor).

It is critical to keep in mind any risk to children, if these behaviours have been directed toward either the child or to the parent/carer. This question can also be asked of older children/young people to assess both the child/young person's risk and the adult victim survivor's risk.

The victim survivor may report the perpetrator's behaviour has escalated and threats they are using are becoming regular or more serious than in the past.

Threats that are escalating and specific (that is, more detailed in description) are an indicator of serious risk.

If the answer is **no/never**, no action is required relating to this risk factor. Advise that if this occurs in future to seek assistance.

If the answer to this question is **'yes'**, follow up with questions:

... *"What have they threatened you with?"* (you can provide examples of related risk factors, above)

... *"How specific in detail are the threats?"*

... *"Has the frequency changed or the experience increased in severity?"*

Question

- 4 Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)

Practice Guidance

Risk factor:

This question is asking about:

Physical harm (primary risk factor)

Physical harm may be experienced as:

Sexual assault

Has ever tried to strangle or choke the victim survivor

Other risk factors to keep in mind when asking this question include:

Escalation — increase in severity and/or frequency

Imminence

Why is it important to ask this question?

Physical harm is broadly defined and includes the presentations listed in the question, as well as the high-risk factors of sexual assault and strangulation or choking which indicate serious risk.

You need to understand the frequency and severity of physical (including sexual) violence, as they are indicators of risk of serious harm or death. Frequency and severity are very important ways of understanding the risk level and deciding on risk management strategies.

Physical harm resulting in traumatic brain injury is a leading cause of death and disability. For children, this may present through harm such as 'shaken baby syndrome'.

What should you keep in mind when asking this question?

It is important to understand if the physical violence is getting worse or more frequent as this can indicate that there is increasing risk of serious harm or death. Whilst physical assault is a predictor of future physical assault, no physical assault is not a predictor that physical assault will not occur in the future.

It is critical to keep in mind any risk to children/young people if these questions have been directed toward either the child/young person or to the parent/carer. This question can also be asked of children and can be used in assessing both the child/young person's risk and the adult victim survivor's risk.

If the answer is **no/never**, no action is required relating to this risk factor. Advise that if this occurs in future to seek assistance.

If the answer to this question is **'yes'**, ask the following questions:

... *"How have they physically harmed you?"* (you can provide examples of other risk factors listed above)

... *"Has the frequency changed or the experience increased in severity?"*

If the physical harm was to the head, face or neck, ask the following questions:

... *"Have you ever been hit in the head or face?"*

... *"Have you ever been pushed or shoved and banged your head against something?"*

... *"Have you ever lost consciousness?"*

Note: if the answer to loss of consciousness is 'yes', follow up with questions in the Intermediate Assessment relating to 'serious harm' and loss of consciousness.

Determining immediate risk to adults, children and young people

If responses to the above screening questions 1–4 are 'often' and you have identified escalation in controlling behaviours, threats (particularly in detail or specificity) or physical harm, this indicates serious risk.

In addition to identifying serious risk, the following questions will support you to understand if risk is also immediate and inform your decision on how to respond.

Questions 5–6: Focus on identifying if there is immediate risk

Question

Practice guidance

- 5 Do you have any immediate concerns about the safety of your children or someone else in your family?

Risk factor:

This question is asking about:

Imminence

Why is it important to ask this question?

Children can be affected by family violence, even if they do not hear or see it. You should always ask the person experiencing family violence about what any children or young people who reside with them (or have contact with the person suspected of using family violence) are experiencing.

The evidence supports that where there is family violence, you should ask about the direct abuse of children, and where you see the direct abuse of children, you should ask about family violence.

Evidence also supports that where an adult victim survivor is at immediate risk, children are also at immediate risk even if there has been no direct abuse of the children. Children experience detrimental effects from family violence whether there is direct abuse, exposure or indirect exposure to family violence.

Some perpetrators use violence, including threats, against other family members or third parties as a method of control over victim survivors.

What should you keep in mind when asking this question?

You need to establish if there are children or someone else who may also be at risk of family violence:

... *"Are there children in your family?"*

... *"Are there children in your home?"*

... *"Is there anyone else in the family, or connected to you or your family that you are worried about?"*

Be clear about what you mean i.e. "do you think there is any chance that your children/other family member or third party will be threatened or harmed today?"

Children's and young people's risk and needs are different to the adult victim survivor. These could be explored through further assessment.

Parent/carers, older siblings who are protective of children:

... Can blame themselves and feel shame for the impact of the violence on children.

... Are more likely to seek formal support when children are experiencing family violence. This action should be affirmed and supported with appropriate responses.

People from some communities may have experienced current or historic trauma related to child removal, barriers to service responses, structural inequality or discrimination, and may be reluctant to report violence experienced by themselves or their children.

You should explain to the adult you are assessing the limits of your confidentiality in regard to children. This is critical to enable them to make informed decisions about what information they share with you (see **Responsibility 5**). If you are mandated to report abuse to Child Protection, this must be communicated. It is best practice to, wherever safe, appropriate and reasonable, be transparent with parents/carers who are not a perpetrator about any information sharing to Child Protection or other services.

Recognise that they may be afraid to disclose risk to children and reassure them that you are seeking this information to support them, including through connecting them to follow-up service responses. Building empathy and rapport, supporting agency of adult victim survivors, and avoiding victim-blaming can support a victim survivor's connection to support and effective risk management responses.

Other family members may also be subject to threat or risk from the perpetrator. You should identify if this is occurring and enquire about what relationship the other family member has to both the victim survivor and the perpetrator or adolescent who is using family violence.

Question

Practice guidance

6 Do you feel safe to leave here today?

Risk factor:

This question is asking about:

Imminence

Why is it important to ask this question?

To identify if the person is **at immediate risk**.

What should you keep in mind when asking this question?

Self-assessed level of fear, risk and safety is a good indicator of seriousness of risk. The person may have a history of serious family violence which means that their experience of risk has become relative and they may not have the same definition of risk that professionals who are trained in family violence have. Be clear about what you mean i.e. **“do you think there is any chance that you or someone in your household will be threatened or harmed today?”**

Where the person is contacting the service by phone, you could rephrase this question to, **“do you feel safe at the moment or to return home?”**

Responses to this question will determine if you should take immediate action to respond. You should determine, based on this and questions 1–4 if the appropriate response is to call police (000) (i.e. if a crime has been or is likely to be committed) and seek support of a specialist family violence service (see flow chart at **Appendix 4**).

You should be guided by the victim survivor if they let you know they are afraid of escalation of risk if you contact police. You should seek support from a specialist family violence service to plan for escalation of risk.

If there are children or young people involved, also consider whether you are required to report to Child Protection.

If appropriate to your role, complete further assessment to determine seriousness/level of risk (see **Responsibility 3 or 7**) and seek secondary consultation from specialist family violence services.

7 Would you engage with a trusted person or police if you felt unsafe or in danger?

Risk factor

This question is asking about:

Imminence

Escalation — increase in severity and/or frequency

Why is it important to ask this question?

To understand the person's safety and their willingness to engage with support, including emergency services if necessary. If the victim survivor would not engage with police, then they may be unable to seek assistance in an emergency from the primary service that can intervene. Knowledge of this is vital for safety planning and possible referrals.

What should you keep in mind when asking this question?

This question is not meant to suggest that police involvement is always required. There may be many instances where the victim survivor can implement a safety plan without involving police. This may include seeking support from another professional or family member/friend if they need assistance.

However, in family violence cases that require emergency assistance or intervention, police are best positioned to respond. In the screening stage it is vital to understand not only whether the victim survivor is at risk, but also understand whether or not the person is willing to engage emergency services if needed.

If the answer is **'yes'**, confirm they know how to contact police by calling 000, or are aware of where their closest police station is.

If the response is **'no'**, follow up with questions including:

... **“Is there a reason you would not contact or would be hesitant to contact police?”**

... **“Is there something I can do to support you to feel confident in contacting police?”**

... **“Would you contact another support service? Such as a 24-hour crisis family violence service?”**

Provide relevant information on how police respond and encourage them to contact police in an emergency.

APPENDIX 3: SCREENING AND IDENTIFICATION TOOL

Adult Victim Survivor Screening and Identification Tool

Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Was an interpreter used during this assessment? Yes No (If yes, what language):

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 2 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 3 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 4 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Question	Yes	No	Comments (or not known)
Has anyone in your family done something that made you or your children feel unsafe or afraid?	<input type="checkbox"/>	<input type="checkbox"/>	

Is there more than one person in your family that is making you or your children feel unsafe or afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--

The following risk related questions refer to the perpetrator:

PERPETRATOR ACTIONS	Have they...		
	controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>
	threatened to hurt you in any way?	<input type="checkbox"/>	<input type="checkbox"/>
	physically hurt you in any way (hit, slapped, kicked or otherwise physically hurt you)?	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ASSESSMENT	Do you have any immediate concerns about the safety of your children or someone else in your family?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>
	Would you engage with a trusted person or police if you felt unsafe or in danger? (Note: if lack of trust in police is identified risk management must address this)	<input type="checkbox"/>	<input type="checkbox"/>

Further details

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template)

Yes No Not known

Child 5 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known**Child 6 Details#**

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

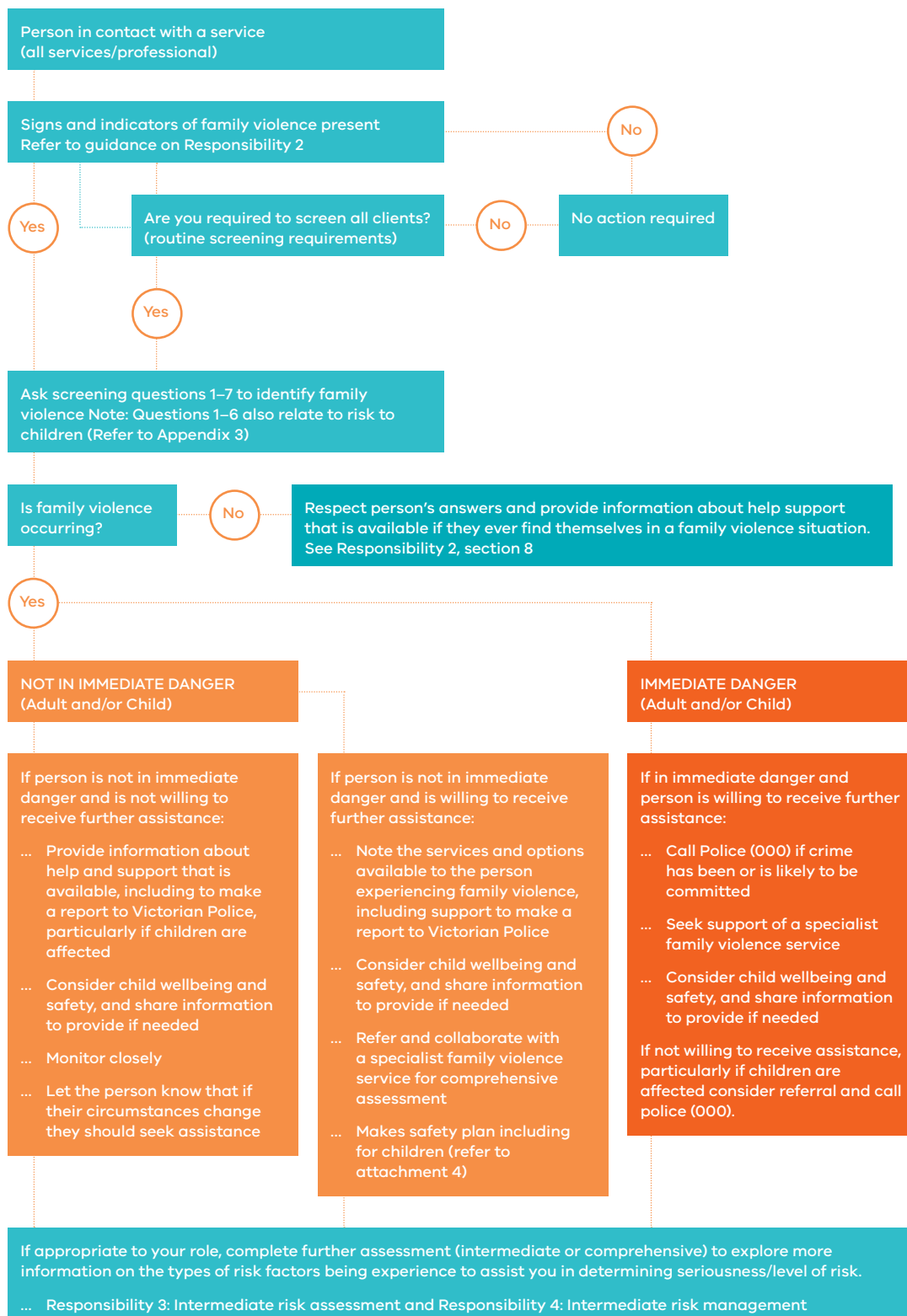
Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

APPENDIX 4: RESPONSE OPTIONS FOLLOWING IDENTIFICATION AND SCREENING OF FAMILY VIOLENCE RISK AND BASIC SAFETY PLAN

Making a Safety Plan



Safety Planning guide for adults (or older children and young people, if appropriate)

The following are elements of a safety plan and questions you can ask to help the person experiencing family violence make a plan.

Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by the victim survivor on what is important and safe for them in their safety plan.

This guide aims to assist you to discuss what planning and actions can be undertaken safely.

Plan detail and questions to support planning

Checklist and detail

Safe place to go

Where are you right now – are you safe?

Address or name of place:

If you need to leave your home in a hurry, where could you go?

Address of safe place (if different to above):

Emergency contacts

Would you feel comfortable calling the police (000) in an emergency? (if not - How can we support you to do so?)

Yes No N/A

Call 000 in an emergency or Safe Steps on 1800 015 188 or local family violence service on _____ [insert]

Who are your personal emergency contacts?

Name, relationship, contact details

System intervention

Where is the perpetrator right now?

(provide details)

Is an intervention order in place (and children named) or are there any other court orders or proceedings?

Yes No N/A
(provide details)

Support of someone close by

Is there someone close by you can tell about the violence who can call the police?

Yes No N/A

Planning for children, older people or people in your care [if applicable]

What would you need to arrange for people in your care?

(provide details)

If you have children in your care

How many children do you have in your care?

(provide details)

Where are they right now?

(provide details)

Safe Communication

Do you have access to a phone or internet?

Yes No N/A
(provide details)

Plan detail and questions to support planning

Checklist and detail

Transport

Do you have access to a vehicle or other public transport options? Yes No N/A
(provide details)

Items to take with you – escape bag

What documents, keys, money, clothes, or other things should you take with you when you leave? What is essential? (provide details)

Financial Access

Do you have access to money if you need to leave? Where is it kept? Yes No N/A
(provide details)

Consent to information sharing

Consent for information sharing and referral:

I (name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare.

I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).

Signature	Date
_____	_____
Name (print)	Date
_____	_____
Worker Signature	Date
_____	_____
Worker (print)	Date
_____	_____
Verbal Consent obtained 'Yes' <input type="checkbox"/>	Date
_____	_____

Please indicate your preferred contact method:

Mail: _____ Email: _____

Phone / Text: _____ Would you prefer to be called from a private number? Yes No

What is the best day and time for us to call? _____

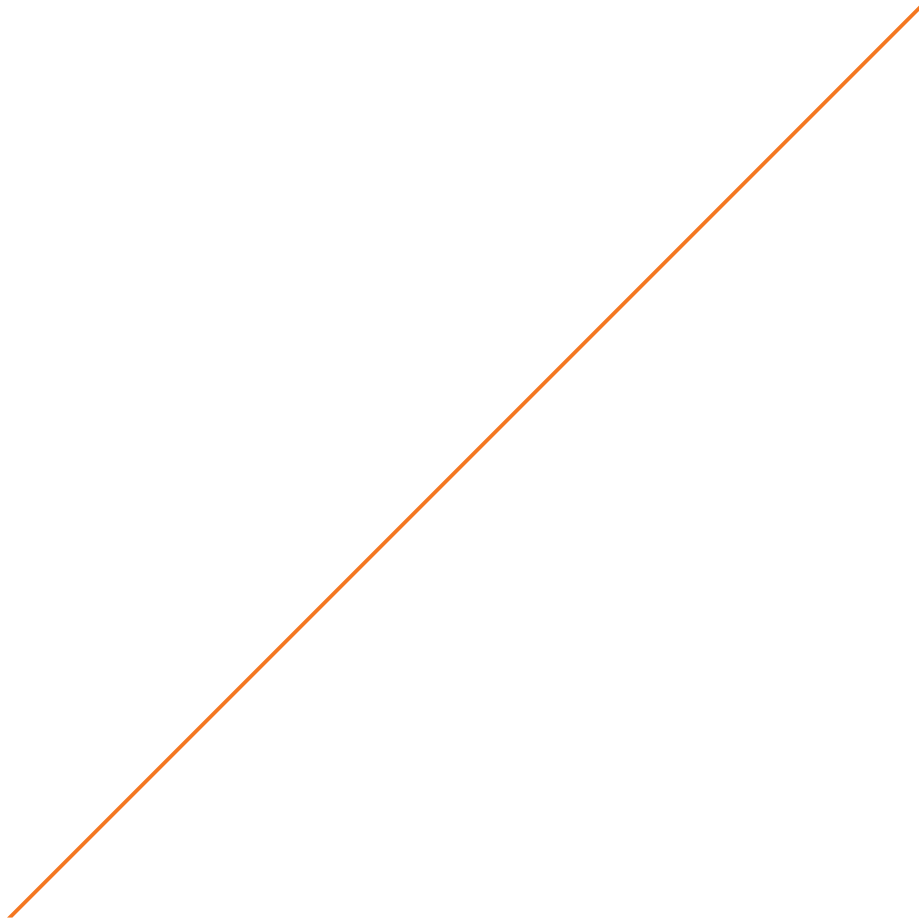
A message left with an authorised/safe person for you to return the call: _____

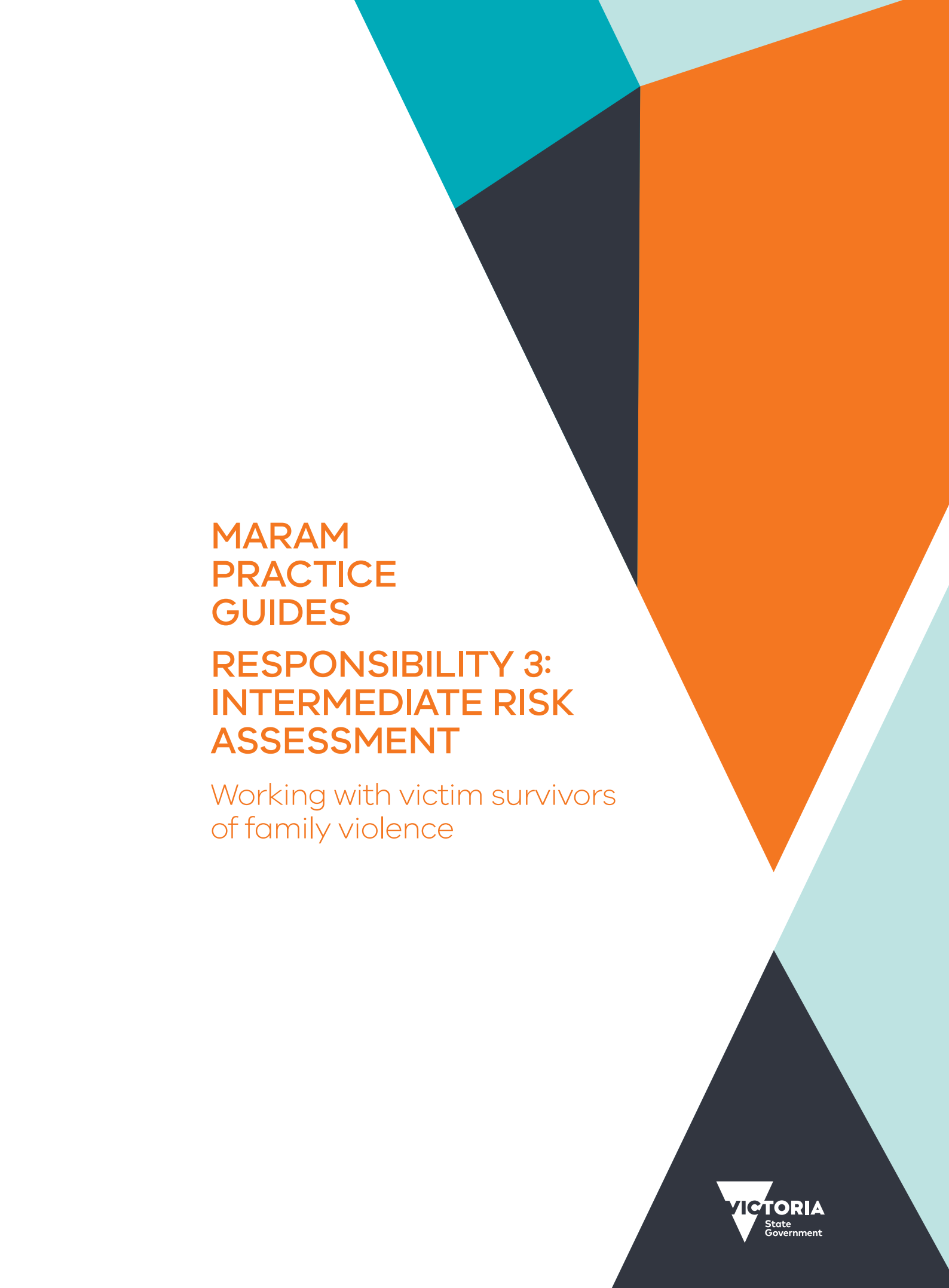
Authorised person contact details: (full name, relationship, telephone:) _____

Referrals made

Type of organisation	Organisation Name	Contact person	Date of referral	Information sought/shared with
Aboriginal specific service				
Child FIRST				
Child Protection				
Police				
Court (Magistrates' and Children's Court)				
Sexual assault service				
Specialist family violence service for adult victim survivors**				
Specialist family violence service for perpetrators**				
Specialist family violence service for child victim survivors**				
The Orange Door				
Other				
Other				

** Specialist family violence services includes services that provide tailored services for Aboriginal people and people from diverse communities and at-risk age groups.





**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 3:
INTERMEDIATE RISK
ASSESSMENT**

Working with victim survivors
of family violence

RESPONSIBILITY 3

Intermediate Risk Assessment

3.1	Overview	185
3.2	Structured Professional Judgement in Intermediate Assessment	186
3.3	Intersectional Analysis and Inclusive Practice in Intermediate Assessment	187
3.4	How to use the Intermediate or Child Assessment Tool	188
3.5	When to use the Brief Assessment Tool	189
3.6	Using Prompting Questions	190
3.7	Understanding the Assessment Process and Risk Levels	191
3.8	Intermediate Risk Assessment for Children and Young People	195
3.9	Identifying Protective Factors for Victim Survivors (Adults, Children and Young People)	203
3.10	Misidentification of Victim Survivor and Perpetrator	206
3.11	What's Next?	206
	Appendix 5: Brief Risk Assessment Tool	208
	Appendix 6: Adult Intermediate Risk Assessment Tool	219
	Appendix 7: Child Victim Survivor Risk Assessment Tool	235
	Appendix 8: Intermediate risk assessment and practice guidance for adult and child victim survivors	241

3

INTERMEDIATE RISK ASSESSMENT

3.1 OVERVIEW

Professionals should refer to the *Foundation Knowledge Guide and Responsibilities 1 and 2* before commencing intermediate risk assessment.

This chapter should be used to guide intermediate risk assessment of the level or 'seriousness' of family violence risk — **for either an adult or a child**.¹ This assessment may be done directly after disclosure or identification and screening (see **Responsibility 2**), or to assess changes in family violence risk over time.

KEY CAPABILITIES

This guide supports professionals to have knowledge of **Responsibility 3**, which includes:

- ... Asking questions about risk factors
- ... Understanding the evidence-base of how questions link to the level of risk
- ... Using the process of Structured Professional Judgement in practice
- ... Using intersectional analysis and inclusive practice
- ... Using the **Brief or Intermediate Assessment Tools**
- ... Forming a professional judgement to determine seriousness of risk, including levels 'at risk' 'elevated risk' or 'serious risk'.

¹ Intermediate assessment can be undertaken directly following disclosure from a victim survivor, without a screening assessment being first undertaken.

An 'intermediate' level risk assessment may be undertaken using either:

- ... The **Brief Assessment Tool** reflecting high-risk factors only. The Brief Assessment Tool is for professionals providing **time-critical interventions only**. This assessment can be used to inform a full intermediate assessment at a later point when time or the situation allows
- ... The **Intermediate Assessment Tool** includes questions about a broader range of evidence-based risk factors experienced by adults and questions about risk to children
- ... The **Child Assessment Tool** contains a summary of adult risk factors, questions for an adult about a child's risk and a separate set of questions for direct assessment of an older child or young person.

Guidance on undertaking an intermediate assessment to determine risk for children and young people is at Section 3.8 of this guide.

Practice considerations to assist your decision-making on how to assess risk for a child or young person include:

- ... Creating opportunity for a child's personal agency and voice to be heard
- ... Individually assess their experience of risk
- ... Wherever possible, collaborate with a parent/carer who is not a perpetrator
- ... Reinforcing responsibility is with the perpetrator.

REMEMBER

Guidance which refers to a perpetrator in this guide is relevant if an adolescent is using family violence **for the purposes of risk assessment with a victim survivor about their experience and the impact of violence**. Risk assessment and management for adolescents should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required.

After an intermediate risk assessment, a professional may escalate the risk assessment (through secondary consultation or referral) to a comprehensive assessment to be undertaken by a specialist family violence worker.

3.1.1 Who should undertake intermediate risk assessment?

This guide should be used by professionals whose role is linked to, but not directly focused on, family violence. As part of, or connected to your core work, you will be engaging with people:

- ... At risk of experiencing family violence
- ... In crisis situations from family violence
- ... Who are perpetrating family violence.

Do not engage directly with perpetrators about their violence if you are not trained to do so.

For further information please refer to your organisation's family violence policies and procedures or the *Responsibilities Decision Guide for Organisational Leaders* (Figure 2) in the *Foundation Knowledge Guide*.

3.2 STRUCTURED PROFESSIONAL JUDGEMENT IN INTERMEDIATE ASSESSMENT

.....
Reflect on the model of Structured Professional Judgement outlined in Section 9.1 of the *Foundation Knowledge Guide*.
.....

Structured Professional Judgement is the practice model that underpins risk assessment to support you to determine the level of risk and inform risk management responses. The **Brief and Intermediate Tool** questions are designed to support victim survivors to tell you about their experience of family violence, to inform you about the current level of risk and history of violence.

Risk assessment relies on you or another professional ascertaining:

- ... A victim survivor's self-assessment of their level of risk, fear and safety, and
- ... The evidence-based risk factors identified as present.

You can gather information to inform this approach from a variety of sources, including:

- ... Interviewing or 'assessing' the victim survivor directly, and/or
- ... Requesting or sharing, as authorised under applicable legislative schemes, with other organisations and services about the risk factors present or other relevant information about a victim or perpetrator's circumstances.

Secondary consultation and information sharing are more fully described in **Responsibilities 5 and 6**, and in the Family Violence Information Sharing Guidelines.

An intersectional analysis lens must be applied as part of Structured Professional Judgement. This means bringing an understanding that a person may have experienced or be experiencing a range of structural inequalities, barriers and discrimination throughout their life. These experiences will impact on:

- ... Their experience of family violence
- ... How they manage their risk and safety, and
- ... Their access to risk management services and responses.

Professionals should consider any additional barriers for the person and make efforts to address these.

Your analysis of these elements and application of your professional experience, skills and knowledge are the process by which you determine the level of risk.

Figure 1: Model of Structured Professional Judgement



3.2.1 Information sharing to inform your assessment

Information sharing can inform your risk assessment.

See **Responsibility 6** for further guidance on understanding what is 'risk-relevant' information when sharing and, if authorised, the Family Violence Information Sharing Scheme Guidelines and Child Information Sharing Scheme Guidelines on how to make requests and share information.

You can request information from other professionals or services concurrently with undertaking risk assessment with a victim survivor. There are some circumstances where you may request information before assessing risk with a victim survivor. Examples may include:

- ... Where you cannot engage with a victim survivor to undertake an assessment with them due to their fear of discovery by a perpetrator or third party

- ... Where high-risk factors are identified as present by a professional or service and it is not safe, appropriate or reasonable for a victim survivor to engage in an assessment at that time and risk management responses are required to intervene to reduce or remove (manage) an identified threat.

3.3 INTERSECTIONAL ANALYSIS AND INCLUSIVE PRACTICE IN INTERMEDIATE ASSESSMENT



Experiences related to a person's identity, including experiences of barriers and discrimination, can influence how a victim survivor might:

- ... Talk about and understand their experience of family violence or recognise that what they have experienced is a form of family violence
- ... Understand their options or decisions on what services to access based on actual or perceived barriers. This may be due to past discrimination or inadequate service responses from the service system, including from institutional or statutory services
- ... Perceive and talk about the impact of their experiences of family violence.

Be open to the ways that victim survivors might present and ask about and engage with them in ways that are responsive to their lived experiences. This may include:

- ... Asking about and recording concerns the victim survivor has and consider these in how you undertake risk assessment and the risk management responses you develop with them
- ... Seeking secondary consultation and possible co-case management with a service that specialises in responding to diverse communities in the context of family violence (see **Responsibility 5, 6 and 9**)
- ... Engaging in a culturally appropriate manner, including offering to contact or engage with other agencies and/or the services of a bi-cultural worker
- ... Discussing any protective concerns you hold for children with the victim survivor

- ... Where an adolescent is using violence discussing with an adult victim survivor the:
 - ... Safety, risk and needs of the adolescent's siblings and other family members
 - ... Any immediate risks to the safety, security and development needs of the adolescent using violence
 - ... The victim survivor's capacity to take action to protect themselves, other children and family members.

It is critical for you to understand and explore:

- ... A victim survivor's individual circumstances, including how the impact of family violence might be expressed
- ... The underlying reasons for any reluctance the victim survivor has to use a service or engage with the service system
- ... The relationship between the victim survivor/s (including each child and/or family members) residing in the household to ascertain other risks of family violence for each person e.g. sibling abuse.

REMEMBER

Secondary consultations with appropriate support professionals and services can assist you to provide appropriate, accessible, and culturally responsive services to the victim survivor.

Remember to challenge your biases. This can minimise the chance that any concerns you may hold arise from cultural or other misunderstandings.

See **Responsibility 1** and the *Foundation Knowledge Guide* for more information on intersectional analysis, inclusive practice and providing a safe and accessible environment.

3.4 HOW TO USE THE INTERMEDIATE OR CHILD ASSESSMENT TOOL

Standalone templates for the:

- ... **Intermediate Assessment Tool** is in Appendix 6
- ... **Child Assessment Tool** is in Appendix 7.

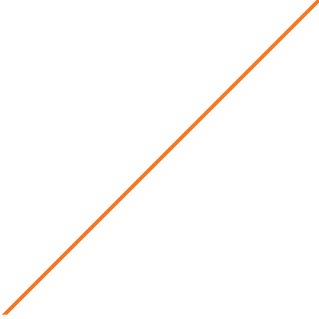
A table of practice guidance on each question in the **Intermediate Assessment Tool** is in Appendix 8.

The purpose of the **Intermediate Assessment Tool** is to:

- ... Identify the range of family violence behaviours being experienced by asking questions based on risk factors (this includes questions about risk to any children in the family/household)
- ... Consider the information gained through the assessment and apply Structured Professional Judgement to determine the level of risk — this will support you to understand a perpetrator's individual behaviours and characteristics to assess whether the (adult or child) victim survivor is at an increased risk of being killed or almost killed
- ... Understand the level of risk at a point in time or changes in risk over time.

Questions in the **Intermediate Assessment Tool** are grouped according to:

- ... Risk-related behaviour being used by a perpetrator against an adult, child or young person
- ... Self-assessment of level of risk (adult victim survivor), and
- ... Questions about imminence (change and escalation).



There are two templates for an intermediate risk assessment:

- ... **Assessing an adult** by asking them questions about their risk (**Intermediate Assessment Tool**)
 - ... Questions in the **Intermediate Assessment Tool** are grouped according to:
 - ... Risk-related behaviour being used by a perpetrator against an adult, child or young person
 - ... Self-assessment of level of risk (adult victim survivor), and
 - ... Questions about imminence (change and escalation).
- ... **Assessing a child or young person (Child Assessment Tool)**:
 - ... Has a section about risk factors present from an adult victim survivor assessment. This also enables you to carry over information about a parent/ carers risk and identify factors that are relevant to the child's assessment
 - ... Provides additional questions that can be asked to a child/young person (if age and developmentally appropriate, safe and reasonable). These can be tailored in the language used to ensure they are age and developmentally appropriate.

An intermediate risk assessment may be guided by the victim survivor's narrative and what they are ready to talk about. That is, the **questions do not need to be asked in a strict order** of the template.

Some assessments can be explored over a number of service engagements as you build rapport and enhance a professional relationship with the victim survivor. The questions are direct and explicit, because research indicates that victim survivors are more likely to accurately answer direct questions.

3.5 WHEN TO USE THE BRIEF ASSESSMENT TOOL

The **Brief Assessment Tool** as a standalone template is in Appendix 5.

The decision to use either the **Brief** or full **Intermediate Risk Assessment Tool** depends on whether a time-critical intervention is required, or there are other constraints to using the full **Intermediate Assessment Tool**. The **Brief Assessment Tool** is appropriate to use with adults and young people nearing adulthood only.

Brief assessment will be undertaken by frontline staff and critical responders, such as paramedics, in time-critical interventions. A brief assessment will be used when:

- ... There is limited time to engage with an individual
- ... It is not safe to seek further detail about the family violence beyond high-risk factors
- ... It immediately follows an incident
- ... It is during a crisis intervention.

The **Brief Assessment Tool** covers all the high-risk factors and is a sub-set of the full **Intermediate Assessment Tool**. High-risk factors are linked to an increased likelihood of the victim survivor being killed or nearly killed.

A brief assessment can be used by yourself or another professional to later inform a full intermediate assessment, or comprehensive assessment by a specialist family violence practitioner.

All guidance following this section will refer to the **Intermediate Assessment Tool and is applicable if the **Brief Assessment Tool** is being used.**

3.6 USING PROMPTING QUESTIONS

"The question is not what is important. It is the answer. We need to be careful that our focus is on the answer rather than preparing for the next question."

Family Violence Intake Worker

You can start an intermediate assessment conversation by providing context to why you are asking the questions, your role and the role of your organisation.

You can then use prompting and open-ended questions to support the victim survivor to tell their story in their own words, before moving on to ask specific questions in an assessment to draw out important information about risk factors.

REMEMBER

Using prompting questions is also explored in **Responsibility 2**.

Prompting questions for children and young people are outlined in **Section 3.8**.

Your objective is to encourage the victim survivor to tell their story in their own way. This will assist in making the risk assessment feel less like a checklist of questions. Prompting questions can also be used during risk assessment to encourage conversation.

If you are working in a universal service that the person is accessing for another purpose, you may seek to use prompting questions to introduce the assessment and its purpose.

You could lead into the questions by describing the assessment structure, with a statement such as:

- ... *"You have let me know that you are experiencing family violence from [name of person/relationship]. Risk assessment is the next step we take in this organisation"*
- ... *"It sounds like you are really worried about (adolescent's/perpetrators) behaviour and the impact it is having on you and/or other children/family members. It's important to understand the risks of this behaviour. I'd like to ask you some questions to understand this better"*

... *"I would like to ask you a series of questions that have 'yes', 'no' or 'don't know' answers. The questions are quite direct as it is important for me to understand the risk you may be experiencing from the behaviour of [name of person using violence, if disclosed]"*

... *"This will help me to understand how serious the risk is, and what we will decide together to do next"*

... *"We will start with questions about the [name of person using violence, if disclosed] and then ask about your level of fear and questions about children (if there are any)"*

... *"Usually we undertake the assessment over a short period of time (in a single sitting or over a few sessions). This is important as risk level is understood as a 'point-in-time' assessment. If we continue to work together, letting me know about changes in risk over time can help me to understand if your level of risk has changed and if we need to change how we are responding to keep you safe"*

... *"If you need a break at any point during the assessment, just let me know."*

Key prompting questions to ask prior to introducing the risk assessment tool, that will open the conversation, build rapport and trust, and elicit important information relevant to risk, include:

... *"Could you tell me about the most recent incident?"*

... *"How long has this been going on?"*

... *"In your view, is the situation getting worse?"*

... *"What is the most serious thing that has happened?"*

... *"Do you think the situation will continue? If not, why not? If yes, why?"*

After you have introduced and completed asking direct questions about family violence risk factors in the assessment tool, you should then explore more detail about the risk factors through open-ended questions, such as:

... *"We have talked about the last incident. Can you tell me more about previous incidents? Have you noticed a pattern to their behaviour?"*



- ... "What do they do that hurts / scares / controls you or your children?"
- ... "What do they do that gets in the way of your relationship with your children / the way you parent them?"
- ... "What do they do that makes you afraid for yourself, (if an adolescent) your other children, or themselves (in the case of self-directed violence, for example, including self-harm or threats to suicide)?"
- ... "Have they ever hurt or threatened to hurt your pets?"
- ... "Is there something I should be asking you that I have not asked?"

REMEMBER

Women may be reluctant to disclose violence for a range of common reasons, such as: fear of the consequences (including of the perpetrator carrying out threats of violence or escalation, or involvement of statutory services or justice interventions); concerns they won't be believed; shame; or thinking that they are to blame for the abuse. A further range of reasons are outlined in **Responsibility 2**.

Throughout the assessment process, you should explore if some of these reasons are present so you can respond appropriately and support the person to feel safe to disclose.

3.7 UNDERSTANDING THE ASSESSMENT PROCESS AND RISK LEVELS

In a full intermediate assessment you will seek answers to all questions, or as many as possible. This can be done through conversation or direct questioning, as appropriate.

Your analysis of the elements of Structured Professional Judgement and application of your professional experience, skills and knowledge are the process by which you determine the level of risk.

Remember, you can seek secondary consultation from a specialist family violence service if, for example, some high-risk factors are present that may require a specialist response, or there is a perceived difference between what a person has told you and what you have observed.

3.7.1 Responses to questions

The questions in the **Intermediate Assessment Tool** are seeking to elicit answers about the presence of family violence risk factors. It is key that you believe a person if they are disclosing that family violence is occurring.² The responses to questions are 'yes', 'no', and 'not known'. If the answer is 'yes' there are some follow-up questions in **Appendix 8** that can further inform your assessment.

If you cannot ascertain the answers to a question, then select 'not known'. This may be if you don't have the opportunity to ask the question or if you don't get a clear response. You should make a comment if you haven't been able to ask the question, especially if the question relates to a high-risk factor.

A risk factor may be indicated if the person discloses that the risk factor is present. It may also be indicated if you have noticed observable signs, or you have received the information from another professional or service, or a third party. The context and circumstances of risk factors that are identified should be noted in comments.

² If you are uncertain about the identity of the victim survivor or perpetrator, such as where you think a perpetrator may be misrepresenting themselves as a victim survivor, refer to **Section 10.2** of *Foundation Knowledge Guide* on how to respond.

3.7.2 Risk levels or 'seriousness'

Before undertaking risk assessment, it is important that you understand the levels of risk which denote 'seriousness', outlined below.

Table 1: Levels of family violence risk

There are three recognised levels of risk, 'at risk', 'elevated risk' and 'serious risk'.

'Serious risk' can also 'require immediate protection', or not. This can change and escalate over time.

At risk	<p>High-risk factors are not present.</p> <p>Some other recognised family violence risk factors are present. However, protective factors and risk management strategies, such as advocacy, information and victim survivor support and referral, are in place to lessen or remove (manage) the risk from the perpetrator.</p> <p>Victim survivor's self-assessed level of fear and risk is low and safety is high.</p>
Elevated risk	<p>A number of risk factors are present, including some high-risk factors. Risk is likely to continue if risk management is not initiated/increased.</p> <p>The likelihood of a serious outcome is not high. However, the impact of risk from the perpetrator is affecting the victim survivor's day-to-day functioning.</p> <p>Victim survivor's self-assessed level of fear and risk is elevated, and safety is medium.</p>
Serious risk	<p>A number of high-risk factors are present.</p> <p>Frequency or severity of risk factors may have changed/ escalated.</p> <p>Serious outcomes may have occurred from current violence and it is indicated further serious outcomes from the use of violence by the perpetrator is likely and may be imminent.</p> <p>Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat posed by the perpetrator. Statutory and non-statutory service responses are required and coordinated and collaborative risk management and action planning may be required.</p> <p>Victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low.</p> <p><i>Most serious risk cases can be managed by standard responses (including by providing crisis or emergency responses by statutory and non-statutory (e.g. specialist family violence) services. There are some cases where serious risk cases cannot be managed by standard responses and require formally convened crisis responses.</i></p> <p>Serious risk and requires immediate protection:</p> <p><i>In addition to serious risk, as outlined above:</i></p> <p>Previous strategies for risk management have been unsuccessful.</p> <p>Escalation of severity of violence has occurred/is likely to occur.</p> <p>Formally structured coordination and collaboration of service and agency responses is required. Involvement from statutory and non-statutory crisis response services is required (including possible referral for a RAMP response) for risk assessment and management planning and intervention to lessen or remove serious risk that is likely to result in lethality or serious physical or sexual violence.</p> <p>Victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.</p>

3.7.3 Determining seriousness or level of risk

The process of applying the Structured Professional Judgement model includes identifying and analysing the presence of risk factors to help you determine the level of risk. This includes high-risk factors and how, based on the perpetrator's behaviour and circumstances, they have **changed or escalated in frequency or severity**.

Children and young people's risk **should be independently assessed**, and your assessment of them will be informed by the risk level for an adult victim survivor, *and vice versa*. Further guidance on assessing risk to children and young people (both directly and indirectly) is in **Section 3.8** of this chapter.

Every question contained in the **Intermediate Assessment Tool** is connected to the family violence risk factors outlined in the *Foundation Knowledge Guide*. Some risk factors are described as 'high risk factors' that **strong evidence shows are crucial indicators that the victim survivor is at an increased risk of serious injury or death**.

REMEMBER

In considering the level or seriousness of risk:

- ... A lower level of risk is determined if an assessment indicates:
 - ... Risk factors are not present or are rarely present
 - ... The high-risk factors are not present.
- ... A higher level of risk is determined if an assessment indicates:
 - ... Self-assessment of risk is high
 - ... Risk factors are present, particularly high-risk factors
 - ... Risk factors, particularly high-risk factors, have changed/escalated in severity, likelihood (has continued and past behaviour indicates it will occur in future) and timing (change in frequency or escalation), and the degree of change indicates a more serious level of risk.

3.7.4 Reviewing risk assessment over time

The level or seriousness of family violence risk is dynamic and may change or escalate over time due to:

- ... Changes or escalation in frequency or severity of the perpetrator's behaviour to a victim survivor
- ... A change in each individuals' circumstances (that can reflect the domains of protective factors, as well as specific risk factors relating to circumstances for adults and children)
- ... Changes in perpetrator behaviour toward a child or young person in response to their developmental stage.

REMEMBER

You may determine the risk level based on a single assessment.

Risk is also dynamic and can rapidly change, resulting in changes to the level of risk. Ongoing risk assessment and management is a part of all professionals' responsibilities.

A key to understanding seriousness of risk is to understand how risk escalates or changes in severity or frequency over time.

It is therefore important to regularly revisit risk questions with an individual. Understanding a victim survivor's risk over time involves undertaking risk assessment at a 'point in time' and comparing with previous risk assessments/information (that is, analysing the trend and change of behaviours used by the perpetrator). This process of conducting point-in-time assessment and review of previous assessments is referred to as 'ongoing assessment'. Further detail on ongoing assessment is outlined in **Responsibility 10**.

A person may not disclose all information about their experience of family violence, and professionals can use their judgement when they have concerns that they have not gained a complete understanding of the risks that may be present.

3.7.5 Practice considerations in determining level of risk:

Victim survivor's self-assessment of risk, fear and safety:

Evidence is clear that an adult victim survivor's self-assessment of risk is a crucial input to your assessment. Where self-assessment indicates that the adult victim survivor considers themselves (or any child victim survivor) to be at serious risk, this is **key information about the level of risk**, even if other risk factors have not been identified as present.

An adult's self-assessment of fear, risk and safety is also relevant to assessing the risk to a child. An adolescent/young person who is closer to adulthood may be asked to self-assess their risk.

There is **no current evidence base** that a younger child's self-assessment of risk is reliable in determining their level of risk. However, asking the child or young person about their experience of fear may support validation of their experience by supporting them to feel heard, and for you to consider in your risk management responses.

PRACTICE TIP:

Evidence shows that adult victim survivors are often good predictors of their own level of safety and risk and that this is the most accurate assessment of their level of risk. However, some victims may minimise their level of risk. Therefore, it is critical that you check if the victim survivor's behaviour matches their reported level of fear and ask questions to explore this. A victim survivor-led approach to risk assessment and safety management recognises that clients are the experts in their own safety and have intimate knowledge of their lived experiences of violence.³

3 ANROWs National Risk Assessment Principles, 22.

Self-assessment for adult victim survivors is explored through a set of questions in the **Intermediate Assessment Tool** in **Appendix 8**.

When introducing the self-assessment, you can ask the victim survivor to rate on a scale from 1 (not afraid) to 5 (extremely afraid), for example:

"How afraid of them are you now?"

Such as a 1-5 scale comprising:

- ... 1 not afraid
- ... 2 slightly afraid
- ... 3 moderately afraid
- ... 4 very afraid
- ... 5 extremely afraid.

You can also ask how their current fear compares to the victim survivor's experience at their most afraid:

"What is the greatest level of fear you have experienced in your relationship?"

This can assist you to explore what was happening for the victim survivor at that time to further understand the history of violence. A victim survivor's level of fear should also guide you on whether any immediate management responses are required from current violence or threats of repeated violence that has occurred in the past.

REMEMBER

Serious risk may be indicated from a single incident or experience of a high-risk factor only. However, it is also important to explore whether risk factors have occurred over a period of time, and changes to severity and frequency over time.

Severity:

Severity can be explored by asking about current risk factors and history of violence and *their impact on the victim survivor*. Often risk factors that indicate serious risk based on the severity of violence can be identified, such as sexual assault, physical harm, strangulation or choking, particularly when this violence has resulted in a loss of consciousness.

An example of exploring this question may be:

“Have they ever physically assaulted you?”

(If yes)

“Can you describe the assault/s?”

(Allow them to reply — then ask)

“Were you ever hospitalised due to an injury sustained during an assault?”

“Has the frequency or severity of the assaults changed in any way recently?”

Risk factors may change over time and some may increase in severity. A perpetrator may change their behaviours and their impact may become more severe to the victim survivor. If a risk factor has changed to increase in severity, recently or over time, this should be noted as indicating an escalation in violence and a serious risk.

Frequency:

Frequency by itself is *not always* the indicator of the level of risk — you should explore further to understand if frequency has **changed or escalated**. This is particularly important for some high-risk factors.

If a victim survivor has disclosed a risk factor is present, you can explore changes in frequency and escalation by providing examples of time periods and asking, *“How frequently?”* to establish a baseline — before asking *“has this changed in frequency or escalated recently? Over time?”*.

Change or escalation in frequency or severity:

After you have explored frequency, you can also ask related questions about change in behaviours/risk factors that might indicate escalation in either severity or frequency.

If the types of behaviour the perpetrator is using have changed in terms of frequency or severity, this would indicate escalation of risk. It is a strong indicator of serious risk if the perpetrator is using more specific threats or has increased their use and severity of violence.

You should also consider the **scale of the escalation and the impact** on the victim survivor.

PRACTICE TIP:

Exploring risk factors used by the perpetrator enables you to concentrate on assessing the perpetrator’s behaviour, beliefs and attitudes, personality and situational factors that increase the risk posed by them.

It is important to explore with the victim any (changes in) circumstances that may lead to an escalation in violence from the perpetrator. For example, a recent:

- ... Separation may challenge the perpetrator’s self-belief about their role or position within the family, such as a partner or parent, or
- ... Court order excluding the perpetrator from the family home, or
- ... Family Court order removing or restricting access to children.

3.8 INTERMEDIATE RISK ASSESSMENT FOR CHILDREN AND YOUNG PEOPLE

NOTE:

The prevalence of family violence against women and children, and against women as mothers and carers, is well established and recognised across the service system. Acknowledging this, the following section on risk to children uses gendered language to describe experiences for mothers, including damage to the mother/child bond caused by perpetrator behaviours. However, it should be noted that this guidance also applies to all forms of families and parenting.

Language in this section of ‘mother/carer’ refers to a parent/carer who is **not** using violence (not a perpetrator).



Children and young people affected by family violence are victim survivors in their own right, with unique experiences of family violence and its impacts. Children and young people should have their risk independently assessed. This should then be considered alongside the risk being experienced by mother/carer to collectively inform your determination of the level of risk for each family member.

When assessing risk for children and young people, you should:

- ... Reflect on previous guidance that outlined risk factors specific to a child or young person (*Foundation Knowledge Guide*)
- ... Build on your observation of signs of trauma that may indicate family violence in children and young people (**Responsibility 2**)
- ... Build on any response to screening questions (**Responsibility 2**).

The **Child Assessment Tool** can be completed from information received from a range of sources, including from:

- ... The mother/carer about a child or young person's experience of risk. Noting also that a mother/carers own experience of risk is relevant to the experience of risk for a child
- ... The child or young person directly about their experience
- ... Other professionals and services. You should proactively seek and share information relevant to a child's experience of family violence and, their wellbeing and safety, as authorised by the Family Violence Information Sharing Scheme and Child Information Sharing Scheme, or other legal authorisation, to inform your assessment.

The **Child Assessment Tool** is divided into two sections:

- ... Questions to ask a mother/carer about a child/young person. You can complete the list of risk factors present for a mother/carer from a previous assessment undertaken with them, if applicable
- ... Questions designed to ask a child or young person directly.

The approach you choose to how you assess risk for a child should consider what is appropriate, safe and reasonable in the circumstances and may include asking questions:

- ... To a child/young person directly (appropriate to their age/developmental stage), with or without their mother/carer present



- ... Of a mother/carer to indirectly assess the risk for a child/young person, or
- ... To another appropriate adult family members or professionals who work with the child/young person to indirectly assess the risk for a child/young person.

Some direct questions may be asked of children from around the age of 3+ years, noting that this will need to be appropriate to the age and developmental stage of the child, and where possible with a mother/carer present. Prompting questions for children and young people may be most appropriate to ask directly to this age group (see **Responsibility 2**).

In deciding whether to assess a child or young person directly or indirectly, you should take into account their age, development stage and circumstances. You should also consider whether it is **appropriate, safe and reasonable to do so**.

In some cases, an adolescent using family violence may be experiencing risk themselves. For example, adolescents may be:

- ... Experiencing family violence from another family member
- ... At risk of self-harm or suicide
- ... Using violence, which may or may not also relate to developmental delay or psychosis (whether drug-induced or otherwise).

Responses to an adolescent's experience and/or use of family violence (if applicable) must include therapeutic support and be appropriate for their age and developmental stage.

PRACTICE TIP:

Some professionals use language such as 'protective parent' or similar, which seeks to acknowledge the protective actions a mother (parent/carer) who is not a perpetrator has taken to protect the child in situations of family violence.

This term should not be considered to infer that a non-violent parent/carer is responsible for preventing violence. The responsibility for using violence and its impacts on adult and child victim survivors sits with the perpetrator alone.

3.8.1 Practice considerations for directly or indirectly assessing risk for a child or young person

REMEMBER

The MARAM Framework principles guide professionals to recognise:

... Family violence may have serious impacts on the current and future physical, spiritual, psychological, developmental and emotional safety and wellbeing of children, who are directly or indirectly exposed to its effects, and should be **recognised as victim survivors in their own right**

... Services provided to child victim survivors should **acknowledge their unique experiences, vulnerabilities and needs**, including the effects of trauma and cumulative harm arising from family violence (see *Foundation Knowledge Guide Section 10.3*).

While consent is not needed to share information in order to assess or manage risk to a child under the Family Violence Information Sharing Scheme, or to promote their wellbeing or safety under the Child Information Sharing Scheme, professionals are encouraged to take all reasonable steps to seek and obtain the views of the child and/or the mother/carer who is not a perpetrator before sharing the information.

The practice considerations outlined below aim to assist professionals to put these principles into practice.

Practice considerations to inform your decision-making on how to assess risk for a child or young person reflect the MARAM Framework principles above, as well as a **trauma and developmental lens**, and include the following:

- ... **Create opportunity for a child's personal agency and voice to be heard:** enquire to understand children and young people's own identity and experience
- ... **Individually assess their experience of risk:** directly assess risk with the child or young person where appropriate, safe and reasonable to do so; identify protective factors and develop the required management responses
- ... **Wherever possible, collaborate with a mother/carer:** support strengthening/repairing the relationship and bond between the child and mother/carer
- ... **Reinforce that risk and its impacts are the responsibility of the perpetrator:** in all communication with the mother/carer and the child or young person, make sure they are aware they are not responsible for a perpetrator's use of violence.

REMEMBER

The risk level of a mother/carer who is a victim survivor is highly relevant to the risk level of any child victim survivors, **and vice versa**. Still, it is critically important that, wherever possible, you **create the opportunity in your risk assessment practice to hear from a child or young person directly** to conduct a specific and individual risk assessment for each child or young person in a family.

To determine if assessing risk directly with a child is **appropriate, safe and reasonable for their age, developmental stage or circumstances**, consider:

... Is it currently a crisis situation?

The safety of children, young people and adult victim survivors is paramount, and a child's risk may be indirectly assessed through a mother/carer in crisis situations.

... Who is the primary service engagement with/who is present?

You should start assessment of the client who is present. You should also identify other family members, including children, who may also be at risk of or using family violence (in some families there may be more than one person).

... Is the child present or able to attend the service?

If the child is not present or not your primary client, consider if it is appropriate to ask a mother/carer to bring the relevant child or young person to a subsequent appointment to enable direct assessment.

... Are you suitably trained in working directly with children and young people?

If not, are there staffing and service arrangements that can be made to support you to work directly with a child or young person to assess their risk?

What other services should be engaged to assist in direct assessment of a child or young person?

If assessing risk directly:

... Is there a parent/carer (usually a mother) or appropriate safe adult who can support the child or young person in the assessment?

... Have you determined if there is a 'protective' parent/carer (who is not a perpetrator)? Are they aware of the risk being experienced by the child/young person?

... Is your service or another service engaged with the parent/carer to gauge their understanding of the child's experience of risk?

... What are the views and wishes of an older child or 'mature minor' to a parent/carer being present? — or an alternative support person present?

... Is there an alternative appropriate adult (such as another adult family member or other professional) who works with this child who can support risk assessment with a child or young person?

NOTE:

None of the practice considerations should limit the recognition of children and young people as victim survivors in their own right. Through each approach to assessing risk for children and young people, you should maintain a lens on their individual experiences, vulnerabilities and needs, and respond to the impacts of trauma and harm.

3.8.2 When assessing risk to children you must also consider their wellbeing and needs

Professionals need to use their professional judgement of the individual circumstances for each case as to how they respond to the wellbeing and needs of both the child and adult victim survivor. When undertaking risk assessment and management planning, you and the mother/carer who may also be a victim survivor, need to consider the wellbeing and needs of the child or young person, including the vulnerability of the child, such as the ability of children to take action and move away from danger when violence is occurring, and to privilege thinking about the child's wellbeing and needs, especially as the age and developmental stage of the child mean they are not able to do this for themselves.

Further guidance on understanding a child or young person's wellbeing and needs can be undertaken through assessing protective factors in **Section 3.9**.

3.8.3 Challenges to assessing risk to a child or young person, or through a parent/carer or other appropriate third party

To facilitate direct risk assessment with a child or young person, you may need to address barriers to engagement by parent/carers disclosing risk to children and young people. These may include:

- ... Parental shame
- ... Fear of statutory intervention and child removal; and
- ... Seeing questions as intrusive and undermining, particularly if a perpetrator has used violence to attack the child-mother bond.

Undermining the mother-child bond

Perpetrators often undermine an adult victim survivor's (usually mother's) bond with their child. To understand the impact of violence on children and young people you should maintain a lens on the **child-mother/carer bond** and parenting.

This is commonly based in social norms and gender stereotypes about women as primary carers who are responsible for children's health, wellbeing and development. Attacking the mother/carer in this role has direct impacts on both the child and their mother/carer. Additionally, perpetrators may undermine a mother/carers relationship and attachment with other children or stepchildren in the family/household.

Often perpetrators expose children and young people to family violence against their mother/carer as a tactic to attack or undermine the child-mother/carer bond. Exposure to family violence is a direct risk for children and young people that can disrupt their attachment and development, and impact their safety, needs and wellbeing.

You should:

- ... Recognise and respond to the impact family violence has on children and young people including wellbeing and needs, emotional, social, and educational challenges, and attachment or bond with the mother/carer
- ... Not blame the mother/carer or children/young people for the family violence or its impacts
- ... Strengthen the child-mother/carer bond and parenting confidence and capability that may have been undermined by the perpetrator's family violence behaviours
- ... Advocate to services and systems, in partnership with the mother/carer, so that they are not held responsible for managing the perpetrator's actions and behaviour or its impact on children and young people.

More detail on how perpetration of family violence impacts on women (and other caregivers, kin or guardians) as parents is provided in the *Foundation Knowledge Guide* in **Section 10.2**.

Other barriers to engagement

Engagement with children about violence may also be hindered if the mother/carer is concerned about:

- ... Re-traumatising or upsetting children by talking about the violence with them
- ... Mandatory reporting requirements and the repercussions for them and their child
- ... Being judged and having their parenting/caring role undermined instead of responsibility being placed on the perpetrator for the child/young person experiencing family violence (directly or from exposure).

These concerns from mothers/carers may override understanding their child/children's experience of living with family violence. Addressing the fear and stigma related to children's experience of violence with the parent/carer can support building trust to engage with the assessment process.

Building trust and rapport

You can build trust with an adult victim survivor by affirming their role as a mother carer. This can help you to assess children's risk, both directly and indirectly. You can discuss the child or young person's needs and wellbeing with the mother/carer, including any issues relating to the impacts of trauma for the child, such as signs observed through their behaviours (see **Responsibility 2, Appendix 1**).

You can also support a mother/carer to repair the child-parent/carer bond, by modelling safety, help-seeking behaviours and being aware, affirming and responding to the experience of children (fear, risk, safety, needs and wellbeing).

An effective approach to building rapport and trust with a mother/carer can be by having a conversation with both a child/young person and their mother about the risk being experienced by the child/young person. This will involve you asking some questions to:

- ... The mother/carer about the child or young person's experience, as well as
- ... Direct questions to the child or young person.

It is important to give permission, space and time to the child or young person to discuss sensitive matters, including their experiences of risk, safety and wellbeing.

If an adolescent is being assessed as experiencing violence, *and they are also using violence*, do not include the adolescent in a joint conversation with a parent carer, but ask if they would like another appropriate support person present.

NOTE:

Following assessment and depending on the level of risk, you may determine that a report to Child Protection or a referral to a service with expertise in child and infant development, such as Child FIRST, and/or mental health may also be appropriate (for example, child or family services). If so, consider how you may support the parent/carer who is not a perpetrator in this process. (See **Responsibilities 5 and 6** for further information on secondary consultation and referral).

Guidance on approach to assessment of a child or young person (directly or indirectly)

Table 2 outlines approaches to assessment with children based on their age and developmental stage.

Assessment can occur directly with children and young people, if **safe, appropriate and reasonable to do so**, which includes considering their age and developmental stage.



Table 2: Approaches to risk assessment of children

Age	Approach to assessment of a child or young person (direct or indirect)
Infants and younger children (0–5 years)	<p>If infants are suspected of being at risk from family violence, a full intermediate assessment of the adult victim survivor and the child must be done. Assess indirectly by asking questions with the mother/carer who is not a perpetrator, considering your observation of signs of trauma that may indicate impact from family violence in play and communication or other interactions with the mother/carer, or siblings (see Responsibility 2, Appendix 1 for signs of trauma that may indicate family violence).</p> <p>The Intermediate Assessment Tool includes questions about both the child’s experience of risk, and the experience of the adult victim survivor. Remember the experience of the child and their parent/carer who is a victim survivor are strongly related.</p>
Older children and young people (6–18 years)	<p>An older child may be assessed directly, if appropriate, safe and reasonable to do so, which should consider their age, developmental stage and circumstances.</p> <p>The Child Assessment Tool includes questions for assessing older children (see Appendix 7).</p> <p>For young people aged 15–18 years, considering their age and developmental stage and circumstances, it may be appropriate to ask adult-focused questions in the Intermediate Assessment Tool (see Appendix 6). For example, for a young person experiencing violence in an intimate partner relationship, it may be appropriate to ask direct questions that are broader than the questions specific to children and young people.</p> <p>If assessing risk directly:</p> <ul style="list-style-type: none"> ... Ask older child or young people for their views on whether they would like a mother/carer to be present ... It may be appropriate in some circumstances to ask questions and assess risk directly with a child or young person without a mother/carer present ... Consider if there are multiple family violence perpetrators in the family structure and ask who is using violence against whom. For example, in a situation where there is an adult perpetrating violence against another parent and children, there may also be an adolescent using violence against a sibling ... If both parents/carers are using family violence behaviours, consider engaging with an appropriate/supportive adult family member, or a professional engaged with the child or other professional with appropriate expertise or training. <p>If assessing risk indirectly, use the Child Assessment Tool questions directed to a parent/carer about risk experienced by a child or young person (see Appendix 7).</p>

3.8.4 Approach to assessing risk directly with children or young people

Your assessment must focus on the risk and needs of the children or young people. A list of family violence risk factors for children and young people is included in the *Foundation Knowledge Guide*.

Table 3 of the *Foundation Knowledge Guide* also outlines risk factors relating to a child's circumstances to support you to identify external risk to a child's wellbeing or safety. If external risk factors relating to a child's circumstances are present, this may also indicate the presence of family violence. If a child or young person is experiencing risk in the community, consider how this is cumulatively impacting them, and also how you might manage both causes of risk.

Consider if the child or young person is at risk from people outside the family, such as in the community, in clubs or other social engagements. This may indicate there is an environment of polyvictimisation (that is, multiple sources of harm) that may connect to a child's family violence risk.

Rapport is particularly important, as a child or young person will need to have some confidence in you before answering the risk assessment questions. Use child friendly activities and age and developmental stage appropriate supports for talking with young children. Refer to **Section 1.5** "Building rapport" in **Responsibility 1**.

Use a trauma-informed approach to understand the child's behaviour in terms of their experiences of abuse and fear. Considerations for children must be appropriate to their developmental stage and circumstances and should include:

- ... Their own views of their needs, safety and wellbeing
- ... Their current functioning at home, school and in other relevant environments
- ... Their relationships with family members and peers
- ... Their relationship with the perpetrator

- ... Their relationship with other people experiencing family violence in the family or household, particularly if it is their mother
- ... Their sense of cultural safety, where relevant
- ... The level of support available to them if they are a child with a disability
- ... Their developmental history, including experiences of family violence or other types of abuse or neglect.

When assessing children, it is important to remember that they will have their own unique experiences of family violence and its impacts. This may include either positive or negative feelings towards the relationship they have with the perpetrator. During the assessment you should validate the child's feelings and continue to keep the perpetrator's accountability in focus as well as the child and each family member's safety.

Create a place of emotional and physical safety for the child before you ask the assessment questions. Remember, it is ideal to directly ask an older child or young person about how safe they feel and what they need in order to feel safe.

Start by asking prompting questions such as:

- ... "What are the things that make you feel happy or that you like to do?"
- ... "Is there someone at home that makes you feel safe?"
- ... "Do you think you could talk to them if you were scared or worried?"
- ... "Do you feel unsafe or scared of anyone living in your home?"

Further prompting questions for children are in **Responsibility 2**.



3.9 IDENTIFYING PROTECTIVE FACTORS FOR VICTIM SURVIVORS (ADULTS, CHILDREN AND YOUNG PEOPLE)

Following risk assessment, you should explore with the victim survivor what 'protective factors' are present for them (and if relevant, any children). Protective factors alone do not remove risk. However, if protective factors are present these can help to mitigate or reduce risk and promote stabilisation and recovery from violence.

Where protective factors are identified, they must be confirmed before assessing if they mitigate or reduce the identified risks or their impacts (short or long-term). Accepting what a parent/carer describes as a protective action should be explored to ensure it is an effective protection.

Responsibility for family violence sits with a perpetrator, and often it is their actions which undermine the ability of a mother/carer to establish protective factors for themselves or their children. The 'protectiveness' of any protective factor is only useful to the degree a perpetrator is willing or unwilling to undermine or ignore that factor.

Some protective factors are also values-based judgements that reflect social advantage. Inability to establish protective factors due to circumstances **is not** representative of a deficit on the part of a victim survivor.

REMEMBER

Protective factors may mitigate or lessen risk. They can also build resilience and support recovery where family violence has occurred. Strengthening protective factors is a key element of safety planning, reflected in the Table 4 in **Responsibility 4**. These may already be present and described in a safety plan or may be established through safety planning and other risk management processes.

You should take into account existing protective factors, but do not rely on them too heavily without considering the victim survivor's view of whether the factor can protect them or has previously protected them or a child or young person from the actions of a perpetrator.

Table 3: Protective factors for adults and children

Protective factors for adults and children

Systems intervention	<ul style="list-style-type: none"> ... Perpetrator is incarcerated or prevented from contact ... Victim survivor is on the Victims Register for notification of pending release of perpetrator from incarceration ... Court dates relating to family law, family violence or other matters involving perpetrator or victim survivor ... Intervention order is in place and being adhered to ... Perpetrator is actively linked to a support program.
Practical/ environmental	<ul style="list-style-type: none"> ... Safe housing ... Financial security (access to money or employment) ... Health (including mental health) ... Immigration status ... Food security ... Transport ... Communication safety (including via phone, online etc) ... Ability to access community ... Connection to advocacy/professional/therapeutic services ... Positive and friendly care environment (particularly for children and young people).
Strengths-based (Identity / Relationships / Community)	<ul style="list-style-type: none"> ... Social networks (family, friends, informal social networks) ... Healthy relationships ... Connection/sense of belonging to community ... Culture and identity ... Agency of victim survivor ... An individual's personal skills and emotional resilience.

You should take protective factors into account when considering risk level, but not rely on them to determine the level or seriousness of risk.

Consider an adult victim survivor's view on whether the factor can protect them to inform:

- ... Your understanding of whether they are aware of the seriousness of risk
- ... How to build on recognised protective factors through risk management, including safety planning.

Strengths-based protective factors for children

Adult and child victim survivors can have different perspectives on what protective factors are present for children. For adults, protective factors for children are often centred on resilience to promote stabilisation and recovery through communication, imparting values and modelling safe behaviours and relationships.

For children and young people, protective factors are important to understand the context of how they are impacted by violence and how they can be supported to strengthen their resilience.

Table 4: Strengths-based protective factors that promote children's resilience

Child-based Protective Factors

Consider the age, stage and vulnerability of the child. Age is a significant factor in children's resilience. Older children may be able to engage in activities outside the home and develop supportive relationships.

Consider whether the child has/is:

- ... Older than 5 years
- ... Basic needs being met and feels cared for
- ... Skills and abilities that may provide a degree of self-protection
- ... Access to effective supports and is able to be monitored through these support systems
- ... A strong sense of personal control, sense of hope and belief in self and their future
- ... Positive self-esteem
- ... A strong relationship/secure attachment with their primary carer (non-violent parent)
- ... Positive, healthy and supportive relationships with peers and other children
- ... Access to a network of supportive and safe adults/strong connection to their extended family
- ... Active engagement with school and a sense of belonging in their school
- ... A sense of belonging to culture and community
- ... Received an adequate and appropriate response following family violence.



For Aboriginal children, cultural pride and a strong sense of Aboriginal spirituality and community are important protective factors.



Connection to culture and community are also important for children from culturally, linguistically and faith diverse communities.

Parent/carer actions to promote child's protective factors

The parent/carer:

- ... Acknowledges how the violence has affected the child and is able and willing to work with the child to address these effects
- ... Acknowledges harm to the child, supports them to incorporate the difficulty of change
- ... Engages with professionals and services to support safety interventions
- ... Has secure relationships with others
- ... Support's the child's healthy friendships
- ... Is knowledgeable about the child's interests, relationships and qualities
- ... Can describe their worries for the child or provide rational reasons for not being worried
- ... Responds attentively to the child
- ... Has appropriate supports to fulfil their parenting role.

Family-based Protective Factor

- ... There is a person present who is able and willing to protect the child, including extended family members
 - ... There are clear household boundaries, routines and structure in place.
-

3.10 MISIDENTIFICATION OF VICTIM SURVIVOR AND PERPETRATOR

Refer to further guidance in the *Foundation Knowledge Guide* in **Section 11.3** and **Responsibility 7** on determining a predominant aggressor and misidentification.

In some circumstances, misidentification of the victim survivor and perpetrator occurs. Misidentification is where a victim of family violence is categorised as a perpetrator (respondent in criminal or civil proceedings) — or where a perpetrator has misrepresented themselves as a victim of violence.

Evidence and research demonstrate that relatively few men in heterosexual relationships are solely experiencing family violence or intimate partner violence. In heterosexual relationships, men are much more likely than women to be using a number of repeated, patterned forms of violence to dominate and control over time.

Through the course of your assessment if you are *uncertain* about who is using violence, you should refer the person to a specialist family violence service or seek secondary consultation.

PRACTICE TIP:

In all circumstances where a man is initially assessed as or claiming to be a person experiencing family violence in the context of a heterosexual relationship, you should refer him to a men's family violence service for comprehensive assessment or to the Victims of Crime Helpline. His female (ex)partner must always be referred to a women's family violence service for assessment, irrespective of whether they are thought to be the victim survivor or the perpetrator.

It is important, however, that professionals recognise that misidentification can occur in any community or relationship type.

3.11 WHAT'S NEXT?

The outcome of the intermediate risk assessment will inform your decision-making on what to do next. If family violence is present, you **must use the guidance in Responsibility 4** on undertaking risk management on how to respond.

For example, next steps for risk management could include:

- ... Immediate action (calling police on 000 or making a report to Child Protection or Child FIRST/ child and family services)
- ... Secondary consultation or information sharing (seeking or sharing) to further inform your assessment
- ... Safety planning and risk management
- ... Referral to a Specialist Family Violence Service, or other services (if required).

Specialist family violence services can provide secondary consultation or receive referrals for comprehensive assessment and specialist risk management. This action:

- ... **Must** occur if the assessed level of risk is 'serious risk' or 'serious risk and requires immediate protection'
- ... May occur if the assessed level of risk is 'elevated risk'.

If a child or young person is experiencing risk that requires you to make a referral to Child Protection or to share information or seek secondary consultation with a service with expertise in child and infant development, refer to guidance in **Responsibilities 5 and 6**.

Refer to guidance on the following responsibilities:

- ... **Responsibility 4:** Intermediate risk management
- ... **Responsibility 5:** Seek consultation for comprehensive risk assessment, risk management and referrals
- ... **Responsibility 6:** Contribute to information sharing with other services (as authorised by legislation).

3.11.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisation's record management system:

- ... Consent and confidentiality conversation outcome
- ... Each risk assessment you undertake, the level of risk for each victim survivor and reasoning
- ... Children's details and if present — also if children's own assessment has been completed
- ... Any other relevant information such as relating to protective factors and the circumstances of the victim survivor, perpetrator and other family members
- ... If an interpreter was used in the assessment
- ... If a support person was present and their relationship to the victim survivor
- ... Contact details for the victim survivor, including method of contact (such as text before call) and time it may be safe to make contact
- ... Emergency contact details of a safe person if the victim survivor cannot be contacted.

APPENDIX 5: BRIEF RISK ASSESSMENT TOOL

Adult Victim Survivor Brief Risk Assessment Tool

Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Was an interpreter used during this assessment?

Yes No (If yes, what language):

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child 2 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 3 Details#

#Separate risk assessment must be completed

Full Name: _____ Alias: _____

Date of Birth: _____ Also known as: _____

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual None of the above
- Client preferred not to say
- Unknown

Primary address: _____ Current Location: _____

Contact number: _____ Comments: _____

Relationship to victim survivor: _____ Relationship to perpetrator: _____

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Has the adult victim survivor been asked screening questions? Yes No

If yes, please indicate if any of the following risk factors were identified in the screening assessment.

Factors relevant to adult victim survivor

Self-assessed level of risk

Factors relevant to perpetrator

Has ever harmed or threatened to harm victim or family members (including child/ren)

Factors relevant to perpetrator (continued)

Controlling behaviours*

Physical harm

History of family violence

Emotional abuse

If no, please ask the following questions about the perpetrator, in addition to the set of questions below.

Question	Yes	No	Comments (or not known)
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Comments (or not known)
Is more than one person making you feel afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	

The following risk related questions refer to the perpetrator:

RECENTY	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>
	Have they recently...		
	threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>
	misused alcohol, drugs or other substances?* (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>
	followed you, repeatedly harassed or messaged/emailed you? *	<input type="checkbox"/>	<input type="checkbox"/>
	been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>
	has any violence increased in severity or frequency?* (what and how)	<input type="checkbox"/>	<input type="checkbox"/>

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

Question	Yes	No	Comments (or not known)	
PERPETRATOR ACTIONS	<i>Have they ever...</i>			
	controlled your access to money, or had a negative impact on your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	
	seriously harmed you?* (identify type of harm)	<input type="checkbox"/>	<input type="checkbox"/>	
	assaulted you when you were pregnant?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to kill you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or used a weapon against you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	tried to choke or strangle you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	forced you to have sex or participate in sexual acts when you did not wish to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	
SELF-ASSESSMENT	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do they have access to weapons?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm children or other family members?*	<input type="checkbox"/>	<input type="checkbox"/>	
IMMINENCE	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you recently separated from your partner?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Has a crime been committed? (Not to be asked directly of victim survivors. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?* (identify which children)	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever harmed the child/children?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have children ever been present during/exposed to family violence incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child/children in the family who are aged under 1 year?*	<input type="checkbox"/>	<input type="checkbox"/>	

A separate risk assessment must be completed for each child discussed in this assessment.

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template)

- Yes No Not known
-

Child 4 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child 5 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 6 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

APPENDIX 6: ADULT INTERMEDIATE RISK ASSESSMENT TOOL

Adult Victim Survivor Intermediate Risk Assessment Tool

Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities Yes No Not known

Rural

- Yes No Not known

Older person

- Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 2 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child 3 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Has the adult victim survivor been asked screening questions? Yes No

If yes, please indicate if any of the following risk factors were identified in the screening assessment.

Factors relevant to adult victim survivor

Self-assessed level of risk

Factors relevant to perpetrator

Has ever harmed or threatened to harm victim or family members (including child/ren)

Factors relevant to perpetrator (continued)

Controlling behaviours*

Physical harm

History of family violence

Emotional abuse

If no, please ask the following questions about the perpetrator, in addition to the set of questions below.

Question	Yes	No	Comments (or not known)
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Comments (or not known)
Is more than one person making you feel afraid? (Are there multiple perpetrators)			

The following risk related questions refer to the perpetrator:

RECENTY	Question	Yes	No	Comments (or not known)
	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Have they recently...			
	shown signs of a mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>	
	misused alcohol, drugs or other substances?* (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>	
	followed you, repeatedly harassed or messaged/emailed you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	has any violence increased in severity or frequency?* (what and how)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

Question		Yes	No	Comments (or not known)
PERPETRATOR ACTIONS	<i>Have they ever...</i>			
	controlled your access to money, or had a negative impact on your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	
	seriously harmed you?* (identify type of harm)	<input type="checkbox"/>	<input type="checkbox"/>	
	assaulted you when you were pregnant?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to kill you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or used a weapon against you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	tried to choke or strangle you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	forced you to have sex or participate in sexual acts when you did not wish to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been reported to police by you or anyone else for family violence?	<input type="checkbox"/>	<input type="checkbox"/>	
	breached or broken the conditions of an intervention order or a court order?	<input type="checkbox"/>	<input type="checkbox"/>	
	had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>	
	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been arrested for violent or other related behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	
been to court or been convicted of a violent crime or other related behaviour? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>		
Do they have access to weapons?*	<input type="checkbox"/>	<input type="checkbox"/>		

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

Question		Yes	No	Comments (or not known)
SELF-ASSESSMENT	Do you believe it is possible they could kill or seriously harm you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm children or other family members?*	<input type="checkbox"/>	<input type="checkbox"/>	
	From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now? (enter number in space provided)			
	Do you have any immediate concerns about the safety of your children or someone else in your family?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	<input type="checkbox"/>	<input type="checkbox"/>	

Question		Yes	No	Comments (or not known)
IMMINENCE	Have you recently separated from your partner?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you have pending Family Court matters?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are they about to be, or have they recently been, released from jail or another facility? (Specify when)	<input type="checkbox"/>	<input type="checkbox"/>	
	Has a crime been committed? (Not to be asked directly of victim survivors. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs)	<input type="checkbox"/>	<input type="checkbox"/>	

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?* (identify which children)	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever harmed the child/children?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have children ever been present during/exposed to family violence incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child/children in the family who are aged under 1 year?*	<input type="checkbox"/>	<input type="checkbox"/>	

A separate risk assessment must be completed for each child discussed in this assessment.

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors).

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

Child 4 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 5 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 6 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities

- Yes No Not known

Rural

- Yes No Not known

Child victim survivor assessment Tool – if assessing with an adult victim survivor

If assessing a child victim survivor through an adult victim survivor, demographic details for a child victim survivor are captured in the adult victim survivor's assessment.

Child 1:

Child 2:

Child 3:

Child 4:

Person answering on behalf of the child/ren:

Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment? Yes No

If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment:

Factors relevant to adult victim survivor

- Physical assault while pregnant/following new birth*
- Isolation
- Self-assessed level of risk

Factors relevant to adult victim survivor and perpetrator's relationship

- Planning to leave or recent separation*
- Escalation – increase in severity and/or frequency of violence*
- Financial difficulties
- Imminence

Factors relevant to perpetrator

- Use of weapon in most recent event*
- Access to weapons*
- Has ever harmed or threatened to harm victim or family members (including child/ren)
- Has ever tried to strangle or choke the victim*
- Has ever threatened to kill victim*
- Has ever harmed or threatened to harm or kill pets or other animals*
- Has ever threatened or tried to self-harm or commit suicide*
- Stalking of victim*
- Sexual assault of victim*
- Previous or current breach of intervention order
- Drug and/or alcohol misuse/abuse*
- Obsession/jealous behaviour toward victim*
- Controlling behaviours*
- Unemployed/Disengaged from education*
- Depression/mental health issue
- History of violent behaviour (not family violence)
- Physical harm
- History of family violence
- Emotional abuse
- Property damage

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

REMEMBER

You may use a variety of sources to answer questions and inform this assessment. Possible sources include:

- ... Using information obtained from external sources (external agencies, L17 data, or other relevant sources)
- ... Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or
- ... By asking the child victim survivor questions directly, when appropriate.

Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). **However**, the decision on what source of information informs this assessment is based on professional judgement.

QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked directly of a child victim survivor where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. Please use your professional judgement to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Has the child been exposed to or participated in violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Do you have possession of the family's passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				

Question	Child 1	Child 2	Child 3	Child 4
Has a crime been committed? (Not to be asked directly of victim survivor. Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				

QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions.

Consider your possible legal or policy obligations to report concerns for children’s safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Are you scared of either of your parents/ caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

Have you ever tried to stop your parents/ caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

¹ This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.

Further details

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

APPENDIX 7: CHILD VICTIM SURVIVOR RISK ASSESSMENT TOOL

Child Victim Survivor Assessment Tool

Child Victim Survivor Details¹

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

¹ Demographic information may have already been captured in an adult victim survivor's assessment. If so, this section does not need to be completed.

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD

- Yes No Not known

LGBTIQ

- Yes No Not known

People with disabilities Yes No Not known

Rural

- Yes No Not known

Further details

Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment?

Yes No

If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment:

Factors relevant to adult victim survivor

- Physical assault while pregnant/following new birth*
- Isolation
- Self-assessed level of risk
- Factors relevant to adult victim survivor and perpetrator's relationship
- Planning to leave or recent separation*
- Escalation – increase in severity and/or frequency of violence*
- Financial difficulties
- Imminence

Factors relevant to perpetrator

- Use of weapon in most recent event*
- Access to weapons*
- Has ever harmed or threatened to harm victim or family members (including child/ren)
- Has ever tried to strangle or choke the victim*
- Has ever threatened to kill victim*
- Has ever harmed or threatened to harm or kill pets or other animals*
- Has ever threatened or tried to self-harm or commit suicide*
- Stalking of victim*
- Sexual assault of victim*
- Previous or current breach of intervention order
- Drug and/or alcohol misuse/abuse*
- Obsession/jealous behaviour toward victim*
- Controlling behaviours*
- Unemployed/Disengaged from education*
- Depression/mental health issue
- History of violent behaviour (not family violence)
- Physical harm
- History of family violence
- Emotional abuse
- Property damage

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

REMEMBER

You may use a variety of sources to answer questions and inform this assessment. Possible sources include:

- ... Using information obtained from external sources (external agencies, L17 data, or other relevant sources)
- ... Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or
- ... By asking the child victim survivor questions directly, when appropriate.

Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). However, the decision on what source of information informs this assessment is based on professional judgement.

QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked **directly of a child victim survivor** where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. **Please use your professional judgement** to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Response
Has the child been exposed to or participated in violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Do you have possession of the family's passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	
Has a crime been committed? (against child or any family member) (Not to be asked of victim survivor. Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)	

QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions.

Consider your possible legal or policy obligations to report concerns for children's safety and/or wellbeing.

Question	Response
Are you scared of either of your parents/caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Have you ever tried to stop your parents/caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	
Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):	

Further details

¹This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection) **Rationale:**
 Elevated risk
 At risk
-

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

APPENDIX 8: INTERMEDIATE RISK ASSESSMENT AND PRACTICE GUIDANCE FOR ADULT AND CHILD VICTIM SURVIVORS

The table below outlines the Intermediate Assessment Tool questions, as well as guidance on the context and importance of the questions and suggested level of risk based on the individual's response to these questions. Questions that are indicators of serious risk are **shaded in orange**. Note that this tool is intended to be used with adult victim survivors for assessing risk to both adults and children.

Further guidance and additional questions to undertake a risk assessment directly with a child or young person is in **Section 3.8 of Responsibility 3, and the Child Assessment Tool template is in Appendix 7.**

Where an individual has let you know they are Aboriginal or identify as belonging to a diverse community, you should explore their particular experiences of family violence within each question about risk, including the impacts of experiences of discrimination and other structural barriers (see **Responsibility 1** and the *Foundation Knowledge Guide*).

Intermediate risk assessment for an adult victim survivor

Question	Practice guidance
About the perpetrator/s	
Is there more than one person making you feel afraid? (Are there multiple perpetrators?)	<p>This can be answered based on a prompting/screening question such as, <i>"Is there anyone in the family making you feel unsafe or afraid"</i>. If the victim survivor identifies multiple perpetrators, this question can be answered as 'yes'.</p> <p>Risk assessment should be undertaken with the victim survivor about each individual perpetrator, as presentations of risk, behaviours and characteristics of each perpetrator will need to be understood both individually, and then considered as a whole.</p> <p>In some situations, a victim survivor may experience abuse and violence from multiple sources including a current or ex-partner and an adolescent child. This may also be an opportunity to explore if third parties are using violence as 'proxy' for the perpetrator.</p>
The following risk-related questions refer to the perpetrator.	
Are they currently unemployed?	<p>Risk factor:</p> <p>This question is asking about:</p> <p>Unemployed / Disengaged from education</p> <p>Why is it important to ask this question?</p> <p>Perpetrator unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status — such as employment being terminated and/or the perpetrator being retrenched — may be associated with increased or escalation of risk.</p> <p>Disengagement from education has similar associated risks to unemployment.</p> <p>What should you keep in mind when asking this question?</p> <p>If a perpetrator is currently unemployed, there are heightened opportunities for controlling behaviour. The financial pressures created by unemployment and the perpetrator's possible increased time in the home on a daily basis can result in opportunity for them to escalate their use and the severity of family violence. Note that previous periods of unemployment may not have been related to elevated risk.</p> <p>There is strong evidence to show adolescents who use family violence are often disengaged from education and learning.</p> <p>Practice considerations:</p> <p>Aboriginal people and people from diverse communities may experience discrimination and barriers to employment opportunities, which may result in lower financial security. This is not in itself an indicator of increased risk for these communities as systemic issues of access to employment increase the prevalence of unemployment for some communities as a whole.</p> <p>It's important to understand the context for the unemployment. This risk factor should be understood in how it creates opportunity for the perpetrator to use and escalate family violence behaviours.</p>

Have they recently:

Shown signs of a mental health condition?

Risk factor:

This question is asking about:

Mental illness / Depression

Other risk factors to keep in mind when asking this question include:

Obsession/jealous behaviour toward victim survivor

Drug and/or alcohol misuse/abuse by perpetrator

Why is it important to ask this question?

In family violence, murder-suicide outcomes have been associated with perpetrators who have mental illness, particularly depression.

It is important to know if a perpetrator is currently showing signs of a significant mental illness, such as delusions or psychosis.

Mental illness may be linked with change in escalation and severity of violence, particularly when occurring with drug/alcohol misuse/abuse by the perpetrator.

Murder (patricide) where children murder their parents is often associated with a long history of abuse, including sexual abuse of children by the victim. When adolescents kill parents, a factor is significant mental instability i.e. psychosis, often co-occurring with substance use.

What should you keep in mind when asking this question?

The purpose of this question is to understand the current mental health status of the **perpetrator**. A perpetrator may have an ongoing or undiagnosed mental illness. However, as stated above, this alone is not the factor for increased risk. Risk is increased by **the presence of major mental illness combined with the co-occurrence of other behaviours and/or escalation**. Abusing/misusing alcohol or other drugs, changed or escalating behaviours, or delusions, including those that are focused on a particular adult or child, are a sign of increased risk.

Practice considerations:

This question is not intended to provide a justification or minimisation for violence used by a perpetrator. Violence is a choice, and this is further demonstrated as not all people who experience mental illness are violent. It is important to acknowledge the presence of mental illness and recognise how this impacts on the level of risk.

Understandings of mental illness vary between people and communities, and you may need to educate and build awareness while discussing this. You may need to ask:

"What have you noticed that's different about their behaviour?"; or

"Have they been diagnosed with a mental illness?"

Mental illness, including from responses to trauma, may be experienced throughout a whole community group (for example, in asylum seeker communities and following natural disasters). Increased occurrence of mental illness within a community is not itself the indicator of increased risk, but it may be considered more likely due to prevalence.

Recent signs of mental illness may not be unusual or represent change. In these cases, ask whether the mental illness symptoms have recently changed or escalated.

It's important to understand if the signs of mental illness are co-occurring with alcohol or drug abuse/misuse, or there is an increased focus on a particular adult or child that may indicate escalation of risk.

Threatened or attempted suicide or self-harm?

Risk factor:

This question is asking about:

Self-harm / suicide

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Emotional abuse

Mental illness

Why is it important to ask this question?

Asking this question provides insight into the perpetrator's state of mind. Threats or attempts to self-harm or commit suicide are a risk factor for family violence murder-suicide. This factor is an extreme extension of controlling behaviours. A perpetrator threatening to self-harm or suicide as a means of controlling a victim survivor is not always linked to the presence of mental health issues. However, in some instances they may be co-occurring. A significant number of men who commit suicide each year have a history of family violence perpetration.

Findings indicate that where a woman has concealed a pregnancy from a violent partner, they are at higher risk of murder-suicide particularly if the pregnancy has resulted from sexual assault.

What should you keep in mind when asking this question?

There is evidence linking perpetration of family violence and suicide, but it is important to be mindful that threatening suicide or self-harm is often used by perpetrators as a form of coercive control, e.g. to prevent partners leaving them.

This threat should be taken seriously both in terms of the genuine intent to suicide or self-harm, as well as the use of the threat or attempt in how it is being used to control the victim survivor.

The nature of this threat and its impacts can be very personal. While this threat can be used as a form of control, be mindful that many victim survivors believe the threat is genuine and this can result in feelings of shame, guilt and/or fear for the perpetrator.

Practice considerations:

The use of threats or attempts to suicide or self-harm to control another person is the key aspect of this risk factor, not the genuine threat or attempt in isolation. Understanding the context of this risk factor is important.

Escalation in threats or attempts, or greater specificity in nature of threats, should be taken seriously.

The combination of threats to suicide or self-harm with other controlling behaviours and threats to kill or harm adults, children or pets, should be considered to indicate serious risk.

Whilst the threat or attempt may be based in controlling behaviours, the threat should also inform appropriate risk management responses that include responding to the experience of the victim survivor, as well as interventions to support/intervene for the perpetrator.

Mental health issues are more common in some communities (for example, LGBTIQ people) than in the general population. Mental health linked to threats or attempts to self-harm and suicide may be more prevalent due to systemic barriers or discrimination experienced by some communities. Suicide is also more common in LGBTIQ communities. However, there is no current evidence about whether this is related to use of threats or attempts to suicide and self-harm in relation to perpetrator controlling behaviours in these communities.

It is important to understand how often and how recently threats or attempts to suicide or self-harm are occurring to provide guidance on the immediacy of risk.

Misused alcohol, drugs or other substances?
(Specify substances)

Risk factor:

This question is asking about:

Drug and/or alcohol misuse/abuse by perpetrator

Other risk factors to keep in mind when asking this question include:

Mental illness

Financial abuse

Why is it important to ask this question?

This information provides insight into the current state of mind and stability of the perpetrator. Family violence incidents that are alcohol or drug-related correlate to an increased likelihood of physical or psychological harm, particularly incidents of intimate partner family violence. It's important to understand alcohol or drug abuse/misuse by a perpetrator in the context of other forms of violence. This risk factor is not a cause, but it is a **contributing factor to increased/escalation** in family violence risk, including physical abuse.

Perpetrators with illicit drugs, alcohol, prescription drugs or inhalants issues can have impaired social functioning or reduced capacity for self-regulation which can lead to escalation of violence and creates an increase in the level of risk. This includes temporary drug-induced psychosis.

There is an increased occurrence of family violence in rural Victoria, including of adolescents using family violence, which is correlated to a high use of methamphetamines.

What should you keep in mind when asking this question?

Alcohol and drug use/abuse by a perpetrator is correlated to incidents of family violence, including greater likelihood of repeated use of family violence risk-related behaviour of both perpetrators and adolescents who use family violence.

It is an indicator of increased risk of violence if a perpetrator is engaged in drug and/or alcohol misuse/abuse and are also experiencing mental illness (see guidance on mental illness above).

It is vital to discuss the perpetrator's choices that led to substance or alcohol use, despite their knowledge of how they change their behaviour when using substances or alcohol. Importantly, remember that many people use alcohol and other substances but are not violent.

This question may lead to the identification of other risk factors, such as financial abuse related to their funding source for substances or alcohol. Ensure you do not engage in discussions that minimise the perpetrator's behaviours, or use of substances or alcohol as a form of justification. Perpetrators may increase the severity of family violence they use as some perpetrators of violence think they are in an 'accountability-free zone' when they use alcohol and other drugs. Specific drugs, such as ice, may actively contribute to distorted thinking and violence for some people using these drugs.

Adolescents who use substances may do so as a means to self-soothe or 'zone out', particularly if they have experienced trauma such as family violence. This does not mean it is acceptable but an understanding of their history and life experience and the reason for substance use is important in order to assess and manage risk.

Practice considerations:

Victim survivors may also use drugs and alcohol and minimise the perpetrator's use due to shame or stigma. Some perpetrators introduce drugs and alcohol as a means of control and actively support/entrench drug and alcohol dependence for a victim survivor. You can explore substance use by the victim survivor in a non-judgemental way by asking questions such as what substances they enjoy and whether using helps them to cope with the perpetrator's behaviour.

Followed you, repeatedly harassed or messaged/ emailed you?

Risk factor:

This question is asking about:

Stalking of victim survivor

Other risk factors to keep in mind when asking this question include:

Controlling behaviour

Obsessive/Jealous behaviour toward victim

Isolation

Emotional abuse

Threats to kill

Why is it important to ask this question?

Stalking is a manifestation of a perpetrator wanting to control the victim survivor.

Stalkers that have had an intimate relationship with the victim survivor are more likely to be violent. This includes during and following separation and when the victim survivor has commenced a new relationship.

Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking, controlling, obsessive and jealous behaviour are highly related risk factors.

Stalking also occurs by adolescents using family violence and frequently co-occurs with intense, pathological jealousy in relation to a mother having other relationships. However, there is no evidence that stalking by adolescents is strongly connected to murder or attempted murder. It does, however, indicate severe and highly abusive control.

Technology-facilitated abuse is recognised as a presentation of stalking, including through social media, surveillance technologies and phone-based apps, which have increased in prevalence due to the substantial increase in the use of smartphones.

What should you keep in mind when asking this question?

This risk factor is a highly prevalent form of abuse, particularly post-separation. Stalking behaviour is linked to other high-risk factors including sexual and emotional abuse and controlling behaviours.

Often violence continues after separation, through stalking and harassment, surveillance and monitoring. In recent years, increased access to technology has assisted perpetrator's ability to monitor a victim survivor's whereabouts, including remotely. It is important to explore with victim survivors the range of ways in which perpetrators may be monitoring their movements, including through monitoring the movements of children and young people.

Whilst stalking by adolescents who use family violence is far less common than with adult perpetrators, it is important to ask the victim survivor if they feel their child is monitoring them in any way, including at home or in the community.

Stalking also creates isolation from community, as it may prevent the victim survivor from accessing public places, services or going to community events that the perpetrator also uses.

The perpetrator's extended family or extended community may also participate in stalking, alerting the perpetrator to the victim survivor's whereabouts or movements. This also contributes to isolation if the victim survivor has no support outside of their community.

Practice considerations:

Technology-facilitated abuse has particular implications for specific communities where exploitation of social isolation, language barriers and deliberate cultural isolation occurs.

This is particularly an issue in small communities, such as for Aboriginal people, people from rural, LGBTIQ and some culturally linguistically and faith diverse communities. For example, use of websites and apps for dating/hook-ups can lead to anonymous stalking, which can be particularly prevalent in LGBTIQ communities.

Followed you,
repeatedly harassed or
messed/ emailed you?
(continued)

It's important to understand that stalking can take the forms of:

- ... Repetitive, threatening or abusive phone calls, text messages and emails
- ... Checking or hacking email accounts
- ... Monitoring internet use and phone conversations
- ... Image-based abuse, through distribution or posting false, humiliating, intimate or sexualised videos or photos without the other person's consent
- ... 'Home-stalking' by adolescents, which can include refusing to allow a parent or sibling to have any privacy and following them around the home
- ... Spreading online rumours about the person or impersonating them online
- ... Harassing or threatening the victim survivor, their friends or family on social networking sites, dating, chat and game sites
- ... Tracking location through apps and 'find my phone' services
- ... Geotagging of photographs taken through smart phones
- ... Smartphone software including GPS tracking devices
- ... Loitering around known locations the victim survivor frequents, such as their home, workplace or school.

Technology-facilitated abuse is also linked to isolation through restricting access to community. For further information see: [eSafetyWomen <https://esafety.gov.au/women>](https://esafety.gov.au/women) or [Technology Safety Australia <https://techsafety.org.au/>](https://techsafety.org.au/).

Been obsessively jealous towards you?

Risk factor:

This question is asking about:

Obsession/jealous behaviour toward victim survivor

Other risk factors to keep in mind when asking this question include:

Physical harm

Controlling behaviours

Isolation

Verbal abuse

Emotional abuse

Why is it important to ask this question?

This is an indicator of serious risk. Obsessive jealousy is a form of controlling behaviour.

Obsessive jealousy is one of the behaviours that is often (though not exclusively) used by perpetrators who are in an intimate relationship with the victim survivor. It can also be used by adolescents who use family violence as a means of gaining power and control or because of significant attachment issues.

Perpetrator's obsessive and/or excessively jealous behaviour is often related to controlling behaviours based on rigid beliefs about gender roles and ownership of victim survivors. It has been linked to violent physical attacks.

Controlling behaviours are also related to child homicide or homicide of another person the perpetrator has extended their jealousy to, including new partners, friends or family members of the victim survivor.

What should you keep in mind when asking this question?

Examples of the types of behaviours that perpetrators may engage in might include accusing a victim survivor who is their intimate partner of being unfaithful or flirting with others, or being jealous of a victim survivor's time spent or communication with other friends or family members. It may also include the perpetrator restricting the victim survivor's access to services and public areas, such as restricting use of the car or public transport.

Perpetrators may cover up for their own behaviour, such as by telling people that the victim survivor has cheated or left them for another person, when they really left because of family violence. A new partner, or person a perpetrator believes is a new partner, may also be subject to a perpetrator's jealous or obsessive behaviours as a perpetrator seeks to maintain control over the victim survivor related to child homicide. In these situation, the risk to the family member or third party who is the subject of jealousy from the perpetrator should also be assessed and risk management put into place to respond to any identified risk.

Perpetrators (and adolescents who use family violence) may be jealous of their family member forming new friendships or attachments and seek to prevent this. Perpetrators may excessively monitor their victim's behaviour and social contact. They may embarrass them in public as a means of control. They may exhibit jealousy about their relationship with children/other family members and use violence against them out of jealousy.

Jealous behaviour may present as anxiety. For example, the perpetrator may appear desperate and afraid when the victim survivor is absent or spending time with other people, rather than angry.

In adolescents, jealousy is frequently underpinned by extreme anxiety and attachment issues. It may not be purposefully controlling, but can be, and needs further investigation due to highly negative impacts on both the adolescent and the victim survivors.

In Aboriginal communities, adolescents who use family violence, including against intimate partners, refer to jealousy and obsessive control as being 'jealoused up'.

Practice considerations:

Obsessive jealousy is a form of controlling behaviour. Controlling behaviour is often not visible; it is minimised or not acted upon. Emotional abuse often forms part of a pattern of controlling behaviours and can prevent a victim survivor from making or keeping connections with family, friends, community, culture or identity.

It can also restrict the ability for safety planning, as the victim survivor has reduced agency to prepare to leave the relationship in a safe way.

Has any violence increased in severity or frequency? (what and how)

Risk factors:

This question is asking about:

Escalation — increase in severity and/or frequency of violence

Other risk factors to keep in mind when asking this question include:

Physical harm

Controlling behaviours

Emotional abuse

Threats

Stalking

Why is it important to ask this question?

Change in a perpetrator's violence occurring more often or becoming worse, is associated with increased risk of serious injury or death including where a victim survivor reports that physical violence has increased in severity or frequency. Any change or escalation in frequency or severity is an indicator of increased level of risk — more significant scale of change or increase would indicate greater seriousness.

What should you keep in mind when asking this question?

An increase in severity may not be just about physical violence. The victim survivor may report they have recently felt more fearful of the perpetrator due to an escalation in threats, property damage, stalking, or any other family violence risk factor that is becoming regular or more serious than in the past. An example may include if the perpetrator has previously made threats to kill and has recently escalated to threats involving specific actions of how they will kill the victim survivor.

Practice considerations:

Change or escalation in severity or frequency may relate to any family violence risk behaviour. Some risk factors are strongly linked to increased risk of lethality, including sexual assault, physical harm, threats and stalking.

The specific behaviour that is increasing should be drawn out through further questions to the victim survivor. You can ask specific questions about increase in severity, e.g. *"Have you sought medical treatment or been hospitalised in the past 12 months because of what you have experienced?"*

Understanding change or escalation to frequency and severity is important in identifying risk of lethality and may indicate if risk is imminent.

Have they ever:

Controlled your access to money, or had a negative impact on your financial situation?

Risk factor:**This question is asking about:**

Financial abuse/difficulties

Other risk factors to keep in mind when asking this question include:

Property damage

Why is it important to ask this question?

Financial abuse, financial stress and gambling or gaming addiction, particularly by the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship. Withholding child support payments is a form of financial abuse that may continue after separation. Adolescents who use family violence may use financial abuse to further control their parent/carer. Other forms of abuse include interfering with a victim survivor/parent/carer's capacity to work, stealing money and using violence to demand money.

Property damage is consistently used by adult perpetrators and adolescents who use family violence. Property damage is used as a method of controlling the victim survivor through fear and intimidation. It can also contribute to financial abuse when property damage results in a need to fund repairs or a rental tenancy is put at risk.

What should you keep in mind when asking this question?

Explore financial decisions with the victim survivor. Do not limit questioning around day-to-day finances, but be sure to also discuss assets and debts and whose name they are in. Ensure the victim survivor understands you are not judging their financial situation but instead trying to gain a picture of their financial independence and the degree to which financial control is occurring.

Ask questions relating to access or barriers to money such as a perpetrator giving an allowance or limiting access to shared bank accounts. Money may be in joint bank accounts, the perpetrator may have access to the PIN number or passwords for online banking, or the victim survivor may not be named on bank accounts.

Explore limitations to financial security caused by the perpetrator's behaviour. For example, does the perpetrator sabotage/reduce the victim survivor's reliability or capacity to work by:

... Contacting them frequently during working hours?

... Presenting at their workplace?

... Keeping them up late?

... Encouraging drug use?

Some perpetrators (and adolescents using family violence) use threats or violence to extort money or material goods which may be used to procure drugs or alcohol or finance other addictions. Some people may also be forced to hand over their income to the perpetrator.

Practice considerations:

Financial abuse can take a range of forms. For example, limiting access to money, impacting financial situation/stability such as causing property damage or accrual of fines that are wrongly attributed to the victim survivor, as well as behaviours that impact on financial security or employment of the victim survivor.

Financial abuse can be exacerbated by other inequalities — some people are less financially secure to begin with due to structural inequality, which increases opportunity to use financial abuse as a method of coercion or control. For example:

... Financial abuse against Aboriginal people may take other forms where there is shared finances and resources among some Aboriginal families and communities

... Transgender and non-binary people may be structurally less likely to be economically secure and this can be a common source of control

Controlled your access to money, or had a negative impact on your financial situation? (continued)

- ... Some people, often women, are employed in family-owned businesses for no pay, limiting access to funds to leave
- ... Financial abuse can be particularly complex for older people and people from culturally, linguistically and faith diverse communities. People who are not permanent residents may not have Centrelink access or working rights, or understanding of Australian banking systems, limiting their ability to gain financial independence
- ... Dowries can be a source of financial abuse — in some circumstances, property can be a part of dowry and damage to this property can be a part of financial abuse or control. Further, demands for ongoing payments or gifts from family members can also occur. This is a complex issue that means different things in different cultures and may require secondary consultation with other organisations
- ... Immigration issues can also intersect with financial abuse. For example, older people/grandparents who are brought to Australia to care for grandchildren but can't access residency and financial support and are vulnerable to abuse by children that may result in financial abuse, particularly if they have limited English proficiency.

There are also some situations where family members may manage money on behalf of others (for example, older people and people with disabilities). This alone does not mean that their financial control is or is not abusive. You should explore with the victim survivor if these actions are done with their consent and if they are able to lead/contribute to decision making, or if the actions are used to control or limit their choices or otherwise impact negatively on them.

Seriously harmed you?
(Identify type of harm)

Risk factor:

This question is asking about:

Physical harm

Other risk factors to keep in mind when asking this question include:

Controlling behaviour

Sexual assault of victim

Why is it important to ask this question?

Physical assault is a highly prevalent form of family violence, particularly from an intimate partner.

Violent physical assault is an extreme form of controlling behaviour.

Physical harm may also take the form of sexual assault of a victim survivor through forced sexual activity, including rape.

Physical harm is an act of family violence and is an indicator of increased risk of continued severity or escalation of violence. Change of escalation in frequency or severity of physical harm, and the nature of the physical harm, informs an understanding of the level of risk the victim survivor is facing.

Physical harm causing head trauma is linked to increased risk of lethality and hospitalisations, and of acquired brain injury. Acquired brain injury (ABI) describes multiple disabilities arising from damage to the brain after birth. It can result in deterioration in cognitive, physical, emotional or independent functioning. There are a range of causes of ABI, including lack of oxygen (hypoxic-anoxic brain injury) and traumatic brain injury (such as from blows or strikes to the head). See **Responsibility 7** and *Foundation Knowledge Guide Section 10.9* for further information about ABI and family violence.

Traumatic or oxygen-deprivation related brain injuries are both serious, whether from a single and severe incident, or from 'mild' and multiple incidents resulting in cumulative harm.

Physical harm resulting in traumatic brain injury, such as 'shaken baby syndrome', is a leading cause of death or disability in children who have experienced this form of harm.

What should you keep in mind when asking this question?

When discussing this question with the victim survivor, you should ask about whether they have had to seek medical assistance or been hospitalised to treat their injuries.

Physical harm to the head and neck of a (adult or child) victim survivor, including direct force applied to the head, shaking (e.g. infant or child) or otherwise striking the head with a hard object or surface can cause traumatic brain injury. If the identified harm type relates to an adult or child victim survivor's head or neck, ask follow-up questions:

... *"Have you ever been hit in the head or neck, or shoved/pushed causing injury to your head or neck? (such as banging your head against a hard object or surface?)"*

... *"Have you ever lost consciousness or been knocked out as a result of being hit or striking your head on a hard surface or object?"*

If the answer to this question is:

... "I don't know" or "I can't remember"

this may itself indicate that the victim survivor has experienced loss of consciousness as memory loss is one symptom of this.

If the victim survivor answers "yes" or 'I don't know/can't remember', **ask follow-up questions relating to loss of consciousness below.**

Seriously harmed you?
(Identify type of harm)
(continued)

Practice considerations:

Serious harm is broadly defined and often takes the form of physical harm. This may include being pushed, grabbed, punched, shoved, slapped, kicked, bitten, choked, dragged, stabbed, shot, or struck with a vehicle. It may include driving dangerously, or interfering with the victim survivor's driving, in a manner that is so unsafe the victim survivor may risk being killed.

Physical assault includes use of physical force intended to harm or frighten. This may vary depending on the physical ability of the victim survivor. For example, older people may be more vulnerable to less obvious forms of physical harm that are related to frailness or the ability to move independently. This could include causing someone to fall by moving past them and physically pushing them, whilst ensuring deniability for their actions.

Showing preparedness to threaten or use a weapon is an indicator of serious risk and relates to opportunity and likelihood to cause serious harm or kill a victim survivor.

See guidance below relating to loss of consciousness or how to respond to traumatic brain injury from physical harm to the head or neck.

Assaulted you when you were pregnant?

Risk factor:

This question is asking about:

Physical assault whilst pregnant/following new birth

Why is it important to ask this question?

Family violence often commences or intensifies before and after the arrival of a new child. This includes adoption, fostering, non-biological parenting and surrogacy. During pregnancy, it is associated with exacerbation of intimate partner violence, and is linked to increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Violence during this period is regarded as a significant indicator of future harm to the adult and child victim survivors.

What should you keep in mind when asking this question?

Pregnancy and the early post-natal period (up to 12 months) is a period of increased risk, particularly if the pregnancy is unplanned or unwanted by the perpetrator. The evidence is clear that pregnancy is a time when family violence can escalate or commence and that this is a danger to both the safety of the mother and unborn child. Risk of child homicide is particularly high for children aged 0-12 months.

Family violence perpetration is linked to the perpetrator viewing their primacy in the relationship being undermined. In addition to physical assault, increased risk of sexual and emotional abuse can also increase. If this risk factor is present, you should ask if assault continued following birth.

You may also need to ask about non-physical abuse through questions such as *"How do you/other family members feel about the arrival of this child?"*

Abuse while pregnant can include denying the victim survivor food or other needs related to the pregnancy.

The risk of assault resulting in increased risk for an adult or child victim survivor being killed or nearly killed particularly increases if other risk factors are present. These factors include history of family violence, recent separation, history of child abuse (of perpetrator), alcohol or substance abuse/misuse, mental illness and history of criminal behaviour (not family violence).

Practice considerations:

When working with LGBTIQ parents, use inclusive language such as 'physical assault when expecting a child into the family', to reflect that some transgender and non-binary people do not identify with pregnancy. Other parenting arrangements, such as adoption, fostering, non-biological parenting and surrogacy may be in place.

LGBTIQ parents may have complex feelings and power dynamics around the arrival of new children, particularly when one parent has a genetic relationship to the child and the other does not.

Care arrangements should be recognised, such as where a young Aboriginal person may give birth to a child and are supported in caring/parenting by a grandmother who becomes a parent. Aboriginal people have higher rates of low birth weight and infant mortality from systemic issues that are not family violence related.

Threatened to kill you?

Risk factor:

This question is asking about:

Has ever threatened to kill the victim survivor

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Threats or use of weapon

Choking or strangulation

Why is it important to ask this question?

Evidence shows that a perpetrator's threat to kill an adult or child victim survivor is often genuine and should be taken seriously. This is particularly so when the perpetrator has been specific or detailed, or used other forms of violence in conjunction with the threat that indicate an increased risk of carrying out the threat, such as strangulation and physical violence. This includes where there are multiple victims, including threats to kill or harm another family member or child/ren.

Some adolescents who use family violence may make threats to kill and do this mainly to gain power or control. Evidence suggests they are less likely to act on this than adult perpetrators.

What should you keep in mind when asking this question?

Many perpetrators who make threats to kill do not end up killing, but a lot of perpetrators who do kill have threatened to kill before. Such threats need to be taken seriously.

Note that threats to kill other family members, including children, are asked about in the 'risks to children' section below.

Practice considerations:

In some CALD communities, women may face threats to kill from their extended families, or their partner's extended families, as well as from the partner themselves. Consider and ask whether a victim survivor will face threats to kill from other family members if they decide to leave a relationship.

Women's increasing independence, large dowries being paid, and fear of returning to their home country are all indicators of this risk. Ask the victim survivor what kind of pressures and expectations they have at home and from their families or in-laws.

Threatened or used a weapon against you?

Risk factor:

This question is asking about:

Use of weapon in the most recent event

Other risk factors to keep in mind when asking this question include:

Access to weapons

Emotional abuse

Property damage

Threats to kill

Physical harm

Why is it important to ask this question?

Use of weapon in the most recent event is an indicator of serious risk.

Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour.

A weapon is defined as any tool or object used by a perpetrator to threaten or intimidate, harm or kill a victim survivor, or pets, or to destroy property. Weapons can include a range of items which may include prohibited weapons, such as firearms, or any object that can be used as a weapon, such as household or utility items (i.e. vehicles, kitchen knives, furniture, sporting equipment, gardening implements).

What should you keep in mind when asking this question?

Ensure you explore any experience of harm with the use of an object, being mindful that this can include occasions where a victim survivor has had objects thrown at them. It is the use of objects in the violence that indicates a serious risk, and, in these situations, the object should be classified as a weapon.

Practice considerations:

Showing preparedness to threaten or use a weapon is an indicator of serious risk and relates to opportunity and likelihood to cause serious harm or kill a victim survivor.

Tried to choke or strangle you?

Risk factor:

This question is asking about:

Has ever tried to choke or strangle the victim

Why is it important to ask these questions?

Strangulation or choking is a common method used by perpetrators to abuse and possibly kill victim survivors, particularly by male perpetrators of their female intimate partners. It is also linked to a general increased lethality risk to a current or former partner.

Strangulation or choking can cause traumatic brain injury through oxygen deprivation (anoxia) to the brain, resulting in damage to brain cells. Often there are no visible injuries as a result of lethal and non-lethal choking or strangulation, so your response should be guided by the victim survivor's response to this question.

A victim survivor may require either acute (emergency responses) or longer-term responses to traumatic brain injury. These should be explored in risk management responses (see **Responsibilities 4 and 8**).

What should you keep in mind when asking these questions?

Many victim survivors may minimise the consequences of choking and strangulation as a coping strategy, particularly if they have experienced this form of violence more than once from the perpetrator. It is important to remember the serious risks associated with choking and strangulation, regardless of whether it has been perpetrated once, regularly or on a few occasions.

Some victim survivors may not be aware of the consequences of this form of violence, including that it can become lethal and is an indicator of future risk of suicide, even if there are no visible injuries.

Perpetrators may use other methods to restrict a victim survivor from breathing, such as head locks, using a shoe, an arm, leg or other part of their body or foot to put pressure on the victim survivor's throat or neck etc. These types of scenarios should be considered when asking a victim survivor about choking and strangulation as evidence shows that some victim survivors do not identify other force or pressure to the neck or throat as choking or strangulation.

You could also ask the following question if the person doesn't recognise their experience as 'choking' or 'strangulation':

... *"Have they ever applied pressure to your throat or neck?"*

If the identified harm type relates to an adult or child victim survivor's throat or neck, **ask follow-up questions:**

... *"Have you lost consciousness or had gaps in your memory?"*

... *"Was your vision affected or do you recall feeling dizzy?"*

... *"Did you wake up in a different position or location?"*

If the answer to this question is:

... *"I don't know" or "I can't remember"*

this may itself indicate that the victim survivor has experienced loss of consciousness, as memory loss is one symptom of this.

If the victim survivor's answer is "yes" or 'I don't know/can't remember', **ask follow-up questions relating to loss of consciousness below.**

Practice considerations:

Choking and strangulation are extremely dangerous actions which can result in loss of consciousness that can be a high-risk indicator for serious injury including life threatening injury or death that may be immediate or delayed, whether there are visible injuries and death.

If strangulation or choking is suspected or confirmed, you should seek immediate health assessment for the victim survivor to ensure any injuries to the brain or body are responded to.

See guidance below relating to loss of consciousness or how to respond to traumatic brain injury from strangulation or choking.

Follow-up question if the answer to Questions to 'seriously harmed you' or 'Tried to choke or strangle' is Yes

Have you ever lost consciousness?

Loss of consciousness, including from blows or striking of the head against hard surfaces or objects, or forced restriction of airflow/blood flow to the brain, is linked to increased risk of lethality (both at the time of assault and in the period of time following), hospitalisations and acquired brain injury.

Traumatic brain injury can occur whether there is a loss of consciousness or not. Loss of consciousness is one way to identify if traumatic brain injury may have occurred. Traumatic brain injury is caused by penetrating injuries, closed head injuries (such as a blow to the head or shaking, and anoxia from lack of oxygen).

Short and long-term impacts of acquired brain injury resulting from traumatic brain injury can include physical, cognitive and behavioural disability. Of the 16,000 Victorians hospitalised between 2006 and 2016 due to family violence, 2 in every 5 had sustained an ABI. These are also a significant factor likely to cause death of a victim survivor where major trauma has occurred causing brain injury. You may want to consider referring the victim survivor to a medical professional to assess for brain injury. If the incident was recent, consider whether the victim survivor might need to seek immediate medical attention.

A measure for severity can be identifying the length of time between incidents of traumatic or oxygen-deprivation related brain injuries, as an indicator of how long the victim survivor's brain had to recover between incidents is a key predictor of potential disability such as ABI.

When asking further questions about loss of consciousness it is important to explore both recent and severe traumas, as well as micro-traumas over the course of a victim survivor's lifetime:

... *"How often has this kind of harm been experienced?" (that is, what is the frequency or number of times this occurred?):*

... *"over a 12-month period?"*

... *"over the course of the relationship?"*

... *"over the course of your life?" ("Are there other previous incidents resulting in loss of consciousness?")*

... *"Do you remember how long you were unconscious in the most recent incident? In previous incidents?"*

... *"Has the harm to the head or neck **changed or increased/escalated in frequency or severity?**"*

Some symptoms that may follow loss of consciousness or traumatic brain injury and that require immediate medical response include:

... vomiting

... persistent severe headaches

... memory loss affected vision or dizziness

... seizure following traumatic brain injury

... signs of cognitive or behavioural deterioration over time, including onset of 'challenging behaviour' or signs of behavioural disability following traumatic brain injury.

These symptoms can often be mistaken for symptoms from other causes, including mental health or behavioural issues.

See guidance on risk management and safety planning where a victim survivor is affected by acquired brain injury in [Responsibility 4](#).

Forced you to have sex or participate in sexual acts when you did not wish to do so?

Risk factor:

This question is asking about:

Sexual assault of victim survivor

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Physical harm

Physical assault while pregnant/following new birth

Controlling behaviours

Obsession/jealous behaviours toward victim

Has ever tried to strangle or choke the victim

Stalking of victim

Why is it important to ask this question?

Sexual assault is an extreme form of controlling behaviour. It is often co-occurring with other risk factors, and threat of re-assault is a form of control along with other behaviours.

Women in intimate partner relationships who are sexually assaulted are seven times more likely to be killed by their partner than other abused women where sexual assault was not present. Intimate Partner Sexual Violence (IPSV) has been identified as the strongest indicator of escalating frequency and severity of violence, including in comparison to stalking, strangulation and assault during pregnancy⁴.

This is a very high-risk indicator and indicates that the perpetrator may cause the victim survivor serious injury or death.

Perpetrators who sexually assault a victim survivor (adult or child) are also more likely to use other forms of violence against them. Sexual assault is often under-reported and is more prevalent in intimate partner relationships. Sexual abuse is frequently violent and repeated, forming part of a controlling pattern designed to dominate, humiliate and denigrate a victim survivor.

There is no evidence that adolescents who use family violence are likely to sexually assault their parent/carer. However, the use of sexually derogatory language, particularly by a son who has experienced family violence from an adult, can occur. This is designed to dominate, humiliate and denigrate a victim survivor, but there is no evidence that it leads to serious injury or death of a parent/carer.

There is some emerging evidence to suggest that adolescents who use family violence and use sexually derogatory language against parents/carers may be at risk of sexually abusing and assaulting siblings. For these reasons, asking about the use of sexually derogatory language against any family member and any concerns a parent/carer may have about risk of any forms of harm, including sexual abuse to siblings, is important.

What should you keep in mind when asking this question?

This question should be asked in a way that is appropriate to the victim survivor. There is under-reporting of sexual assault in all forms of family and family-like relationships. Sexual assault in family violence includes, intimate partner sexual violence; sexual violence by other family members, intra-familial child sexual abuse; and, sexual abuse of people with disabilities and people in residential care.

Sexual assault as a form of family violence is most often perpetrated by males against their female intimate partners. When it occurs in the context of adolescent family violence it is most often perpetrated by male adolescents against younger female siblings but can also include younger male siblings. A large proportion of women who experience sexual assault also experience physical assault from their male intimate partners.

If the victim survivor discloses that the perpetrator has sexually assaulted a child, you have a statutory obligation to report to the police [see 'failure to disclose' criminal offence]⁵. See **Section 4.6 of Responsibility 4.**

4 ANROWS, National Risk Assessment Principles for domestic and family violence: Companion resource, page 28.

5 <http://providers.dhhs.vic.gov.au/criminal-offences-improve-responses-child-sex-abuse>

Practice considerations:

Sexual assault is broadly defined and can include any acts of a sexual nature carried out against the victim survivor's will through force, intimidation or coercion. It may also include penetration without consent (rape), attempted rape, aggravated sexual assault or indecent assault, and sexual acts against children. Unwanted sexual touching and forcing a victim survivor to watch pornography or witness other sexual acts are examples of sexual assault.

Sexual assault may not always be subjectively experienced as 'violent' by the victim survivor, however, the behaviour from the perpetrator is still assault where it is unwanted.

It is an indicator of very serious risk and must always be asked when completing a family violence risk assessment, as it will not be obvious in every situation whether or not this risk factor is present. It can be introduced sensitively, once rapport is built, and as part of a set of questions. Asking this question appropriately is left to professional judgement but must always be addressed as part of a family violence risk assessment.

This is a sensitive question. You may need to lead into this question carefully, such as by saying *"I do not want to cause embarrassment asking your personal intimate details, but it is such a serious indicator of risk and distress that it is a question that is too important not to ask"*.

The following tips should be used when asking this question:

- ... Listen and believe: *"That sounds like it must have been terrible for you. Would you like to talk more about the effect it has had on you?"* or *"It sounds as if it was a very difficult situation for you to be in"*
- ... Do not blame or pass judgement
- ... Recognise the courage it took to disclose to you: *"Thank you for telling me that. I understand that this can be hard to talk about. I'm sorry to ask such personal questions but it is really helpful for us to understand the experiences you've had so we can see what the risks are for you and your family in the future. Is the conversation still okay for you? Do you need a break or are you okay to keep speaking?"*
- ... Offer referral options. The decision about possible referrals must be made by the victim survivor
- ... Respond to immediate safety concerns such as suicide risk, self-harm, anxiety, nightmares, sleep difficulties, flashbacks
- ... Do not encourage the person to go into detail about the abuse itself. This may make the person vulnerable to overwhelming emotions. Focus on how the person feels about the disclosure and their current difficulties.

It's important not to reinforce feelings of shame. Sex can be a taboo topic in some families and cultures, making victim survivors less likely to disclose sexual assault, or even recognise the behaviour as sexual assault.

Some people are unaware that forced or unwanted sexual contact within marriage is sexual assault and may consider or hold beliefs that this is a part of a duty of a woman to her husband.

LGBTIQ communities may be open about a broader range of sexual practices than other communities, such as non-monogamy/multiple partners, sex on premises and anonymous sex or kink. It is important not to sex-shame, as this is a common barrier to someone reporting assault. Sexual abuse in these contexts are under-reported, especially among queer men.

A person's HIV positive status can be connected to sexual coercion, including by controlling access to HIV medication. You can ask, *"Do you have access to safe sex?"* to explore this.

There is also an association between family violence and reproductive coercive control including forced termination of pregnancy (which can be repetitive) or forced continuation of an unwanted pregnancy. Higher rates of murder-suicide are linked in circumstances where women conceal pregnancy from a violent intimate partner.

Sexual assault is also under-reported when perpetrated against older people. This issue may not be recognised by services. Older people and people with disability are particularly vulnerable if they require assistance for intimate personal care and hygiene. A person with dementia may also not remember the occurrence or frequency of abuse. Older people may not recognise their experience of sexual assault as the social understanding of what is acceptable behaviour in intimate partner relationships/marriage has changed over time. People with disability may not be able to articulate or communicate the abuse they are experiencing if appropriate communication aids and support are not provided.

Have they ever:

Breached or broken the conditions of an intervention order or a court order?

Risk factor:**This question is asking about:**

Previous or current breach of court orders/intervention orders

Other risk factors to keep in mind when asking this question include:

Controlling behaviours Emotional abuse

Threats **Stalking**

Why is it important to ask this question?

If a perpetrator has breached an intervention order, or any other order with family violence protection conditions, this indicates they are not willing to abide by the orders of a court. It also indicates a disregard for the law and authority. Such behaviour is a serious indicator of increased risk of future violence.

What should you keep in mind when asking this question?

Many breaches are not formally recorded or reported to the police. It is important to support victim survivors to report so that records are kept, and action becomes possible. Some victim survivors may choose not to report to police as this will escalate the perpetrator's violence. You should respect the victim survivor's decision.

Some victim survivors of adolescent family violence may not report breaches because they fear reprisal and because they feel the conditions of an order will place the adolescent themselves at risk (for example, render them homeless). You should explore the consequences of not reporting a breach and alternative options to keep family members safe, as well as the adolescent.

Some perpetrators demonstrate a lack of respect for justice and court processes and authority and this is an indicator of an increased level of risk, including:

- ... If the perpetrator has breached court orders, regardless of whether it has been reported to police
- ... Where threat of criminal charges does not change behaviour or results in increased use of family violence behaviours, particularly for perpetrators who have been to prison before.

Some perpetrators may also not be aware of the conditions of court orders. This may be due to developmental delays or capacity constraints, limited English or lack of understanding of court orders. If the perpetrator is engaged with a behaviour change program or other intervention, professionals in those services should provide information about breaches and the conditions of any order to support compliance.

Where there is shared care for children there may be communication that is in breach of an order, if the order has not considered arrangements. Consider if the breach relates to use of power and control by the perpetrator to inform how you consider it as an input to your risk assessment.

Perpetrators may try to get around Intervention order conditions by communicating through friends and family. They may put pressure on the victim survivor to ignore the intervention order.

The victim survivor may be pressured not to report breaches because of consequences to the perpetrator or may fear consequences from the perpetrator. People who rely on a perpetrator, such as where a perpetrator is a carer, may be reluctant to report breaches fearing consequences for the perpetrator (who may be an adult child or other family member), or for themselves if they are without other supports.

Practice considerations:

All family relationships where family violence is occurring may be subject to an intervention order. Be aware that some people may have experienced difficulty in having their experience recognised in applying for an intervention order due to structural barriers or discrimination. Intervention orders are also more complex when only one parent/carer has a genetic relationship to a child.

The formal term for breach of an intervention order is a 'contravention'. Contravention is highly linked to repeat offending, including frequent use or escalation of family violence. This is a strong indicator of future violence. In addition, breaches of other orders, particularly relating to family law matters involving children, is a strong indicator of controlling behaviours and increased risk.

Contravention of an order soon after orders being made is also linked to family violence homicide.

Harmed or threatened to harm a pet or animal?

Risk factor:

This question is asking about:

Has ever harmed or threatened to harm or kill pets or other animals

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Emotional abuse

Why is it important to ask this question?

There is a correlation between cruelty to animals and family violence, including a direct link between family violence and pets being abused or killed. Abuse or threats of abuse against pets may be used by perpetrators to control family members. This is an indicator of serious risk as it is linked to high levels of controlling behaviours.

Cruelty to animals is also an indication of serious risk in cases of adolescent family violence and indicates serious mental health issues.

What should you keep in mind when asking this question?

Remember that abuse to pets and animals is not always physical. Sometimes the perpetrator may refuse to feed the animal or keep it locked outside in the cold. They may threaten family members that they will hurt or kill the pet as a means to intimidate and control the victim survivor. It is important to explore the variety of ways in which the perpetrator may harm pets or animals and remember that a victim survivor's fear for their pets is often a contributing factor to remaining in a relationship with the perpetrator.

Practice considerations:

Concern for a pet can be a barrier to housing options and leaving — it is a consideration in safety planning.

<p>Been reported to police by you or anyone else for family violence?</p>	<p><u>Risk factors these questions are asking about:</u></p> <ul style="list-style-type: none"> History of violent behaviour (not family violence) <p><u>Other risk factors to keep in mind when asking these questions include:</u></p> <ul style="list-style-type: none"> History of family violence Imminence <p>Why is it important to ask these questions?</p> <p>These questions explore whether the perpetrator has come to the attention of police for violence (non-family violence) or other relevant criminal activity.</p>
<p>Had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)</p>	<p>Perpetrators with a history of violence generally are more likely to perpetrate family violence. This can occur even if the violence has not previously been directed towards family members. Other victims may have included strangers, acquaintances and/or police officers. The nature of the violence may include credible threats or use of weapons, and attempted or actual assaults. Perpetrators who are generally violent engage in more frequent and more severe family violence than perpetrators who do not have a violent past. A history of criminal justice system involvement (e.g. amount of time and number of occasions in and out of prison) is linked with family violence risk.</p>
<p>Been arrested for violent or other related behaviour? (specify details)</p>	<p>Certain situations can increase the risk of family violence escalating in a very short timeframe. The risk may relate to court matters, particularly Family Court proceedings, release from prison, relocation, or other matters outside the control of the victim survivor which may imminently impact their level of risk.</p>
<p>Been to court or convicted for a violent crime or other related behaviour? (specify details)</p>	<p>What should you keep in mind when asking these questions?</p> <p>Clarification may need to be sought about whether the violent behaviour involved other victims, or the current victim survivor of family violence with whom you are speaking.</p> <p>A victim survivor may not be aware or able to provide this information. These risk factors may be identified through the process of information sharing and obtaining risk-related information about the perpetrator. While this information may not always be shared with the victim survivor, it should still inform the overall risk assessment.</p> <p>The formal involvement of the justice system is an indicator in most cases of escalation of violence.</p> <p>Practice considerations:</p> <p>It is also useful to explore other criminal activity, as this can sometimes be an indicator of other risk factors. For example, a victim survivor may advise the perpetrator has been arrested for drug-related charges, which requires exploration of substance and alcohol use or possible debts they owe (financial abuse).</p> <p>Keep in mind the recency of the perpetrator's involvement with the justice system, as the perpetrator may have court orders and conditions they must abide by. Being aware of these conditions may assist in safety planning with the victim survivor. This question may also elicit information about the perpetrator having criminal associates, which may increase risk to the victim survivor and needs to be appropriately addressed in safety planning.</p> <p>If there was little immediate and effective response in relation to the arrest and court appearance of the perpetrator for other forms of violence, then victim survivors of family violence can become disillusioned with the justice system and may talk about the justice system as being ineffective.</p> <p>Perpetrators with a history of family violence are more likely to continue to perpetrate family violence including in new relationships. Family violence homicide is linked with contact with the justice system, including police, courts and community corrections, within the last six months of the fatal event.</p>

Do they have access to weapons?

Risk factor:

This question is asking about:

Access to weapons

Other risk factors to keep in mind when asking this question include:

Use of a weapon in the most recent event

Controlling behaviours

Emotional abuse

Threats to kill

Why is it important to ask this question?

Perpetrators who have access to weapons, particularly guns and knives, are much more likely to seriously injure or kill a victim survivor than perpetrators without access to weapons.

What should you keep in mind when asking this question?

Weapons can include a range of items including prohibited weapons, such as firearms, swords, machetes, or other weapons that can be 'collected' by the perpetrator.

Remember that this question is to identify the presence of a weapon and is distinct from the use of weapons (asked in another question).

This question is always relevant, even in situations where ownership of a gun is common, such as for farming purposes and in rural and regional areas.

Practice considerations:

It is the presence of the weapon that is the risk factor in this situation and the fact that it could be used against the victim survivor, regardless of whether they have previously been threatened with the weapon. This risk factor relates to opportunity to cause serious harm or kill a victim survivor.

Self-assessment

Do you believe it is possible they could kill or seriously harm you?

Risk factor:

These questions are asking about:

Self-assessed level of risk

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Why is it important to ask these questions?

A victim survivor's self-assessment is an important input into the assessment of the risk of serious injury or death.

It's important to ask both these questions so that the risk posed by the perpetrator to the victim survivor, their children and other family members can be assessed. Risk to other family members may include third parties who are not 'family members' where there is an identified extension of jealousy or threats directed to that third party.

What should you keep in mind when asking these questions?

These are confronting questions and there may be no clear answer, particularly if the victim survivor does not believe the perpetrator is capable of killing them, but the risk factors present indicate a serious risk of lethality.

There can also be an under-estimation, particularly in relation to biological children. Victim survivors often cannot contemplate or believe that their partner or ex-partner would seriously harm or kill their own children.

Do you believe it is possible they could kill or seriously harm children or other family members?

From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?

[1-5 scale comprising:

1 not afraid

2 slightly afraid

3 moderately afraid

4 very afraid

5 extremely afraid].

Risk factor:

This question is asking about:

Self-assessed level of risk

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Why is it important to ask this question?

A victim survivor's self-assessment is an important indicator of the level of risk posed by the perpetrator. Victim survivors are often the best predictors of their own level of safety and risk, including as a predictor of re-assault.

Some victim survivors may communicate a feeling of safety, or minimise their level of risk, due to the perpetrator's emotional abuse tactics creating uncertainty, denial or fear, and may still be at risk. Some people's responses about their self-assessed levels of risk, fear or safety might be influenced by previous experiences of systemic discrimination and risk, such as removal of children, over-representation of Aboriginal people in prison and the effects of transgenerational trauma and the Stolen Generations. Other structural discrimination arising from homo/bi/transphobia may also influence responses to these questions. For example, a LGBTIQ victim of intimate partner relationships might minimise their experience of risk and fear where there is a feeling of shame from 'failure' of the relationship and not wanting to disclose violence following the impact of the Marriage Equality debate and subsequent *Marriage Equality Act*.

Where an adolescent is using violence against a parent/carer, a victim survivor may minimise their level of risk because they cannot conceive their own child can pose a high risk; others may have previous involvement with the statutory system and be afraid of actions which may follow disclosure.

What should you keep in mind when asking this question?

When victim survivors state that they are very fearful, this is usually accurate and needs to be taken seriously. In addition to the scale, you may want to explore the question, "*what is the greatest level of fear you have experienced in your relationship?*" and the circumstances surrounding the use of violence or other risk behaviours.

Alternatively, some victim survivors have adapted to high levels of violence (often referred to as 'normalisation') and under-estimate the danger they are in. This is true for people in many communities, including older people where the length of time they've experienced violence and progression may make it difficult to gauge their level of risk. People's responses may also be impacted by cognitive impairment or capacity constraints. Victim survivors may have also adapted to the perpetrator's behaviour which may have escalated over many years. In addition to the perpetrator's tactics, victim survivors may use minimisation as a coping strategy.

Do you have any immediate concerns about the safety of your children or someone else in your family?

Risk factor:

This question is asking about:

Risk of harm to child/young person or other family members

Why is it important to ask this question?

It is important to identify if and what other concerns an adult victim survivor may have for children or young people and family members due to the perpetrator. Children and young people's safety is closely linked to the safety of the adult victim survivor. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children.

A perpetrator may have made threats to the adult victim survivor towards other family members. This can be a tactic to instil fear in the adult victim survivor as a form of control.

What should you keep in mind when asking this question?

Any concerns around the safety and welfare of a child or young person must be taken seriously.

If there are immediate concerns for a child or young person's safety this may lead to a child protection notification or contacting the police depending on the risk. Raising these concerns with the adult victim survivor is best practice and keeping them informed in the process.

In cases where the concern is about an adult family member you may discuss with the adult victim survivor supports their family member can access.

Consider risk management responses.

Do you feel safe when you leave here today?

Consider response for risk management and safety planning. See **Responsibility 4**.

Would you engage with police if you felt unsafe?

Risk factor:

This question is asking about:

Escalation — increase in severity and/or frequency of violence

Imminence

Other risk factors to keep in mind when asking this question include:

Isolation

Why is it important to ask this question?

This question is important to understand whether a victim survivor would feel safe to engage with the police if violence escalated. It could also provide information on barriers to engagement with police from past experiences, which may increase their risk if they need police assistance in future.

Victim survivors may have a low-level expectation in receiving an appropriate police response or fear of police or other statutory service involvement. This could be because of past experiences of poor responses, or barriers, discrimination or structural inequality.

Follow-up to this question may be: *"Do you have people who you feel safe contacting or connecting with for support?"*

This can provide further information on the resources available to support the victim survivor and any barriers to their using them.

What should you keep in mind when asking this question?

Supporting victims to engage with police in circumstances of emergency is a crucial risk management mechanism in any safety plan.

Practice considerations:

Ideally, a victim survivor should feel safe to engage with the police. However, if a victim survivor does not feel safe to do so then it is important to explore this in safety planning and think about alternatives. This may be an issue for Aboriginal people and people from diverse communities due to previous experiences and/or community expectations. It may be an issue for victim survivors who have been involved with police themselves, have had prior involvement with police because of the perpetrator's violence or fear the consequences of police involvement. For example, has the victim survivor had negative experiences when engaging with police from discrimination based on their identity or experience?

Some victim survivors may disclose they are resistant to report to police as this will escalate the perpetrator's violence. You should reflect with the victim survivor on how they would seek assistance in an emergency if they are concerned about calling the police as an option.

Imminence

Have you recently separated from your partner?

(Ask if intimate partner violence/ IPV)

Risk factor:

This question is asking about:

Planning to leave or recent separation

Other risk factors to keep in mind when asking this question include:

Escalation — increase in severity and/or frequency of violence

Imminence

Why is it important to ask this question?

When separation occurs in the context of family violence, the level of risk can escalate for victim survivors (adults and children).

For victim survivors, high-risk periods include when a victim survivor starts planning to leave, immediately before taking action, and during the initial stages of separation or immediately after. Victim survivors who stay with the perpetrator because they are afraid to leave often accurately anticipate that leaving would increase their risk of lethal assault. Victim survivors (adults and children) are particularly at risk within the first two months of separation.

When a victim survivor is applying for an intervention order (which may be when planning to leave a relationship or after recent separation) this is also a high-risk period.

What should you keep in mind when asking this question?

Perpetrators can feel like they are losing control of the victim survivor and, when this occurs, they usually increase abusive behaviours in an attempt to regain control.

Some people experience structural inequality which may prevent them leaving a relationship, including lack of access to services or financial support, accommodation, or lack of support within or outside of their community or family.

Aboriginal women may be reluctant to leave families or community due to the history of the Stolen Generations and history of child-removal and removal of Aboriginal people from their traditional land. Additionally, Aboriginal people may be concerned about community conflict or removal of children if they leave a relationship or secure housing.

Planning to leave may be challenging for migrant victim survivors who may not be aware of their legal rights.

Remember that separation can occur in many forms, such as separated but still living under one roof. It is important to capture the recent separation, but also the circumstances around this (e.g. are they in the process of dividing assets and property? Are they going to Family Court? Are they still having contact?).

Do you have pending Family Court matters? (Ask if intimate partner violence. If yes, specify.)

Risk factor:

This question is asking about:

Imminence

Other risk factors to keep in mind when asking this question include:

Escalation — increase in severity and/or frequency of violence

Why is it important to ask this question?

When there are Family Court matters in the context of family violence, the perpetrator may feel disempowered and experience a loss of control, which can increase risk.

The time period when the Family Court has denied the perpetrator access to the children is a time of particularly serious risk to the adult and child victim survivors. Consider if there are other decision-points pending such as Child Protection proceedings.

Although not a key risk factor in adolescent family violence, a perpetrator who is facing Family Court may encourage the adolescent to use abuse and violence and exert control over a parent/carer who is the perpetrator's ex-partner. It is useful to ask the parent/carer this question followed by, *"Do you think this in any way increases your risk of violence from your adolescent?"*

What should you keep in mind when asking this question?

If a perpetrator feels like a court case is not going to go their way, their level of violence can increase.

Some perpetrators use the court process as a means of abuse. This can include purposefully prolonging proceedings, attacking the victim survivor's character and negatively impacting on their circumstances (whether it be housing, finances, contact with children etc.) where possible. They will attempt to manipulate children to side with them, feel sorry for them and blame the other parent/carer.

For children and young people, take into account factors such as scheduled access visits when considering imminence.

Practice considerations:

It is important to know that:

Orders made by the Family Court or the Federal Magistrates' Court override a family violence intervention order made by the Victorian Magistrates' Court.

You should support victim survivors to get legal advice about how Family Court orders will work if a family violence intervention order is in place and what actions they may need to take.

Are they about to be or have they recently been released from jail or another facility? (specify when)

Risk factor:

This question is asking about:

Imminence

Why is it important to ask this question?

If a perpetrator is released from prison or another facility, they may recommence abuse and violence against the victim survivor or other family members.

What should you keep in mind when asking this question?

It is important to explore the contact a perpetrator has had with the victim survivor, during their time in a facility. The perpetrator may have made threats they may follow through with upon release. The perpetrator may not be able to return to the home of the victim survivor and face homelessness, increasing the likelihood of them contacting the victim survivor. The increased risk is because of the perpetrator's desire to regain control upon leaving a facility, where their level of control was significantly diminished for a period of time.

Has a crime been committed?

(Not to be asked directly of victim survivors. If yes, provide details. See guidance on what is a criminal offence.)

Risk factor:

This question is asking about:

History of violent behaviour (not family violence)

History of family violence

Why is it important to ask this question?

This question is not asked directly of victim survivors but is used to gather information on criminal offences. Criminal offences include physical abuse, sexual assault, threats, pet abuse, and property damage, stalking and breaching an intervention order.

What should you keep in mind when asking this question?

This question is to identify whether there has been a crime committed in which the perpetrator could face charges, as a result of family violence against the victim survivor.

The perpetrator's criminal history is captured in other questions, but this question is current. All perpetrator actions in relation to family violence should be considered a crime, but only some of the behaviours constitute a criminal offence. It is important to capture police and court involvement and criminal charges, as the perpetrator may pose a greater risk to the victim survivor if they are facing criminal charges and likely will blame the victim survivor.

Risks to children (if applicable)

Note that these questions are directed at adult victim survivors about a child's experience of risk, and the answers can be used both in determining the adult and the child/young person's level of risk.

Questions that are appropriate to ask of an older child or young person directly are outlined in R3, S3.8 — and at the end of this document in the section titled **"Risk assessment with an older child or young person"**.

Have they ever threatened to harm the child/children? (identify which children)

Risk factor:

This question is asking about:

Has ever harmed or threatened to harm victim survivor or family members

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Imminence

Why is it important to ask this question?

It is important to understand if the child is also directly being targeted for violence by the perpetrator.

Psychological and emotional abuse are good predictors of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.

Threats by the perpetrator to hurt or harm family members, including extended family members, in Australia or overseas, can be a way of controlling the victim through fear.

What should you keep in mind when asking this question?

Each child and young person in a family will have different experiences of the violence. Some children may be targeted by the perpetrator more than others and this is important to identify.

This risk may increase where the children are not biologically related to the perpetrator.

Practice Considerations:

Perpetrators may also threaten to remove children from the country or have the adult victim survivor deported to retain custody of the children. This may be a particular concern for some culturally and linguistically and faith diverse communities. These situations can be very complex depending on the differing visa status of everyone involved and may require secondary consultation. Extended families may also be involved in making or supporting these threats. Additional complexity can be present when either or both parties have family overseas. There can be threats:

... To harm overseas family members

... From family members preventing the victim survivor to return overseas

... Relating to fear of abandonment or ostracization overseas.

Have they ever harmed the child/ren?

Risk factor:

This question is asking about:

Has ever harmed or threatened to harm victim survivor or family members

Other risk factors to keep in mind when asking this question include:

Physical harm

Threats to kill

Emotional abuse

Why is it important to ask this question?

Evidence shows that a perpetrator's threats to kill are often genuine and should be taken seriously. This is particularly important where the perpetrator has been specific or detailed, or used other forms of violence in conjunction to the threat that indicate an increased risk of carrying out the threat.

What should you keep in mind when asking this question?

Many perpetrators who make threats to kill their children do not end up doing so, but most perpetrators who do kill their children have threatened to do so previously. Therefore, such threats need to be taken seriously and the children considered at elevated risk. Threats may be veiled and expressed as an affinity to or admiration for other perpetrators' use of threats and violence, including murder-suicide.

Have children ever been present during / exposed to family violence incidents?

Risk factor:

This question is asking about:

Exposure to family violence

Why is it important to ask this question?

Children exposed to family violence are at greater risk of long-term, negative outcomes. 'Exposed to' is broadly defined to include impacts that are both direct and indirect. Direct exposure includes witnessing violence against another family member, the perpetrator's use of control and coercion over the child, or direct physical violence. Indirect family violence includes the effects of family violence on the physical environment or the control of other adult or child family members. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family.

Children aged 0-2 are at most risk of being physically harmed. However, the effects of family violence on children, whether direct or indirect, include cumulative impacts on developmental, social and emotional wellbeing, throughout their lives. Children may also be harmed if they are close to or attempt to intervene in a violent incident.

Emerging research suggests that newborns exposed to family violence in utero are born with high levels of stress-related hormones.⁶ Infants exposed to family violence face more than the risks of physical harm.⁷ The infant brain is at a critical, rapid and formative stage of development.⁸ Family violence can damage the developing brain of the infant.⁹ Social, psychological and cognitive harms are compounded by continuing exposure to family violence.

Adolescents who use violence can use violence against siblings. When assessing for adolescent family violence it is important to ask about abuse and violence against other children in the family home. Violence against siblings and other children in the family home may be serious, include sexual abuse, and place those children at high risk.

Children and young people who are exposed to family violence are more likely to perpetrate or experience violence themselves, either within their family or within their intimate partner relationships. Male adolescents who use family violence are at risk of using intimate partner violence in adulthood.

What should you keep in mind when asking this question?

It is important to ensure that the victim survivor understands that children can be impacted by family violence by indirect exposure, such as the impacts of harm on attachment and parenting, witnessing injuries or property damage, even if they are in a different location when the violence is occurring.

Exposure may include effects of controlling behaviours, such as use of the family law system to inflict abuse. Exposure may also include controlling behaviours that are intended to undermine the parent/carer-child relationship. It is also important the adult parent/carer who may also be a victim survivor understands that the use of family violence by adolescents against siblings and other children in the family home also has serious impacts, and that physical assault and emotional abuse are different from 'normal' sibling rivalry.

The adult victim survivor may be concerned that answering yes to this question will lead to statutory intervention such as a report to Child Protection. It is important to maintain rapport and build trust by explaining that you will work with the adult victim survivor to understand what supports the child/young person may need and continue to be supported through any Child Protection engagement.

Practice considerations:

In some families, gendered beliefs may lead to female and male children having very different experiences of family violence. Some children may experience different parenting and family violence risk if they came to be a part of the family. For example, children who are relatives of the family resulting from their migration or refugee experience.

Bilingual children may be exposed to violence through interpreting for their parents.

Children who are exposed to family violence are more likely to experience physical abuse, sexual abuse or neglect. Children may also experience cumulative harm from patterns of harmful events or experiences.

6 <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood>

7 <https://www.aaimhi.org/key-issues/position-statements-and-guidelines/AAIMHI-Position-paper-6-Infants-and-family-violence.pdf>

8 Ibid.

9 Ibid.

Are there children/child who are aged under 1 year?

Risk factor:

This question is asking about:

Assault whilst Pregnant or following new birth

Other risk factors to keep in mind when asking this question include:

Physical harm

Why is it important to ask this question?

Children aged 0-12 months are at greater risk of death in their first year of life when there is family violence in their home.

What should you keep in mind when asking this question?

The dependency of infants on their parent/carer heightens the risks for both the victim survivor (usually mothers) and infants and increases the severity of the impact of family violence at this stage of life.

Remember that the answer to this question may already be known through the capture of demographic data.

Practice considerations:

Discussing the risk potential with the parent/carer will need to be approached sensitively. Keep in mind that perpetrators may be actively undermining the relationship the victim survivor has with their child(ren) and questioning/attacking their parenting capabilities as a tactic of coercion and control.

It is an indicator of increased risk if a perpetrator exhibits intense jealousy and high-level control to an adult victim survivor and the perpetrator is not biologically related to the child/children (for example, they are a child from a different relationship or are a sibling with a different parent to an adolescent using violence).

Risk assessment with a parent/carer about a child or young person's risk

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child/ have you (adapt if asking of older child):

Has your child been exposed to or participated in violence in the home?

Risk factor:

This question is asking about:

Exposure to family violence

Other risk factors to keep in mind when asking this question include:

Child/young person intervention in violence

Has your child had to telephone for emergency assistance?

Why is it important to ask these questions?

Children are impacted, both directly and indirectly, by family violence including the effects of family violence on the physical environment or the control of other adult or child family members. Risk of harm may be higher if the perpetrator is targeting certain children, particularly non-biological children in the family.

Children's exposure to violence may also be direct. For example, the perpetrator's use of control and coercion over the child, or physical violence.

The effects on children experiencing family violence include impacts on development, social and emotional wellbeing, and possible cumulative harm.

Additionally, where children use aggressive language and behaviour, this may indicate they are being exposed to or experiencing family violence. Children and young people who are affected by violence often use it themselves — as a learned behaviour and/or expression of grief, loss and trauma. Their violence should not be characterised as the same as a parent who is a perpetrator of violence. Violence from children and young people is often a product of exposure to family violence, and a reaction from fear, an attempt to impost control in a chaotic environment, a test of parental relationships or to control family members. It is important to be aware of the tactics of violence the perpetrator has used that harm a child's relationship with the other parent/carer. This can manifest in how a child behaves towards that parent or other family members.

What should you keep in mind when asking these questions?

There are wide-ranging impacts of family violence that indicate that a child/young person might be harmed by family violence even if they do not experience trauma.

A range of studies have found that exposure to domestic and family violence can affect a child's mental wellbeing and contribute to poorer educational outcomes and a range of behavioural issues.¹⁰

For Aboriginal children and young people, living with family violence may be one of many traumas that they face, and their experiences should be understood in the context of colonisation, dispossession of land, forced child-removal, racism and discrimination.

The effects of family violence on culturally and linguistically diverse and asylum-seeker children can be compounded by cultural and language barriers, experiencing discrimination and racism, isolation from peers, and a history of trauma from having witnessed conflict in their homeland or from their journey to Australia.¹¹

Not all children experience family violence in their early years, and not all children who are affected by family violence in their early years have disrupted attachment to their parent/carer. Research indicates that secure attachment (usually to their mother) can be a factor in the resilience of children who are affected by family violence.¹²

10 Australian Institute of Family Studies (2015). Children's exposure to domestic and family violence.

11 Dawson, J. (2008). What about the children? The voices of culturally and linguistically diverse children affected by family violence. Melbourne: Immigrant Women's Domestic Violence Service.

12 Edleson JL 1999, 'Children's witnessing of adult domestic violence', Journal of Interpersonal Violence, 14(8): 839–870

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child ever been removed from parental care against their will?

Has your child witnessed either parent being arrested?

Has your child been asked to monitor you by the other parent?

Risk factor:

This question is asking about:

- Behaviour indicating non-return of child/young person
- Exposure to family violence
- Emotional abuse
- Undermining the child/parent relationship

Other risk factors to keep in mind when asking this question include:

- Risk of harm to child/young person

Why is it important to ask these questions?

Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent. This risk factor includes failure to adhere to, or the undermining of agreed childcare arrangements (or threatening to do so), threatened or actual removal of children overseas, returning children late, or not responding to contact from the victim survivor parent when children are in the perpetrator's care. This risk is linked to entitlement-based attitudes and a perpetrator's sense of ownership over children. The behaviour is used as a way to control the adult victim, but also poses a serious risk to the child's psychological, developmental and emotional wellbeing.

If children and young people have been removed from parental care, such as by Child Protection or Victoria Police, against their will they may have continued worries and feelings of anxiousness about being able to remain with their parent/carer. For Aboriginal children and young people this may be particularly strong, and you need to consider the historical context of colonisation and the impact of previous policies resulting in Stolen Generations.

Children and young people may also be traumatised by police interventions including the arrest of a parent or family member. Aboriginal, culturally and linguistically diverse and LGTBIQ children and young people may have distrust of statutory services based on past experiences of themselves and/or their families and structural racism and inequalities.

Perpetrators often engage in behaviours that cause damage to the relationship between the adult victim and their child/children. These can include tactics to undermine capacity and confidence in parenting and undermining the child-parent relationship, including manipulation of the child's perception of the adult victim. This can have long-term impacts on the psychological, developmental and emotional wellbeing of the children and it indicates the perpetrator's willingness to involve children in their abuse.

It is common for perpetrators to involve children directly in violence. For example, by demanding they monitor and report on the victim survivor's movements or disclose where they are. Sometimes perpetrators encourage children — explicitly or implicitly — to participate in verbal or physical abuse of their parent/carer.¹³ These behaviours can undermine confidence the child has in confiding or seeking support from the victim survivor parent/carer, or may otherwise contribute to a distorted view the child or young person holds of them and their relationship.

What should you keep in mind when asking these questions?

Family violence can make every aspect of children and young people's lives unstable and insecure. As such, it is important to consider the dimension of stability very broadly.

13 Harne L 2011, *Violent Fathering and the Risks to Children*, The Policy Press, London

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child intervened in any incidents of physical violence?

Risk factor:

This question is asking about:

Child/young person intervention in violence

Other risk factors to keep in mind when asking this question include:

Exposure to family violence

Risk of harm to child/young person

Physical harm

Emotional abuse

Why is it important to ask this question?

As they get older, children start to observe patterns or intentions behind violent behaviour. They may think about what they can do to prevent it and might attempt to defend themselves or their parent/carer. It is important to understand if the child or young person has attempted to intervene in incidents of physical violence as this can result in injuries and serious harm.

What should you keep in mind when asking this question?

Children and young people who are in this situation are trying not only to manage the immediate consequences of the violence, but also attempting to make sense of how a perpetrator can alternate between caring acts and violent acts. This situation may impact on the child's emotional and physical wellbeing, their attachment with their protective parent and their development, including social, physical and psychological development.¹⁴

¹⁴ Morris, A., Humphreys, C., & Hegarty, K. (2015). Children's views of safety and adversity when living with domestic violence. In N. Stanley & C. Humphreys (Eds.), *Domestic violence and protecting children: New thinking and approaches* (pp. 18-33). London, UK: Jessica Kingsley Publishers.

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has your child had contact with the perpetrator post-separation and is it supervised?

Risk factor:

This question is asking about:

Risk of harm to child

Other risk factors to keep in mind when asking this question include:

Undermining the child-parent relationship

Why is it important to ask this question?

This factor relates to parenting arrangements post-separation. This question should be considered in the context of the factor 'perpetrator behaviours including threatening or failing to return a child'. The arrangements for care should be explored as they can be points of time for escalation in frequency or seriousness of risk. This includes risk to both the child/ren or young person and adult/carer victim survivors. The perpetrator can use arrangements made to control the parent/carer victim survivor, particularly as unsupervised arrangements can open opportunities for a perpetrator to undermine a parent/carer-child relationship.

The time around separation is a high-risk period for victim survivors (adults, children and young people). Many victim survivors continue to experience ongoing violence to themselves and to the children, as well as continuing fear, ongoing threats, harassment and stalking post-separation.¹⁵ There is evidence that post-separation violence is often a continuation of violence that occurred during the relationship and also that a substantial proportion of violence occurs for the first time after separation.¹⁶

There is no conclusive research on child homicide in the context of family violence. However, the research indicates that there may be some specific warning signs for the risks of retaliatory filicide including¹⁷:

- ... A history of intimate partner violence
- ... Controlling behaviour towards family members
- ... Extreme anger towards the other parent in relation to separation
- ... Threats or indication of an intention to harm the children to punish an ex-partner
- ... Threats to suicide or attempts to suicide.

Any concerns that the victim survivor has regarding post-separation issues and fear of harm to children should inform risk management and safety planning.

What should you keep in mind when asking this question?

Managing parenting arrangements between a child or young person and the perpetrator can be re-traumatising for both the child or young person and parent/carer victim survivors. Parent/carers can also feel powerless to stop their children experiencing further harm from continued contact with a perpetrator who may have used violence against the child or exposed the child to the effects of their violence. The impact from exposure to mental health issues, misuse of alcohol or other drugs, and/or criminal activity due to the perpetrator's behaviour may also be a consideration in the victim survivor's concerns for the safety of their children following separation.

The victim survivor may need a referral to legal services for support and advice, particularly if there are Family Court proceedings.

15 Bagshaw, D. et al (2011). The effect of family violence on post-separation parenting arrangements Family Matters, (86).

16 Brownridge, D (2006), 'Violence against Women Post-Separation', Aggression and Violent Behavior, vol. 11, no. 5, pp. 514-30.

17 Kirkwood, D. (2012). 'Just Say Goodbye' Parents who kill their children in the context of separation. Domestic Violence Resource Centre Victoria, Discussion paper (No.8).

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Has Child Protection ever been involved with your family or other children in the home?

Risk factor:

This question is asking about:

Professional and statutory intervention

Why is it important to ask these questions?

Has your child ever accessed counselling or support services?

Involvement of Child Protection, counsellors, or other professionals indicates that the violence has escalated to a level where intervention is required and indicates a serious risk to a child's psychological, developmental and emotional wellbeing.

Being aware of support services already engaged can also indicate some protective factors or actions taken by a parent/carer victim survivor to keep children and young people victim survivors safe.

An important aspect of risk assessment is understanding any current or past involvement of statutory and other services. Information sharing with these services can provide a better understanding of what family violence risk factors are present, as well as other contributing risk or wellbeing-related concerns. Counselling and other support services can act as effective protective factors and support long-term recovery. Existing relationships with counselling or other support services can be used to strengthen resilience or recovery from family violence. If the child/young person has not accessed support services, you should explore what services may be appropriate. You should advocate with Child Protection or other support services, supporting a parent/carer victim survivor to navigate systems. This can assist to protect against continued undermining of their parent/carer-child relationship which may have been a feature of the perpetrator's violence. This is particularly important where the identified level of risk requires mandatory reporting or other engagement.

What should you keep in mind when asking these questions?

Culturally safe engagement:¹⁸

- ... Is informed by a good understanding of cultural values in relation to children and child-rearing
- ... Mobilises and draws upon the child's and family's narratives and values
- ... Provides a space for the child and their family to contribute their perspectives on what will work for them, in their cultural context
- ... Uses cultural concepts and language familiar to the child and family
- ... Provides space for people to talk about their experiences of racism, racist violence and cultural stereotyping
- ... Addresses barriers that the family might have encountered in using the service system.

For Aboriginal children and young people, it is important to:

- ... Consider the child's educational, physical, emotional or spiritual needs holistically, in the context of their culture
- ... Consider the child's significant relationships as potentially encompassing a community wider than their immediate family, perhaps including Elders, Aunties and Uncles
- ... Work with key Aboriginal organisations that may be able to broker relationships between clients and agencies and/or that have significant interaction with and knowledge of Aboriginal families.

You may need to support some culturally and linguistically diverse families who have had limited access to information about Australian laws and services to understand the context for service providers expressing concerns about their children's safety, stability and development.

You should also consider whether referrals to specialised services are required, and/or what types of supports may need to be offered for LGBTIQ children and young people, and children and young people with a disability.

¹⁸ Section adapted from Victorian Government Department of Human Services (2012). Assessing children and young people experiencing family violence A practice guide for family violence practitioners.

Questions about perpetrator use of violence against child or young person

Practice guidance

(Ask directly of older children and young people appropriate to age and developmental stage.

Ask of parent/carer if younger children.)

Do you have possession of the family's passports?

Risk factor:

This question is asking about:

Behaviour indicating non-return of child/young person

Other risk factors to keep in mind when asking this question include:

Risk of harm to child/young person

Why is it important to ask this question?

See advice above relating to 'Behaviour indicating non-return of child/young person' and 'ever removed from care'.

Perpetrators will often threaten to block the victim survivor's access to the children and/or physically travel elsewhere with them. For migrant and culturally and linguistically diverse victim survivors, perpetrator's may threaten that children will be returned to their country of origin without the victim survivor and/or that the victim survivor will have to return to their country of origin without their children.

What should you keep in mind when asking this question?

Migration status can be a key concern for victim survivors. Some victim survivor's may have children who are Australian citizens and complex migration issues can arise with the potential for the victim survivor having to leave Australia while their children remain in the country.¹⁹

If a victim survivor does not have possession of the family passports, this should inform risk management and safety planning including:

- ... Considering whether gaining possession of the passports can be done safely
 - ... Notifying police and other agencies of the potential for the perpetrator to leave the country with the children
 - ... Referrals to legal and migration services as appropriate.
-

¹⁹ Segrave, M (2017) Temporary migration and family violence: An analysis of victimisation, vulnerability and support. Melbourne: School of Social Sciences, Monash University

Risk assessment with an older child or young person

Questions about risk for children and young people caused by a perpetrator's behaviour

Are you scared of either of your parents/ caregivers or anyone else in the home?

Have you ever been physically hurt by either of your parents/ caregivers, or anyone else in the home?

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Risk factor:

This question is asking about:

Risk of harm to child/young person

Other risk factors to keep in mind when asking this question include:

Self-assessed level of risk

Physical harm

Exposure to family violence

Why is it important to ask these questions?

The co-occurrence of family violence and child abuse represent the greatest risk to children's safety.²⁰ Child abuse and neglect in the context of family violence can be played out in a variety of ways:²¹

- ... Children may be experiencing child abuse that is family violence such as, the same perpetrator or adolescent using family violence may be abusing both the parent/carer and child/young person victim survivor (most common scenario), or the children may be injured when 'caught in the crossfire' during incidents of adult family violence
- ... Children may experience neglect because of the impact of the family violence such as, impact of controlling behaviours and abuse on a parent/carer victim survivor's physical and mental health, the undermining of a parent/carer's parenting capacity, or a parent/carer victim survivor's prioritisation of safety over a child's other wellbeing and needs
- ... Children may be abused by a parent/carer victim survivor who is being abused themselves
- ... A child may be abused by a child/adolescent sibling who is using family violence.

It is important to remember that children and young people's safety is usually closely linked to the safety of the adult victim survivor and to acknowledge that typically it is the perpetrator's behaviour that is the cause of endangerment.

What should you keep in mind when asking these questions?

You can ask the child or young person about their level of fear. For example, "From 1 (not afraid) to 5 (extremely afraid) — how afraid of them are you now". This can support you to validate their feelings and experience and to respond in risk management planning around the impact of risk.

For some children and young people, an assessment of their immediate safety will result in a report to Child Protection. Wherever possible you should speak to the parent/carer victim survivor regarding your concerns and offer to contact Child Protection together and work with them to support them through the process. In some instances, you may have to proceed with the report without the consent of the victim survivor and should inform them that you will be doing so, if it is safe, appropriate and reasonable to do so.

You can also seek secondary consultation from a community-based child protection practitioner.

20 Laing, L. (2003). Domestic Violence in the Context of Child Abuse and Neglect. Australian Domestic and Family Violence Clearinghouse, Topic paper.

21 Edleson, J. L. 2001. 'Studying the co-occurrence of child maltreatment and domestic violence in families', in Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy, eds S. A. Graham-Bermann & J. L. Edleson, American Psychological Association, Washington, D.C.

Questions about risk for children and young people caused by a perpetrator's behaviour

Have you ever tried to stop your parents/caregivers from fighting?

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Risk factor:

This question is asking about:

Child/young person intervention in violence

Other risk factors to keep in mind when asking this question include:

Exposure to family violence

Risk of harm to child/young person

Physical harm

Emotional abuse

Why is it important to ask this question?

As noted, children and young people may try to intervene in and/or feel responsible for the violence. Speaking directly to the child or young person about this issue, affirming that they are not responsible for keeping others safe and discussing safety plans are key elements of risk assessment and support.

You will also gain a better understanding of whether the child or young person is in danger of being harmed or seriously harmed by intervening in physically violent incidents.

What should you keep in mind when asking this question?

Feeling responsible for their own safety, as well as the safety of their parent/carer and other family members, can be a feature of a child or young person's experience of family violence. You should address this directly with the child or young person in an age appropriate way by reaffirming that the violence is not the child/young person's fault. You can seek the support of the parent/carer to discuss this, including that it is not their responsibility to keep family members safe. This should also be addressed as part of safety planning.

Questions about risk for children and young people caused by a perpetrator's behaviour

Has your parent / caregiver said bad things to you about your other parent / caregiver?

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Risk factor:

This question is asking about:

Undermining the parent-child relationship

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Why is it important to ask this question?

Many perpetrators use tactics involving children to directly or indirectly target the parent/carer victim survivor's parenting role and capacity. The evidence on parenting in the context of family violence has found that perpetrators commonly use tactics such as:

- ... Making their child witness the violence or otherwise involving them in the violence, as a means of deliberately adding to distress and trauma
- ... Attacking confidence in capacity or effectiveness as a parent/carer
- ... Undermining a parent/carer victim survivor's relationship with their children
- ... Dominating attention and time so there is little to spend with children
- ... Making parent/carer victim survivor physically or psychologically unavailable to parent
- ... Harassing parent/carer victim survivor via child contact and financially exhausting them by pursuing repeated Family Court appearances
- ... Repeatedly denigrating the parent/carer victim survivor's character and worth as a parent/carer to the victim survivor and/or to the child
- ... Undermining the parent/carer victim survivor's felt and actual parental authority (for example, by constantly overruling them in front of the child)
- ... Using the family law and Child Protection systems against the parent/carer victim survivor (for example, by threatening to expose them as a 'bad parent' or to report them to Child Protection).

Whilst adolescents who use family violence do not use all these tactics, they may use some of them to gain control and undermine a victim survivor's relationship with other family members.

What should you keep in mind when asking this question?

Evidence shows that positive attachment relationships between children and their parents and/or caregivers are crucial to their development.²² From there, children form attachment relationships with other people with whom they have an ongoing relationship and experience as a source of safety and nurture.²³

Family violence that involves children should be conceptualised as an attack on the parent/carer-child relationship. **The bond between children and a parent/carer is a protective factor and should be supported and strengthened where possible.**²⁴

22 Bowlby J 1969, Attachment and Loss, Basic Books, New York

23 Bunston W & Sketchly R 2012, Refuge for Babies in Crisis, Royal Children's Hospital Integrated Mental Health Program, Melbourne, p 26

24 DHHS, with acknowledgement of Humphreys, C., Connolly, M., & Kertesz, M., University of Melbourne (2018). Tilting our practice: A theoretical model for family violence. Victorian Government, Melbourne.

Questions about risk for children and young people caused by a perpetrator's behaviour

Practice guidance

(Ask directly of an older child or young person or parent/carer)

Have you ever had to protect or be protected by a sibling or other child in the home?

Risk factor:

This question is asking about:

Child/young person intervention in violence

Other risk factors to keep in mind when asking this question include:

Exposure to family violence

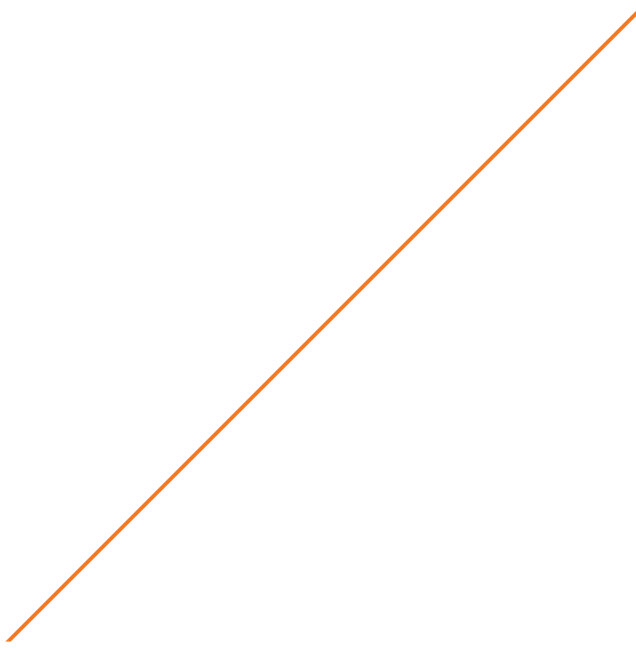
Risk of harm to child/young person

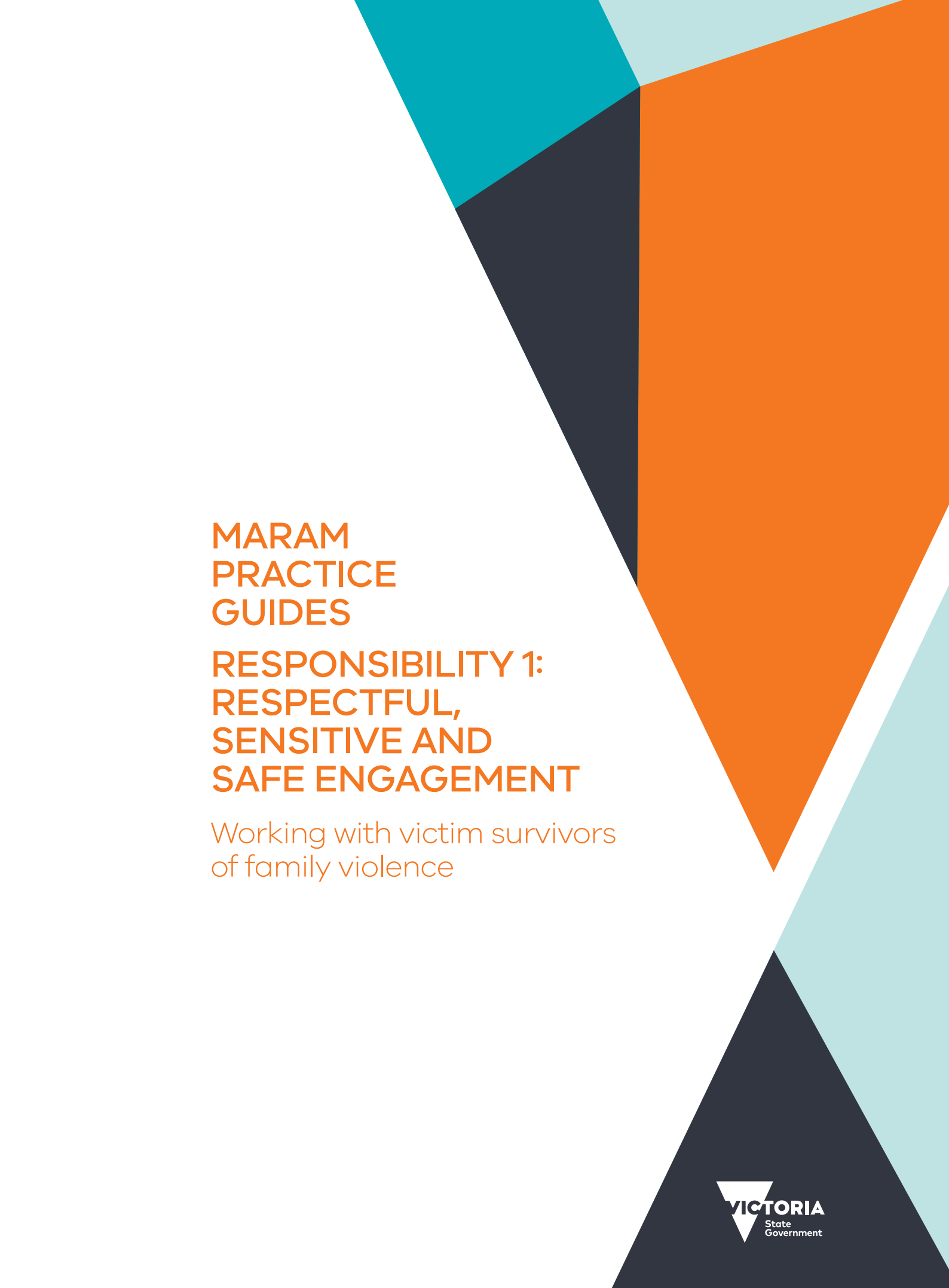
Why is it important to ask this question?

Some perpetrators actively target direct abuse at particular children within the family. This can include attempting to create alliances against a victim survivor as a parent/carer. Perpetrators may also use manipulation and favouritism to disrupt family connections and escalate tensions and conflict, particularly between siblings.

What should you keep in mind when asking this question?

The experiences of each child/young person in the family will be different, depending on their age, developmental stage, protective factors and capacity/functioning.





**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 4:
INTERMEDIATE RISK
MANAGEMENT**

Working with victim survivors
of family violence

RESPONSIBILITY 4

Intermediate Risk Management

4.1	Overview	283
4.2	What is Risk Management?	283
4.3	Structured Professional Judgement in Risk Management	284
4.4	Starting the Conversation about Risk Management	285
4.5	Responding to Immediate Risk	286
4.6	Safety Planning with an Adult Victim Survivor	287
4.7	Mandatory Reporting to Child Protection and Referral to Child FIRST	289
4.8	Safety Planning for a Child or Young Person	289
4.9	Safety Planning Where an Adolescent is Using Family Violence	293
4.10	Discussion about Leaving or Staying Safe at Home	294
4.11	Talking to Adult Victim Survivors about their Options	295
4.12	Responding to Serious and Immediate Risk	298
4.13	Documenting Evidence of Family Violence	299
4.14	Ongoing Risk Assessment and Management	299
4.15	What's Next?	300
	Appendix 9: Making a Safety Plan	301
	Appendix 10: Safety Plan for Older Children/Young People	307

4 INTERMEDIATE RISK MANAGEMENT

4.1 OVERVIEW

This guide supports professionals to undertake risk management that responds to the presentation and level of family violence risk (seriousness), as identified through intermediate risk assessment (Responsibility 3).

Professionals should refer to the *Foundation Knowledge Guide* and Responsibilities 1–3 before commencing intermediate risk management. You should reflect on the Structured Professional Judgement model and applying an intersectional lens in particular (Responsibility 3 and *Foundation Knowledge Guide* Section 9.5) to inform your risk management approaches.

KEY CAPABILITIES

This guide supports professionals to undertake intermediate risk management and includes:

- ... Working with victim survivors (adults, children and young people) to develop an appropriate risk management response based on their unique experience of risk and assessed level of risk
- ... The different elements of intermediate risk management
- ... Discussing staying at home or leaving and talking to adult victim survivors about their options
- ... Responding to serious and immediate risk
- ... Documenting evidence of family violence
- ... Developing risk management strategies where there are multiple victim survivors, including children
- ... Developing safety plans for children and young people, working with a parent/ carer (usually the mother) who is not a perpetrator (who may also be a victim survivor), and/or working directly with the child or young person.

You should use this guide:

- ... After an intermediate risk assessment (Responsibility 3) has been completed and family violence risk has been assessed as present
- ... To develop risk management strategies and a safety plan in the first instance or to review and update an existing plan if family violence risk has changed and/or escalated.

Guidance on other elements of risk management including information sharing, referral and secondary consultation with other services is provided in Responsibilities 5, 6, 9 and 10.

REMEMBER

Guidance which refers to a perpetrator in this guide is relevant if an adolescent is using family violence for the purposes of risk assessment with a victim survivor about their experience and the impact of violence. It does not refer to risk assessment and management for adolescents, which should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required.

Professionals and services can take a wide range of actions to manage risk. The actions you take depend on your role, your organisation and the resources available to you.

4.2 WHAT IS RISK MANAGEMENT?

Risk management is a coordinated set of strategies and actions aimed at enhancing the safety of the victim survivor (adult, child or young person) and reducing or removing the likelihood that the perpetrator will commit further violence. All risk management must involve safety planning. In addition to safety planning, other forms of risk management may also be required such as discussing options with victim survivors, connection to support and services, secondary consultation, and ongoing risk assessment.

4.2.1 Elements of intermediate risk management

Intermediate risk management activities for victim survivors may include responding to a range of risks and associated needs. Key intermediate risk management actions you can take include:

- ... Responding to immediate risk (**Section 4.5**)
- ... Safety planning (including for children or young people) (**Sections 4.6 and 4.8**)
- ... Talking to victim survivors about options and connection to relevant services (**Section 4.11**)
- ... Ongoing risk assessment and management (monitoring for change and/or escalation) (**Section 4.14**).

Intermediate risk management is focused on immediate risk management and safety planning, which is outlined in this chapter.

Some intermediate risk management activities require engaging with other services for assessment and management activities, including information sharing. Practice guidance on undertaking these collaborative risk management activities is covered in:

- ... **Responsibility 5:** Seek consultation for comprehensive risk assessment, risk management and referral
- ... **Responsibility 6:** Contribute to information sharing with other services
- ... **Responsibility 9:** Contribute to coordinated risk management
- ... **Responsibility 10:** Collaborate for ongoing risk assessment and risk management.

Collaborative risk management processes increase the visibility of the perpetrator, facilitate more tailored responses and risk management strategies, and can be more timely and responsive to changes in the level of risk. These coordinated responses make victim survivors safer. Service providers who use collaborative risk management can also consider and access a range of risk management activities for victim survivors which may not be possible for services who work independently.

It's important to continually review your assessment of risk and update risk management and safety plans, as risk levels can change quickly and at any time. Depending on your role, you may contribute to risk management in a short-term support or intervention or have an ongoing role. An ongoing role includes supporting monitoring of risk and continued collaboration with specialist services to support the victim survivor, share information, and/or maintain visibility on the perpetrator.

REMEMBER

All professionals must still comply with their existing legal obligations, such as mandatory reporting to Child Protection (for relevant occupations) and the reporting of possible sexual abuse of children under 16 to Victoria Police (applies to all adults).

This guidance on risk management is consistent with these obligations and provides additional information on how to manage family violence risk in the context of these obligations.

4.3 STRUCTURED PROFESSIONAL JUDGEMENT IN RISK MANAGEMENT

Structured Professional Judgement supports you to respond through risk management actions to the level of risk you have determined through risk identification and assessment with the victim survivor and through information sharing.

Through the process of risk management at an intermediate level, you should:

- ... continue to keep the victim survivors wishes and needs central to your planned risk management actions
- ... respond to risk factors you have identified as present, particularly focussing on high risk factors and those identified as most impactful by the victim survivor
- ... continue to use information sharing with other professionals and services to ensure your risk management responses are relevant and support keeping perpetrators in view

Reflect through risk management on your intersectional analysis to respond to structural inequalities, barriers and discrimination a person may have informed you they have experienced throughout their life. These experiences will impact on:

- ... their experience of family violence from the perpetrator
- ... how they manage their risk and safety, and
- ... their access to risk management services and responses.

Professionals should consider and make efforts to address any additional barriers for the person.

Your analysis of these elements and application of your professional experience, skills and knowledge support you to respond to the level and presentation of risk for each victim survivor.

Figure 1: Model of Structured Professional Judgement



See guidance on secondary consultation, referral and information sharing in **Responsibilities 5 and 6**.

4.4 STARTING THE CONVERSATION ABOUT RISK MANAGEMENT

The victim survivor is an expert in their own life experiences and provides critical insight into the perpetrator’s attitudes, beliefs and behaviours.

You should recognise that the victim survivor has been taking actions to manage the risk posed by the perpetrator, including to any children who may also be victim survivors, and may have been doing so for a long period of time. The victim survivor will have likely tried many strategies to mitigate risk of violence and abuse, and its impacts. It is important to ask the victim survivor what has worked and what has not worked. We know that service involvement can be a protective factor. Therefore, ask what services or programs they have been involved with in the past.

You should start a conversation about risk management by telling the victim survivor that based on the outcome of the risk assessment you’ve undertaken, you need to work together to develop actions to support their safety.

You can begin by stating:

- ... *“I’d like to talk to you about how we can assist to keep you (and your children, if applicable) safe.”*
- ... *“You have demonstrated strength and resilience in managing your own (and your family’s) safety — how have you done this in the past and how can we best support you with this?”*

You can then ask the following questions:

... **The behaviour of the perpetrator:**

“Can you tell me about the impact his behaviour has had on you (and any children)?”

... **The likelihood of the perpetrator repeating the behaviour:**

“Can you tell me about what the pattern of behaviour has looked like in the past?”

... **Service involvement:**

“Can you tell me about any services that are currently supporting you or have been involved in the past?”

(These might have been legal, medical, educational, specialist family violence, housing/homelessness, AOD or mental health, disability, youth, Child FIRST or Child Protection?)

“What support did they provide to you?”

... **Actions and strategies which the victim survivor has employed in the past:**

“What has helped in the past that has kept you/you and your children safe?”

4.5 RESPONDING TO IMMEDIATE RISK

Actions to respond to immediate risk could involve:

Practice tip: Seek practice advice from a specialist family violence service.

- ... Contacting police (000) in crisis situations where an immediate response is required:
 - ... You will be asked your name and where you are calling from
 - ... Clearly explain who you are and your role, and why you are calling
 - ... Give the full name of the victim survivor/s and their address and telephone number
 - ... Give the full name of the perpetrator, (if known) their whereabouts and address
 - ... Provide details about the situation, including about any crime that may have been committed, if known
 - ... Report any risk posed to children or young people
 - ... Provide any other information requested by the operator.

- ... A crisis situation may include both immediate risk from the perpetrator, as well as responding to immediate impacts from family violence, including medical response to serious/injury.

REMEMBER

If loss of consciousness from strangulation or choking, or physical force to the head or neck is suspected or confirmed, you should seek an immediate health assessment for the victim survivor to ensure any injuries to the brain or body are responded to.

- ... Making a referral to a specialist family violence service, including for crisis or refuge response
- ... Seeking secondary consultation from a specialist family violence service for comprehensive risk management planning or referring the victim survivor to a service for this support
- ... If anyone discloses that the perpetrator has sexually assaulted a child, you have a statutory obligation to report to the police¹:
 - ... It is best practice to inform the adult victim survivor of your responsibility to report where possible. You can also reassure them that you can support them to ensure the safety of both the adult victim survivor and child from any increase in risk from the perpetrator that may occur as a result of the report
 - ... Further practice advice about maintaining rapport and engagement can be found in **Responsibility 1**.
- ... Report the risk posed by the perpetrator to children or young people to Child FIRST/Child Protection and schools/childcare centres (including sharing information regarding an intervention order if one is in place)

¹ See State of Victoria, 2018, [Children, youth and families, Criminal offences to improve responses to sex abuse](#), available online.

- ... Supporting an adult victim survivor to engage with legal services, and to make an application for:
 - ... A family violence intervention order including for children and young people (if applicable), or
 - ... A personal safety intervention order, if appropriate, for community-based family violence or in family-like relationships, where the victim survivor does not want to apply for a family violence intervention order.

REMEMBER

When making decisions on what course of action you should take, it is important to talk to the victim survivor about who you are contacting to seek assistance and who you are sharing information with.

You should seek the views of an adult or child victim survivor/s about sharing information about a child or young person's risk wellbeing or needs, unless it is not appropriate, safe or reasonable to do so in the circumstances.

4.6 SAFETY PLANNING WITH AN ADULT VICTIM SURVIVOR

Safety planning is thinking about practical actions a victim survivor (and/or services) can take to be safer when living with family violence.

The process looks at the current situation and assesses what steps and strategies can be put in place to mitigate risk. A safety plan must be current, relevant, adaptable and kept up-to-date in response to change in circumstances.

It is important that safety planning is discussed in a way that does not make the victim survivor feel that family violence risk or its impacts are their fault.

A safety plan may be developed by professionals who have undertaken an intermediate risk assessment, or in collaboration with, or by, a specialist family violence service (see **Responsibilities 5 and 6**). If a specialist family violence service is not involved, you must develop a safety plan with the victim survivor.

Where family violence risk has been identified, all victim survivors, including children and young people, benefit from having a safety plan. This supports them to know what to do if risk changes or escalates.

4.6.1 When to do a safety plan

Safety planning should be undertaken:

- ... Where any level of risk is present, noting that the safety plan will differ depending on the level of risk identified
- ... In collaboration with the adult victim survivor, including in the development, implementation and monitoring of the plan. It may be appropriate to work with a young person to develop their own personal safety plan
- ... With the adult victim survivor to develop separate safety plans for each child or young person (if not being done separately), and to reflect these plans in the adult victim survivor's plan, if appropriate.²

All risk management must involve safety planning, and it's key that the victim survivor participates in and understands this process. Safety planning must occur whenever family violence risk is identified and assessed and should be updated whenever there are changes or escalation in family violence.

Ensure safety plans reflect risks and management responses of each family member so that each family member's plan supports safety requirements for each individual as well as the family unit. You also need to ask what constraints/circumstances may impact the victim survivor's capacity to implement a safety plan.

The safety plan must be **documented** and should be regularly updated to reflect changes in circumstances and risk levels. Any referrals made, or secondary consultations undertaken as part of risk management should be incorporated and documented as part of safety planning. For more information, see **Responsibility 5**.

² In some situations, entirely separate plans for children and young people may be required.

4.6.2 Developing a safety plan — key elements

A template safety plan is available in **Appendix 9**.

Each safety plan is unique to the needs of the victim survivor and should be informed by their views on what will and won't work. It can be empowering for the victim survivor if you recognise and affirm the successful actions and strategies a victim survivor has already used in the safety plan you develop with them. Actions that are helpful in some situations might inadvertently increase their risk in other situations. You should be guided by the victim survivor on what strategies will work best in their situation.

Safety planning involves talking with the victim survivor (adult, child or young person, if appropriate) about their living and travel arrangements, community connections, financial resources and other circumstances and arrangements that support safety for themselves and their children. Each victim survivor's circumstances are different and safety planning can cover some or all of the areas below.

A safety plan for adults should (as appropriate):

- ... List emergency contact numbers
- ... List the contact numbers for a specialist family violence organisation, including if an Aboriginal organisation or other culturally appropriate service is being engaged
- ... Identify a safe place for the victim survivor to go if they are in danger, and how to get there
- ... Reflect protective factors, incorporated from what the victim survivor has discussed with you
- ... Identify a friend, family member or neighbour who can assist in an emergency, and how to contact them
- ... Identify a way for the victim survivor to get access to money in an emergency
- ... List what to include in an 'escape bag' or identify a place to store valuables, so that the victim survivor can access them when needed. An escape bag at a minimum should include:
 - ... Phone/communication devices
 - ... Keys (house, car, office, etc.)
 - ... Money (cash and coins), bank cards (if the account is not shared with a perpetrator)
 - ... Medications/scripts and important documents (or copies)
 - ... Clothing for themselves and any children or person in their care.
- ... Identify ways to safely use technology, including e-safety strategies, and the limitations of devices used, including children's devices
- ... Specifically address any barriers to the victim survivor implementing the safety plan (for example, access to funds, access to vehicles, leaving a pet behind, or having mobility or communication difficulties)
- ... Explore necessary ties to community, such as caring responsibilities, access to medical care, education (particularly for children and young people), access to cultural organisations or faith places, or requirements to contact justice services (e.g. parole officer)
- ... Consider support needs: disability support, medical care, translation, systems literacy (such as being primary person engaging with Medicare, banks and Centrelink), financial literacy or access (if usually provided by the perpetrator).

4.7 MANDATORY REPORTING TO CHILD PROTECTION AND REFERRAL TO CHILD FIRST

Reflect on your reporting obligations that are an existing part of your professional role.

REMEMBER

Use of the MARAM Framework and *MARAM Practice Guides* are in addition to existing legal obligations, including mandatory reporting to Child Protection and professionals with obligations to refer to Child FIRST.

Where it is safe, appropriate and reasonable, involve a parent who is not a perpetrator in the referral or reporting process. You can use your professional judgement to determine this — and consider how to assist them to continue engaging with your service and support them in this process. This will contribute to a person-centred approach (see *Foundation Knowledge Guide Section 9.3*) and partnering with victim survivors.

4.7.1 Reporting to Child Protection or child and family services

Always make a report to Child Protection if you have a significant concern that a child needs protection. Professionals should consult their organisation's policies on making reports to Child Protection for guidance on circumstances and factors to consider.

Medical practitioners, nurses, midwives, teachers (including early childhood teachers) and school principals, and police are mandatory reporters under the *Children, Youth and Families Act 2005* (CYFA) (section 182). Mandated reporters must make a report to Child Protection if they form a belief on reasonable grounds that a child is in need of protection from physical injury or sexual abuse, and that the child's parents are unable or unwilling to protect the child from that abuse.

From March 2019, out-of-home care workers, early childhood workers, social workers, registered psychologists and youth justice workers become mandated reporters. From early 2020, school counsellors will also be included.

If the child is Aboriginal or Torres Strait Islander, ensure this information is contained in the report from your service to Child Protection. This ensures that the Aboriginal Child Specialist Advice and Support Service (ACSASS) is notified and that cultural supports are put in place.

Make a referral to child and family services, such as Child FIRST, if you have significant concerns for the wellbeing of a child or an unborn child after their birth. Consider making a referral if wellbeing or needs issues are identified AND the child's safety is not compromised (which would require a report to Child Protection).

4.8 SAFETY PLANNING FOR A CHILD OR YOUNG PERSON

NOTE:

The prevalence of family violence against women and children, and against women as mothers and carers, is well established and recognised across the service system. Acknowledging this, the following section on risk to children uses gendered language to describe experiences for mothers, including damage to the mother-child bond caused by perpetrator behaviours. However, it should be noted that this guidance also applies to all forms of families and parenting.

Language in this section of 'mother/carer' refers to a parent/carer who is not using violence (not a perpetrator).



A template safety plan that can be used with an older child or young person is available in **Appendix 10**.

Refer to guidance on working with children and young people in **Responsibility 3** for determining if it is safe, appropriate and reasonable to develop a safety plan:

- ... Directly with a child or young person (using the plan in **Appendix 10**), or
- ... Through a parent/carer (usually the mother) in the adult safety plan template (**Appendix 9**).

You should consider safety planning needs for children and young people separately to an adult victim survivor. This will assist in identifying different experiences, risks and needs from adults and other children/affected people in the family.

Each child's experience of risk and safety/needs is inextricably linked to that of the adult victim survivor/carer and other children in the family. **Consequently, each child or young person's plan must also take into account and work consistently with the safety plan of the adult victim survivor and other children or family members (as applicable).**

There are two aspects to safety planning for a child or young person.

Where you are working with a mother/carer who may also be a victim survivor:

- ... You need to work with them to develop a safety plan for each child in the family/household affected by family violence. This can be recorded in the mother/carer's safety plan
- ... The primary focus of this plan for children will be about the child or young person's immediate safety and removing them from harm.

Where you are working directly with a child or young person:

- ... If appropriate, safe and reasonable (see **Responsibility 3**) you can fill out the child safety plan template with the child or young person. This will enable them to be actively involved and understand how they can also be active to support their own safety
- ... Older children and young people, like adult victim survivors, often take steps to manage their experience of risk which should be acknowledged and considered in how this can be included in the plan. The child's safety plan will also focus on how they will act in response to and in addition to the mother/carer's actions

- ... When talking with children and young people about their safety plan you should continue to focus on their experience of violence, reflect on how they have acted in the past to keep themselves safe and that it is not their fault
- ... As part of the safety plan for the child, as well as any adult victim survivor, you should discuss parenting arrangements and the relationship between a child and parent who is a perpetrator. This may apply whether the child's mother/carer is in a relationship, has separated or the relationship has ended
- ... Each relationship scenario will alter the parenting arrangements that are in place for the child/ren in the family. If the relationship dynamics change at any point, this needs to be reflected with an update to the safety plan.

Record the key agreed details of each family member's safety plan together to ensure they are consistent.

This can be included in the overall risk management plan.

It is important to note that the safety plan approach will need to be adjusted according to the age and developmental stage of the child or young person, as well as whether it is appropriate, safe and reasonable to develop a safety plan with them, or if planning should occur with a mother/carer present.

Table 4: Considerations for age and developmental levels in safety planning

Age	Considerations ³	
Infants and younger children (0–5 years)	May have their safety plan contained within the adult victim survivor/carer’s plan.	<p>When safety planning with young children (3–5 years) you should have the mother present. Affirming to the child that everyone wants them to be safe and they are not to blame are important messages for them to hear and for the mother/carer to deliver.</p> <p>Practice Tip: There may be times when a safety plan for a child under the age of 3 is needed. Children at this developmental stage should have their mother/carer with them for this discussion. Because the child at this developmental stage is often too young to openly discuss the safety plan, incorporate the child’s safety plan into that of their mother/carer.</p>
Older children and young people (6–18 years)	<p>The child or young person’s age and developmental stage will influence the level of involvement they have.</p> <p>They should be included in the development of their own safety plan wherever possible, including to reflect their views and wishes.</p> <p>This ensures they understand the purpose of the plan and enables them to feel empowered — providing a direct response to their experience of violence.</p> <p>If you cannot seek the views or input of the child or young person in the development of their plan, e.g. if the child is not present, you can develop safety plans on their behalf by talking with the mother/carer who is not using violence.</p> <p>It also may not be possible to create a safety plan for a child or young person in consultation with a parent who is not using violence (generally the mother). In this situation, it is important to still consider the impact of your planning on any mother/carer in their life (who is not using violence).</p>	<p>6–11 years of age: You can use the template plan with older children and young people of this age. Work with the child to define and understand what family violence is. Let them know that everyone wants the child to be safe. If you are working with both a mother/carer and child or young person, safety planning with children at this developmental level can be more effectively done with the mother/carer present.</p> <p>12–14 years of age: You can use the template plan with older children and young people of this age. Another option is to create a simple written agreement with the young person stating what they could do and where they could go if they feel unsafe.</p> <p>You should ask the young person how much involvement they need or desire from the mother/carer in developing the safety plan. You can suggest they share their safety plan with their mother/carer.</p> <p>15–18 years of age: The template plan for either a child and young person or adult can be used, working directly with the young person. Young people often have a greater ability to keep themselves safe but may need help in identifying their own resources and developing a realistic plan for themselves.</p> <p>You should ask the young person how much involvement they need or desire from the mother/carer in developing the safety plan. Suggest they share their safety plan with their mother/carer.</p> <p>At this age, males especially may feel they can protect their mother by intervening in the violence. While respecting their feelings, encourage discussion and state that this may put them and their mother at more risk — let them know that it is not the child’s responsibility and the father’s behaviour requires system intervention.</p>

³ Table information adapted from Ministry of Justice Canada, 2013, Safety Planning with Children and Youth: A Toolkit for Working with Children and Youth Exposed to Domestic Violence.

4.8.1 Talking to child victim survivors about their parent who is a perpetrator

If the perpetrator is a parent/carer to a child, this can create complex and confusing relationships and situations for the child. Sometimes children aren't sure what impact changes between their parents/carers as a result of family violence will have on their relationship with the parent who is a perpetrator. You should consider the following:

- ... When engaging a child to complete a risk assessment or safety plan it is important to understand the tactics a parent who is a perpetrator (usually a father) may use to coerce a child or young person into providing and gathering information
- ... The child or young person understanding what information they can talk with the perpetrator parent about. Some information may seem harmless but is used to monitor the parent/carer or child who is a victim survivor, such as their daily activities, where they go, who they spend time with/contact with other family or friends, or other questions
- ... You (and the mother/carer who is a victim survivor) recognising that a child or young person may have strong loyalty to a parent/carer who is a perpetrator. This may impact on whether the child or young person feels it is ok to share information with them (whether voluntarily, without meaning to or in response to questions from a perpetrator)
- ... You should consider the experience of the child in these circumstances and how their experience of trauma and cumulative harm can change their understanding of what is 'normal' or 'ok' to talk about with the perpetrator. For example, when they ask the child for information to monitor the mother/carer or other family members.

Your approach to discussing this issue with a child or young person will depend on their age and developmental stage. Sometimes it may be appropriate, safe and reasonable to have a conversation directly with the child (guidance in **Table 4** on age and developmentally appropriate actions can support your decision-making around this).

Inform the child or young person that the purpose of the conversation is safety for them or other family members. It is important to recognise the experience and impacts of violence on children and young people in this situation. **In any situation, you should let the child know:**

- ... That they will not be in trouble for telling information to the perpetrator and emphasise that they should let their parent who is not a perpetrator, yourself or another safe person know if they have done so
- ... They are not responsible for any behaviour or violence from a perpetrator which occurs if the child does share information with the perpetrator.

Practice tip: If you are not trained in working with children or young people, or feel you need assistance on risk management or safety planning, you may wish to seek advice through secondary consultation with a specialist children's worker or specialist family violence service for their advice and support in these activities (see **Responsibilities 5 and 6**).

As part of a safety plan with the child or young person, it is best practice to:

- ... Ask the child if the perpetrator asks them questions about the parent who is a victim survivor, or anyone else in the family
- ... Suggest ways the child or young person can respond to questions from the perpetrator that are attempting to monitor or seek information about the child or a parent/carer who is a victim survivor, to further perpetuate violence
- ... You can also role play options with the child on responding to questions from the perpetrator to help them feel more prepared.

It is likely that at some point in time a child or young person will disclose information to a parent who is a perpetrator. This disclosure **may change the level of risk** if the perpetrator uses that information to further perpetrate violence. In these circumstances the **risk assessment should be reviewed and risk management and safety plans be updated**.

Practice tip: You should develop risk management and safety plans with the presumption that at some point in time the child or young person will disclose risk-relevant information to the perpetrator.

Ensure that the child or young person, and the adult victim survivor are prepared in this situation. This includes the child or young person being ready to tell their parent who is a victim survivor when this has happened or to let yourself or another safe adult know so that the risk can be appropriately managed.

4.9 SAFETY PLANNING WHERE AN ADOLESCENT IS USING FAMILY VIOLENCE



Safety planning if an adolescent is using family violence differs to planning in response to an adult perpetrator. This is because risk management for adolescents using family violence should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required. This is particularly important if the adolescent is both using and experiencing family violence.

Safety planning with the adult victim survivor (usually the mother) will need to include discussion on the therapeutic and other needs of the adolescent and how safety can be enhanced for the whole family whilst also addressing these needs.

The adolescent's safety plan is generally shared with the adult victim survivor, so they can support the adolescent to implement their safety plan. Permission is needed from the adolescent before this occurs.

Any safety plan undertaken with an adolescent using family violence should occur and be consistent with safety planning for other family members, including adult victim survivors (usually mothers) or children (usually siblings) who are the target of violence.

Where adolescents use family violence a safety plan for that adolescent may include:

- ... List the contact numbers for support organisations they may be already linked with, including if targeted community services are being engaged and that they can call if they identify their 'early warning' signs for abuse and violence
- ... Reflect protective factors, discussed and incorporated from what the adolescent has shared with you. E.g. Practice calming exercises every morning
- ... Identify a safe place for the adolescent to go if they feel they may progress to using violence, and how to get there
- ... Identify a friend, family member or neighbour who can assist and how to contact them.

Safety planning for an adolescent using violence may involve strategies for the victim survivor to respond to the adolescent's use of violence. This does not mean the adult victim survivor is responsible for the use of violence by the adolescent but does acknowledge their contribution to family safety.

You can seek secondary consultation on how to support parenting practices with parent/carers of adolescents using violence, to ensure they are supported to respond to the adolescent's behaviours, including if there are other siblings in the home. These may include:

- ... How to improve conflict management, how to respond to threats and how to protect other children or young people or family members
- ... Strategies to de-escalate the adolescent's abusive behaviour. For example, by not 'buying into' arguments.

If an adolescent using violence has a cognitive or intellectual disability, a risk management plan may include supporting the adult victim survivor to access a service that can support them to learn and implement behaviour modification strategies.



If the victim survivor is a parent of an adolescent using violence, particularly if the adolescent is young and/or has a disability, it is often a less feasible option for a victim survivor to leave. Additional options include:

- ... Exploring the possibility of respite for the adolescent (if they have a disability) to facilitate a 'cool off' time and provide an opportunity for an exploration of interventions the victim survivor can use to prevent and minimise the use of violence
- ... Exploring the possibility of the adolescent going to a youth refuge to 'cool off'. The police or a youth support service may be able to assist
- ... Exploring with the victim survivor the triggers, if any, which may lead to the use of family violence and how to avoid 'triggering' the adolescent or making changes to parenting and communication. This does not mean telling the victim survivor to rescind their parenting role, but it can begin to explore the patterns of communication and relating between parent and adolescent that may support the use of violence.

4.10 DISCUSSION ABOUT LEAVING OR STAYING SAFE AT HOME

Making a decision or beginning to plan to leave a relationship with a perpetrator is a high-risk time period for an escalation of, and/or change in violence, including increased risk of being killed or seriously harmed.

It is important to recognise that a victim survivor does not have control over the abuse they are experiencing from the perpetrator.

Some victim survivors face significant barriers to leaving violent relationships and remain at home or in a relationship out of legitimate fears about what might happen to them and their children if they leave. It is important not to blame the victim survivor for this decision, and to explore the barriers or reasons with them. Some common, often interrelated reasons include:

- ... Fear of escalation of violence
- ... Self-esteem (which may be significantly diminished from violence, trauma and abuse, shame at failure of relationship and guilt or self-blame about the abuse experienced)
- ... Housing security, access to money/ financial security
- ... Keeping the family unit together (this may be internal and/or external pressure) — or have caring responsibilities for the person using violence (such as an adolescent)

- ... Belief and hope that the perpetrator will change
- ... Isolation (family and support networks)
- ... Lack of transport and means of communication
- ... Cultural and social expectations
- ... Concerns about what will happen to the perpetrator.

If a victim survivor has expressed a desire to stay in the relationship or family home, explore some of these reasons. If the reasons are based on barriers to leaving, you can ask whether they would like support to overcome these barriers.

If the person is not ready to leave a relationship and/or planning to leave may take time, you can explore options for them to remain more safely in the home. These include action in the safety plan (outlined above), and may also include:

- ... Being ready to call police on '000' and/or crisis specialist family violence services
- ... If the victim survivor feels the situation is escalating which might lead to violence, try moving to a space that is lower risk — avoid bathrooms, garages, kitchens, or other locations where there are objects or weapons available, or spaces where violence has previously occurred
- ... Plan possible escape routes from every room in the house, practice escapes and have window and door keys readily available
- ... Talk to the children about what is happening and encourage them to call for help and not intervene if violence occurs. Emergency numbers may be programmed into the phone or an older child or young person's phone. They should never use a phone to call for help in front of the perpetrator as this may endanger them further. Make sure they know their safety plan actions if violence occurs
- ... Create code words or phrases for trusted friends or children so they know when to call for help and/or leave danger areas
- ... Choose a place to go — and let the children know where this is if you are separated. Let trusted friends/family know the safe place.

If they have decided that leaving is the best option, advise them that you or a specialist family violence service can help make plans to leave for a safe place. You should discuss whether it is safe to tell the perpetrator that they are leaving. If it is not, discuss when might be a safe time to leave. For example, when the perpetrator is not at the family home, at work, or away, or when the victim survivor has to leave the family home for a reason perceived as 'legitimate' by the perpetrator, such as picking the children up from school, going to a medical appointment, or going to work.

4.11 TALKING TO ADULT VICTIM SURVIVORS ABOUT THEIR OPTIONS



Assist the victim survivor to identify and consider their options for support in a collaborative manner.

Risk management and safety planning should be person-centred and victim-led, supporting each plan's feasibility, safety and implementation (see *Foundation Knowledge Guide Section 9.3*).

Often, improving broader wellbeing or responding to needs, such as responding to the impact of a perpetrator's behaviours, can improve effectiveness of risk management and safety plans, and support stabilisation and recovery from violence. These elements are reflected in the protective factors outlined in **Responsibility 3**, and the safety planning template at **Appendix 9**.

If making referrals, explore barriers to utilising referrals. Barriers will be different for each victim survivor and may be based on:

- ... Their personal goals or interests and those of their children (for example, housing security, connection to community, culture, identity, family and friends)
- ... Their experience of services in the past or experiences of structural inequality or discrimination (for example, poor engagement or response from services).

Many victim survivors may not feel ready to accept a referral, but by talking about barriers and options, you will have let them know that there is assistance available. You may also be able to reduce or remove barriers by facilitating warm/active referral and information sharing to limit a victim survivor having to retell their story. This is further outlined in **Responsibility 5 and 6**.

You could discuss:

What actions they have taken in the past to keep themselves safe

- ... How they have demonstrated resilience or strength — *“Are there things you have done in the past that you think helped keep you (and your children) safe?”*

Barriers to service access

- ... Ask if they have experienced discrimination or poor service response in the past. Do they identify as Aboriginal or belonging to a diverse community? (See *Foundation Knowledge Guide Section 9.4 and 9.5*). Consider if there are ways you can reassure the person about these barriers and experiences and respectfully acknowledge their identity and circumstances while doing so (see **Responsibility 1**)
- ... Ask *“Is there anything I can do to make the referral or connection to a service successful?”* For example, for victim survivors who identify as gender non-conforming or transgender, you might want to ask if conveying this information with the next service could assist them in providing a safe environment. Other examples could include asking about communication and/or access supports for victim survivors with a disability or interpreters for culturally and linguistically diverse victim survivors

- ... You can also seek secondary consultation rather than referral if working together with another service can support engagement and consistent support (see **Responsibilities 5 and 6**)
- ... Victim survivors experiencing elder abuse or family violence from adolescents may hold concerns about what will happen to the person using violence (often their child). This can be a significant barrier to the victim survivor leaving or excluding the person from the home. These concerns should be explored with the victim survivor.

Current needs

- ... Reflect on the domains of protective factors to guide conversation around wellbeing and needs. These may be personal or practical around housing, transport, communication, etc
- ... What issues are most important to them right now, e.g. *“What would help most to support you?”*

Informal social support

- ... Explore social supports available, e.g. *“Have you talked to anybody about the family violence? Who do you feel you can trust? Do you have a family member, friend or trusted person in the community that you could talk to?”*

Formal supports

- ... *“Have you had any previous involvement from services?” “What was your experience?”*
- ... *“Are you currently or would you like to receive support from a service provider who specialises in [...]”* (targeted community support, family violence, counselling or financial support, housing, or other support service outlined further below)
- ... If so, then they could be encouraged and supported to contact that service using a ‘warm referral’ process.

Legal needs

- ... *"Are you currently engaged with any legal services?" "Do you want advice about [...]?"* (financial entitlements if they leave the relationship, parenting arrangements for children, child support, property division, separation or divorce etc)
- ... *"Are there any family violence intervention orders in place?" "What are the conditions of the order/s?" "If so, has the order been breached?"*
- ... Are there any 'red flags' around legal issues, for example:
 - ... *"Has a crime been committed? Such as criminal damage?"*
 - ... *"Has anyone been charged with a crime?"* (Note, some victim survivors may have criminal charges)
 - ... *"Has the person made any threats to remove/limit access to children or leave the country?"* (Consider checking who has access to children's passports)
 - ... *"Have any fines/infringements been incurred? If yes, has it been wrongly assigned to you?"* Relief may be available even if the fine/infringement was made against a victim survivor if it is linked to their experience of family violence. Relief is also available to re-assign fines and infringements which were caused by the perpetrator's behaviour. Consideration should be given where the perpetrator incurs fines that the victim survivor pays.

Practice tip: If you aren't sure about how current legal processes work, you can contact a specialist family violence service or a legal service for assistance to understand options and how to manage risks.

Mental health needs

- ... *"Some people experience impacts on their mental health from the violence. Is this something you've experienced? Would you like assistance with this?"*

Parenting needs

- ... *"It sounds like you have done a lot to keep yourself and your children safe. Even with these efforts, sometimes a perpetrator will undermine the relationship between a parent and children, or your parenting skills and abilities. Would you like assistance in strengthening your relationship with your children?"*

Service supports for children and young people

- ... *"Children and young people are often impacted by family violence in invisible or less well-recognised ways. Are there actions we can take together to support the child/young person?"*
- ... Check in on children and young people's health and wellbeing needs: *"What things does the child/young person enjoy doing? Are they still able to do these activities? Do they get to see friends and family? Do they have another trusted adult? Do they have any immediate health needs?"*
- ... *"Do the children have any disability support needs I should be aware of when safety planning or connecting you to services?"*

4.11.1 Information sharing

This is further outlined in **Responsibility 6**.

You should ask the victim survivor if they have any concerns about information being shared with individual professionals or services, or if there is information they are concerned will increase their risk if the source is known to the perpetrator. These concerns should be responded to and detailed in the safety and risk management plan. Recording this in each plan will ensure you and the victim survivor have a shared understanding of how their information is shared, or protected, as required in the circumstances.

4.11.2 Connection to relevant services

Guidance on making referrals and seeking secondary consultation is in **Responsibility 5**.

Guidance on information sharing is outlined in **Responsibility 6**, and the Family Violence or Child Information Sharing Guidelines.

- ... Making connections for the victim survivor to relevant services involves:
- ... Sharing information with other service providers engaged with the victim survivor (adult, child or young person) as authorised, such as under the Family Violence Information Sharing Scheme, Child Information Sharing Scheme or privacy law
- ... Referral or coordinated risk assessment and management responses with specialist family violence services, such as for housing relocation for the victim survivor, or other available services, or the victim survivor's personal support networks (as required)
- ... Referring to support services to address co-occurring issues related to wellbeing and needs, such as drug and alcohol problems, mental health concerns, legal needs and housing/homelessness, as required.

When working directly with children and young people, keep in mind that most services require parental permission to engage with children and young people under the age of 18.

4.12 RESPONDING TO SERIOUS AND IMMEDIATE RISK

If you or any other professional or service identifies a victim survivor at serious and imminent threat of harm from family violence, you or they should immediately:

- ... **Notify Victoria Police**
- ... **Contact the local specialist family violence services, based on the victim survivor's current place of residence.**

In cases of 'serious risk and requires immediate protection', the specialist service will respond to provide comprehensive risk management, often in coordination with Victoria Police and other justice responses.

If these responses are not successful, they may require a coordinated response by a referral to a Risk Assessment and Management Panel (RAMP). A RAMP is a formally convened meeting, held at a local level, of key agencies and organisations that increases the collective capacity and effectiveness of the service system to identify and respond to perpetrators that pose a serious risk, and to hold them responsible and accountable for their violence.

This contributes to the safety of adults and children at serious risk and allows a response with direct interventions to immediate threats from family violence.



4.13 DOCUMENTING EVIDENCE OF FAMILY VIOLENCE

Documenting evidence of family violence is an important way to support applications for intervention orders and breaches or other justice or civil processes. You should only suggest this if the victim survivor can do so in a safe way.

Documenting could increase risk if discovered by a perpetrator. If the victim survivor is in the home with a perpetrator, you may explore keeping the documenting evidence in a safe place outside of the home.

If safe to do so, you can guide the victim survivor on documenting their experience of family violence. This might include:

- ... Photographing injuries
- ... Medical evidence (including of sexual assault by specialist services)
- ... Evidence of financial abuse
- ... Recording or writing down what was said or done, including details on time, location and specific details including any witnesses
- ... Noting breaches of orders, such as communication or exclusion orders
- ... Evidence of stalking, including through apps and technology, telephone or in-person (or from a third party on the perpetrator's behalf)
- ... Noting evidence of behaviours that led to harm of children or impact of that harm on children.

Records that you keep as part of your work practices, such as case notes and emails, can also be important sources of documentation that can support victim survivors. This is also important in keeping the perpetrator in view and ensuring their behaviour and impact is visible in case notes. For example:

Client presents as homeless; she has had to move three times in the past year due to ex-partner's repeated attempts to locate her in breach of existing intervention order.

4.14 ONGOING RISK ASSESSMENT AND MANAGEMENT

Guidance on collaborative ongoing risk assessment and management is outlined in Responsibility 10.

Each risk assessment is a point-in-time analysis of the present risk, which is based on information known at the time from current and past behaviours of the perpetrator.

Risk management includes ongoing/repeated risk assessment to identify if family violence risk has changed or escalated. Updates to risk management strategies and safety plans may be required where there are changes or escalation to the level and presentation of risk behaviours.

All professionals can support monitoring the safety of victim survivors through regular checking in, asking about changes in circumstances or experience of violence, observing changes in behaviour, or considering a review of assessment information that has been received from other sources/services that (may) affect risk.

If your service is child-focused, make sure to check in regularly with the child and any staff who have regular contact with them, and pay attention to any changes in behaviour that may indicate a change in risk. Refer to **Responsibility 2, Appendix 1 and Section 10.3** of the *Foundation Knowledge Guide* for more information about the impacts of family violence on children.

If you or other professionals or services have contact with the perpetrator, you can seek information to monitor the actions and behaviour of the perpetrator to inform your understanding on the level of risk. You can also ask the victim survivor through your ongoing communication and service engagement about any changes or escalation in violence and support them to report breaches of any intervention orders or parenting orders to police.

Support can also be provided through contact and sharing information with the police and agencies and organisations involved in supporting the victim survivor.

4.14.1 Monitor safety, and the completion of actions against plans

It is important that organisations share relevant information about the perpetrator's actions, behaviour and circumstances and the experience and circumstances of a victim survivor (including children). This information will be used to update risk management and safety plans, and to further share this information with other relevant services, such as specialist family violence services. This is especially important when the level of risk has changed or escalated, such as change in frequency or severity of violence.

Each professional or service which has an action assigned to them should make the best efforts to complete that action and let a coordinating service know when they have done so.

4.15 WHAT'S NEXT?

You may seek advice and information from specialist family violence services to develop risk management and safety plans with victim survivors. After hours, professionals may contact 24-hours specialist family violence services for information and advice. To identify local family violence services you can refer to [The Lookout website](#), or contact 1800RESPECT (1800 737 732).

In some circumstances, it is appropriate to seek secondary consultation or referral to a specialist family violence service for comprehensive risk management. Secondary consultation or referral:

- ... **Must** occur if the assessed level of risk is 'serious risk' or 'requires immediate protection'
- ... May occur if the assessed level of risk is 'elevated risk'.

You may still have a role if a comprehensive risk management and safety plan is developed by a specialist service. This may include implementing actions, monitoring of safety and information sharing.

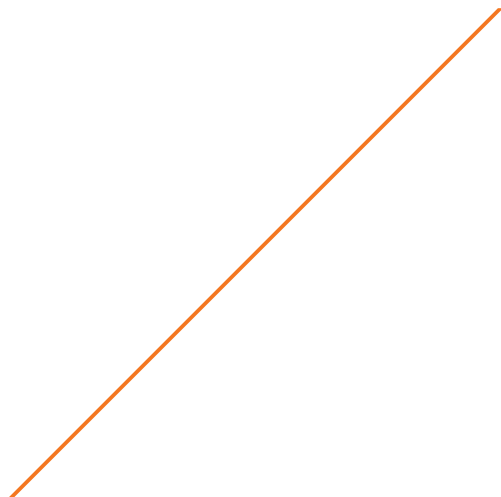
Guidance on:

- ... Making referrals and seeking secondary consultation is outlined in **Responsibility 5**.
- ... Information sharing is outlined in **Responsibility 6**.
- ... Collaborative ongoing risk assessment and management is outlined in **Responsibility 10**.

4.15.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisation's record management system:

- ... All risk management and safety plans you develop for each adult and child victim survivor
- ... Case notes and any other relevant information about the victim survivor or perpetrator's circumstances
- ... Any reports to police or statutory authorities you have made responding to serious and immediate risk, or if you have a significant concern for a child and young person
- ... Any referral and secondary consultation actions you undertake
- ... Any information you share with other services or professionals
- ... Any risk management actions assigned to you or other professionals.



APPENDIX 9: MAKING A SAFETY PLAN

Safety planning guide for adults (or older children and young people, if appropriate)

The following are elements of a safety plan and questions you can ask when working with the person experiencing family violence to make a plan.

Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by them on what is important and safe for them in their safety plan.

This guide aims to assist you to discuss what planning and actions can be undertaken safely.

Under each checklist question with a 'yes', 'no', or 'N/A' response option, you can additionally provide details about the response from your conversation.

Add space to each section to write in further details, as required.

Plan detail and questions to support planning

Checklist and detail

Safe place to go

If you need to leave your home in a hurry, where could you go?

Address or name of place and how will you get there?

Emergency contacts

Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so?

Yes No N/A

Call **000** in an emergency or Safe Steps on **1800 015 188** or local family violence organisation on _____ [insert]

Who are your personal emergency contacts?

Name, relationship, contact details

System intervention

Is the perpetrator incarcerated?

Yes No N/A
(If yes, release date if known)

Is the perpetrator prevented from contact (including with any children)?

Yes No N/A
(provide details)

Is an intervention order in place (and children named) or are there any other court orders or proceedings?

Yes No N/A
(provide details)

If an intervention order in place, is it being adhered to? (note if any breaches, list/describe)

Yes No N/A
(provide details)

Support of someone close by

Is there someone close by you can tell about the violence who can call the police?

Yes No N/A
(provide details)

Could they assist if you want to leave?

Yes No N/A
(provide details)

Could they come with assistance or call the police if they hear sounds of violence coming from your home?

Yes No N/A
(provide details)

Planning for children, older people or people in your care [if applicable]

What would you need to arrange for people in your care? (provide details)

What are their support needs? (provide details)

Would they be coming with you if you needed to leave in an emergency? Yes No N/A
(provide details)

If you have children in your care

How many children do you have in your care? (provide details)
How old are they?

Are they able to be left alone for short periods? Yes No N/A
Do they have any particular needs? (provide details)

Do your children attend childcare or school? Yes No N/A
(provide details)

What sort of routine or structure is in place for your child/ren? (provide details)

What do you already do on a day-to-day basis to keep your child/ren safe? (provide details)

Are there any other people in your child's life that they trust and can talk to? Yes No N/A
Name of trusted person, contact details:

Planning for pets

Would they be coming with you if you needed to leave in an emergency? Yes No N/A

What would you need to arrange for pets? (provide details)

Can someone else take care of them? Yes No N/A
(provide details)

Can you contact RSPCA or local services for short term support? Yes No N/A
(provide details)

Safe communication

Do you have access to a phone or internet? Yes No N/A
(provide details)

Can you contact friends or someone trusted if you need to? Yes No N/A
(provide details)

Can you have a code word so the person knows how to respond if you contact them in an emergency? Yes No N/A
(provide details)

Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.) Yes No N/A
(provide details)

Sometimes people can use your phone and accounts to try and track you. Do you know how to keep your phone and online accounts safe? Have you accessed/put in place any security features? Yes No N/A
(provide details)

Transport

How will you get to a safe place? Do you have access to a vehicle or other public transport options? Yes No N/A
(provide details)

Can you park your vehicle in a position that is not restricted from leaving quickly? Yes No N/A
(provide details)

Can you use someone's car? Can someone come to pick you up? Yes No N/A
(provide details)

Can you plan and practice the quickest way to leave where you are? Yes No N/A
(provide details)

[if appropriate]

Do you have appropriate car seats or restraints for children in your care in your car?

Do you need to bring a pram? Can you get that into your car or on public transport?

Can you transport older people in your care safely?

Items to take with you – escape bag

Key items including phone, keys, money (cash and bank cards) (provide details)

What documents, clothes, or other things should you take with you when you leave? What is essential? (provide details)

Can you put together items in a safe place or leave them or copies with someone, just in case? Yes No N/A
(provide details)

Medication or other support aides for yourself or anyone in your care – prescriptions or a second set of items held in a safe place? (provide details)

[if applicable] Security/comfort toys for children or items that are highly significant to the child/ren. Yes No N/A
(provide details)

Do you need to bring:

Breastfeeding/expressing equipment?

Bottle feeding formula and equipment?

Particular foods?

Can you put aside a water bottle and snacks for children?

School bags?

School, kinder, childcare contact details?

Financial access

Do you have access to money if you need to leave? Yes No N/A
Where is it kept? (provide details)

Can you get it in an emergency? Yes No N/A
(provide details)

Do you have online banking? Yes No N/A

Does anyone else have access to your money or bank accounts? Yes No N/A
(including online?) (provide details)

Do you have access to employment? Yes No N/A
(provide details)

Current supports

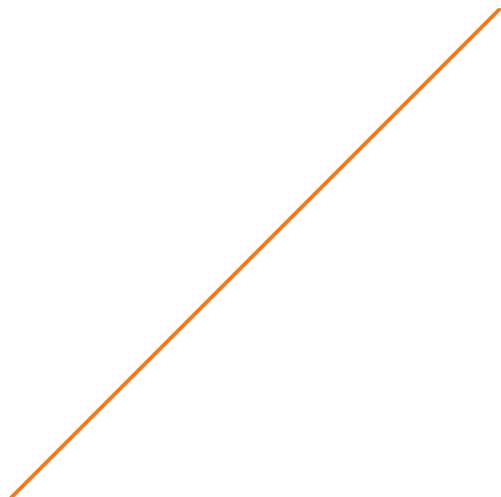
<i>Do you have supportive people in your life who you trust to talk to about your situation? Can they help you in an emergency?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
<i>Are you connected to social networks (family, friends, community, informal social networks)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
<i>What do you usually do day-to-day to manage your safety?</i>	(provide details)
<i>Are you engaged with any professional/therapeutic services?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
<i>Access to antenatal services? (if applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)

Information sharing concerns or considerations

Is there information that:

- ... should be proactively shared to support safe engagement? (i.e. about identity, experience or needs)
- ... you would like your views and wishes to be recorded on how and when your information is shared?
- ... you would be concerned about sharing with specific organisations or professionals?
- ... the perpetrator should not be made aware that you have provided, or the source when sharing?

Type of information	Approach to sharing	Reason	Date of review



Referrals made

Type of organisation	Organisation Name	Contact person	Date of referral	Information sought/ shared with
Aboriginal specific service				
Alcohol and other drug service				
Centrelink				
Child FIRST				
Child Protection				
Counselling service				
Financial counselling service				
Housing service				
Legal service				
Mental health service				
Police				
Court (Magistrates' and Children's Court)				
Sexual assault service				
Specialist family violence service for adult victim survivors**				
Specialist family violence service for perpetrators**				
Specialist family violence service for child victim survivors**				
The Orange Door				
Visa/immigration service				
Other				
Other				

(add lines as required)

** Specialist family violence services includes services that provide tailored services for Aboriginal people and people from diverse communities and at-risk age groups.

Consent to information sharing

Consent for information sharing and referral:

I (name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare.

I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).

Signature

Date

Name (print)

Date

Worker Signature

Date

Worker (print)

Date

Verbal Consent obtained 'Yes'

Date

Please indicate your preferred contact method:

Mail:

Email:

Phone / Text:

Would you prefer to be called from a private number? Yes No

What is the best day and time for us to call?

A message left with an authorised/safe person for you to return the call:

Authorised person contact details: (full name, relationship, telephone:)

APPENDIX 10: SAFETY PLAN FOR OLDER CHILDREN/YOUNG PEOPLE

A safety plan is a personalised, practical plan that can help children/young people avoid being placed in dangerous circumstances and know the best way to react when they are in danger. Every safety plan will be unique and based on the needs of the child/young person.

As the professional, you should be guided by the child or young person on what is important and safe for them in their safety plan. This guide aims to assist professionals to discuss what planning and actions can be undertaken safely.

If someone is making you feel unsafe

I know I am unsafe when...

Where do I feel safe?

What have I done to keep myself safe in the past?

Who do I feel safe with?*

Who do I talk to if I don't feel safe?

If I am feeling unsafe in my house or the place where I am I can go to...

[Check with the parent/carer who is not using violence if the place is safe and if the child is age/developmentally able to get there]

Where will I go?

Address or name of place if I have to leave my house/the place where I am feeling unsafe:

How do I get there?

(can you walk there? do you know how to use public transport, taxi or ride service?)

Do I have siblings/others who will go with me?

What do I take with me?

Secret code word:

Safe place at home

A place in my home I feel safe is...

Room/place in my house if I need to hide

If you're seeing your dad/other parent for a visit, what do you do if you feel unsafe?

Safe people*

A safe adult family member

Name:

Phone:

A safe adult or family friend

Name:

Phone:

A safe adult or family friend

Name:

Phone:

*Add lines as needed. Check if nominated safe people are aware they are key contacts.

Letting someone know when I am worried

If something happens that makes me worried or afraid, I can let a safe person know.

When I am spending time with someone who makes me feel unsafe or afraid, or worried for someone else in my family, I know I can ask a safe person for help and I won't be in trouble.

Calling for Help

If you can safely get to a phone in your own house or your own mobile, the phone of a friend or safe adult known to you (teacher, carer, other adult), you can call for help.

Here's what to do when you call:

Dial 000

They will say: 'POLICE, FIRE, AMBULANCE'

You answer: Police

Then say:

My name is

I am **years old.**

I need help. Send the police. Someone is hurting my mum/sister/brother/[.....].

The address is

The phone number I am calling from is:

It may not be safe for you to stay on the phone. If it is not safe, tell the person that and then just put the phone down. DO NOT HANG UP. The 000 operator may be able to hear so you don't have to explain. Also, if you hang up, the police might call you back.

Safe on your phone or online (older children and young people)

Does anyone else have access to your phone or online accounts?

Sometimes people can use your phone and accounts to try and track you.

Do you have a passcode/password or know how to keep your phone and online accounts safe?

How do I help myself feel safe or calm when I am upset

Remember:

- ... *You are not to blame if your dad/family member is angry or being violent.*
 - ... *You will not be in trouble for calling police or asking for help.*
 - ... *Don't use your body to protect your mother/family member as you may get seriously hurt.*
 - ... *You are not responsible for your mum or family member's safety, but you might be able to get them help or assist to take your siblings to a safe place.*
 - ... *If someone is hurting your or your mother/family member, it is against the law.*
 - ... *If you don't feel safe, go to your safe place if you can.*
 - ... *When you are out of danger, let your mother/a safe adult know if you are feeling upset, angry, sad or anxious about what happened so they can help you.*
-

MARAM PRACTICE GUIDES

RESPONSIBILITY 5: SECONDARY CONSULTATION AND REFERRAL, INCLUDING FOR COMPREHENSIVE FAMILY VIOLENCE ASSESSMENT AND MANAGEMENT RESPONSE

Working with victim survivors
of family violence

RESPONSIBILITY 5

Secondary consultation and referral, including for comprehensive family violence assessment and management response

5.1	Overview	311
5.2	Purpose of Secondary Consultation and Referral	311
5.3	Responding to Barriers	314
5.4	Seeking Secondary Consultation and Making Referrals	315
5.5	Consent or Views on Secondary Consultation and Referrals	320
5.6	Record Keeping and Referrals	320

5 SECONDARY CONSULTATION AND REFERRAL, INCLUDING FOR COMPREHENSIVE FAMILY VIOLENCE ASSESSMENT AND MANAGEMENT RESPONSE

5.1 OVERVIEW

This guide is for all professionals to use when family violence is suspected or assessed as present and you determine that information, guidance, support or collaboration from another professional or service is required.

Guidance is included on referral and secondary consultation. These are key practice aspects for further risk assessment and management, and to respond to co-occurring issues related to wellbeing and needs.

KEY CAPABILITIES

Professionals required to have knowledge of **Responsibility 5** should be able to:

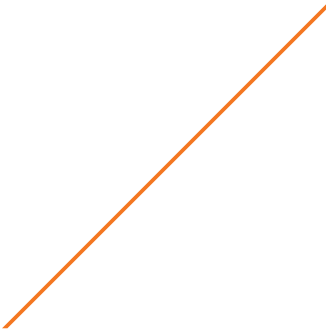
- ... Seek internal supervision through their service or organisation
- ... Consult with family violence specialists to collaborate on risk assessment and risk management for adult and child victim survivors and perpetrators
- ... Make active referrals for comprehensive specialist responses, if appropriate.

5.2 PURPOSE OF SECONDARY CONSULTATION AND REFERRAL

Seeking secondary consultation and referral, including by sharing information, are essential aspects of Structured Professional Judgement.

These assist professionals to determine seriousness of risk, inform ongoing risk assessment and approaches to risk management and safety planning. Secondary consultation is also a key aspect of building a shared understanding of family violence and to develop system-wide consistent and collaborative practice (Pillar 2 of the MARAM Framework). Secondary consultation and referral necessarily involve a degree of information sharing.

Secondary consultation and referral involve you determining what response is required to respond to an individual's risk, or to support their wellbeing or needs, and identifying appropriate services that can assist.



Secondary consultation can take place for a range of reasons, including using the skills and knowledge of specialist family violence services to help you gain a further understanding of family violence risk and possible referral options. Secondary consultation can also occur with mainstream and other specialist services that have expertise to address wide-ranging needs. This can include: providing practical or therapeutic support; working with Aboriginal people or people who identify as belonging to diverse communities; working with children and young people; and, working with older people.

Using secondary consultation can help professionals to build their own knowledge, establish working relationships across organisations, assist in applying an intersectional lens to Structured Professional Judgement (see *Foundation Knowledge Guide Section 9.5*), and to ensure assessment and management responses provided to victim survivors are culturally safe.

Secondary consultation may lead to referral, or you may refer someone directly as a result of your risk assessment or management planning.

To determine which is the appropriate course of action, you will need to identify:

- ... What risks, needs or wellbeing issues are present that require response?
- ... What are the priorities, such as responding to risk, and how do these interact with the co-occurring priorities relating to wellbeing and needs, including the victim survivor's views?
- ... What actions or interventions (by whom, within what time-frame) would make a difference to an individual's safety, wellbeing or needs?
- ... The extent to which your organisation can facilitate these directly and what is your role
- ... Identifying which other professionals and or organisations might be responsible for providing resources, skills, or practice expertise to respond.

If you are unsure which is the appropriate course of action for your role, you may wish to seek advice from your team leader or a senior practitioner to support you to determine which other professionals or services you could engage with in the circumstances.

Responding to risk, wellbeing and needs can support safety and promote stabilisation and recovery from family violence. Risk assessment and management (such as safety planning, secondary consultation and referral) will enable you to identify and address a range of risks, and related wellbeing and needs for victim survivors. Secondary consultation or referral may involve a range of services, such as specialist family violence services, Victoria Police, Child Protection, Child FIRST, or other advocacy, universal and general professional or therapeutic services.

There are a range of reasons for secondary consultation or referral. You should consider seeking **secondary consultation** with:

- ... Specialist family violence services to establish the presence or analyse the level of risk, such as where there is uncertainty based on the available information
- ... Specialist family violence services where there is uncertainty about the identity of a perpetrator
- ... Specialist family violence services on the development and/or actioning of risk management and safety plans and responses
- ... Specialist family violence services with an expert knowledge of a specific diverse community and the responses required to address unique needs and barriers. Targeted services may also include community specific services, such as ethno-specific, LGBTIQ and disability services that focus on primary prevention or early intervention
- ... Services that provide targeted culturally safe services or liaison support, such as a cultural safety advisor for victim survivors who identify as Aboriginal or belonging to a diverse community



- ... Services that provide specialist support to children and young people
- ... Services that provide specialist support to older people
- ... Legal services
- ... Any service or professional where their involvement in collaborative responses would benefit a victim survivor, such as co-case management arrangements.

You may seek to **refer** a victim survivor to:

- ... Victoria Police where a crime may have been committed
- ... Child Protection or Child FIRST or other statutory services, as required
- ... A specialist family violence service for a comprehensive risk assessment or management response, including consideration for a RAMP response
- ... Other professionals with expertise or skill in supporting a victim survivor's wellbeing or responding to identified needs.

Note, you should continue to work with the victim survivor following referral to understand if their level of risk changes or escalates, and seek secondary consultation as required, until the receiving service is successfully engaged.

5.2.1 You need to consider your legal permissions to share information for secondary consultation and referral

Secondary consultations should be considered in line with your authorisations to share information. Secondary consultation **can occur** without any identifying information being provided regarding the victim survivor (that is, providing de-identified information) to seek guidance on possible next steps.

If you think the secondary consultation may lead to a referral and require you to disclose relevant identifying or personal information, you must do so according to your legal permissions and responsibilities. In these circumstances, prior to undertaking the secondary consultation you should seek consent from an adult victim survivor, or the views of an adult, child or young person, if a child or young person is at risk of family violence.

Consent is not required to share information about a perpetrator as long as it is shared according to a relevant purpose under the Family Violence Information Sharing Scheme, or in accordance with another legislative authorisation. See **Responsibility 6**.

5.3 RESPONDING TO BARRIERS



You should be mindful of barriers to service access that mean some victim survivors are less likely to follow up on a referral, particularly if they are not actively supported to connect to the next service (see *Foundation Knowledge Guide*). You should also be mindful of the effects of trauma, which may have significantly affected a person's manner of relating to the world, their sense of autonomy and their capacity to actively engage with the receiving and other services (see *Foundation Knowledge Guide Section 9.6*)

People who are Aboriginal or identify as belonging to a diverse community and older people might be less likely to engage with receiving services for a range of reasons, including:

- ... Actual discrimination and negative treatment, or fear of discrimination from professionals and services, which could be based on recent and past experience(s)
- ... Language barriers
- ... Physical and communication access barriers
- ... A lack of trust in services.

You should actively respond to any barriers identified. This may include exploring alternative service options for referrals, or addressing any issues, such as information sharing with specific services where confidentiality has been raised as a concern by the victim survivor. This may be of particular concern for people who identify with smaller or isolated communities.

You should discuss with a victim survivor the purpose and options for proposed secondary consultation and referral. Ask if they have previously experienced barriers to accessing services, such as being provided inaccessible or unsafe services or experiencing discrimination. Exploring options can also ensure a victim survivor is aware of what support is available to them. This can dispel concerns about whether funding is available to support their referral options, and what other support they may be entitled to, to assist them to recover and stabilise following family violence or meet other wellbeing needs.

Victim survivors should be offered choices where possible in being referred to an organisation that specialises in working with their community. Aboriginal victim survivors, or people who have family members who are Aboriginal, may choose to use an Aboriginal or mainstream organisation. People from culturally, linguistically and faith diverse communities and LGBTIQ communities may also choose to access a specialist organisation. If there is no specialist service in your local area, you can support a receiving service to connect with a specialist service by secondary consultation to continue to facilitate safe engagement and service delivery.

You should ask a victim survivor if they have particular support approaches, needs or information you can provide to the receiving service in advance to support safe service delivery. This may include, for example, asking a victim survivor who is transgender or gender diverse if they would like you to share information about gender identity and their pronouns to ensure these are respected by the receiving service. You can also contact a service that you propose to refer a victim survivor to in advance in order to ascertain their level of competency in providing culturally safe services and ask directly about capacity to respond safely for the victim survivor's individual identity and experience needs.

It is important to consider whether secondary consultation or referrals may lead to disengagement of the victim survivor and think about how to facilitate referral in a more supportive way. Reflect on guidance in **Responsibility 1** to support safe engagement.

5.4 SEEKING SECONDARY CONSULTATION AND MAKING REFERRALS

5.4.1 Referring or reporting to Victoria Police, Child Protection or Child FIRST

Professionals may also be subject to specific professional responsibilities in their role, including to report crimes and refer victim survivors to Victoria Police for further investigation, assistance and intervention.

As outlined in previous chapters, any agency, organisation or professional that identifies a victim survivor is at **serious risk**, including if there is an identified serious threat (see **Responsibility 3**), should immediately notify Victoria Police. This is also required when a victim survivor is NOT otherwise willing to receive assistance. You should also consider what other risk management actions are required in each circumstance, such as safety planning if reporting to Victoria Police may result in escalation of risk from a perpetrator.

If a crime has been committed, and there is no immediate danger, you should discuss with the victim survivor if you can support them to report to Victoria Police, or if they would like you to make a referral on their behalf.

Professionals have a range of obligations to report matters to Child Protection or Child FIRST. If you believe a child or children are in need of protection or you have significant concerns for the wellbeing of a child/ren or unborn child (after their birth), you must follow your obligations to report to Child Protection or make a referral to Child FIRST, as applicable (further detailed in **Responsibility 4**).

5.4.2 Secondary consultation with specialist family violence services

The purpose of secondary consultation with specialist family violence services is to seek support in:

- ... Understanding the **level of risk** and **intersectional needs**
- ... **Determining actions** in line with the assessed level of risk
- ... Determining whether a referral is required for a specialist family violence response.

Secondary consultation may result in a specialist practitioner supporting and working collaboratively with you to undertake intermediate assessment and management, or with you referring a victim survivor to the specialist service for them to complete comprehensive risk assessment and management. Secondary consultation with specialist family violence services can also assist with:

- ... Support to engage effectively and safely with victim survivors
- ... Building a shared understanding of family violence risk
- ... Information sharing to understand level of risk for the victim survivor/s
- ... Joint monitoring of family violence risk and the opportunity to explore or monitor escalation/changes in the risk level
- ... Convening coordinated or collaborative risk assessment or management support, as outlined in **Responsibility 9**, such as multi-agency meetings
- ... Active referrals when the level of risk has been assessed as elevated/serious risk.

If [The Orange Door](#) operates in your local area, this is often the best point of first contact for secondary consultation. Alternatively, you can identify your local specialist family violence service by searching [The Lookout](#) website.

5.4.3 Secondary consultation with mainstream, universal and other specialist services

A range of professionals may be able to assist in supporting a victim survivor's engagement with you for family violence risk assessment or management, or to respond to other wellbeing issues or needs. This may include seeking information from a professional already engaged with a victim survivor or perpetrator to inform your risk assessment or management planning.

This may also relate to an individual's circumstances, age or identity such as to assist in safe engagement or to address barriers, structural inequality or discrimination an individual may have experienced (see *Foundation Knowledge Guide Section 9.4*). Secondary consultation could also be to support:

- ... Collaborative risk assessment, risk management or co-case management
- ... Culturally safe engagement with Aboriginal people or people from culturally and linguistically diverse communities
- ... Engagement with people who identify as belonging to diverse communities such as people with disabilities, people from LGBTIQ communities and people experiencing mental health issues (see *Foundation Knowledge Guide* for detail and definitions for diverse communities)
- ... Engagement with children, and young or older people.

Professionals that can assist with secondary consultation might include professionals who have existing professional relationships with an individual. For example, advocacy, universal and general professional or therapeutic practitioners including but not limited to teachers, general practitioners, drug and alcohol workers, mental health professionals, social workers, maternal and child health nurses, and childcare workers.

5.4.4 Referral

Referral is the process of connecting victim survivors (adult or child/ren) to information or services that are outside your organisation's practice area. This includes early intervention when family violence first occurs, to avoid or respond to escalation or crisis and additional harm, and to support stabilisation and recovery from family violence. Referral is an important part of the risk management process.

Where you have identified a victim survivor to be at 'elevated' or 'serious risk', you should refer them to specialist family violence services for comprehensive risk assessment and management. Making referrals can also lead to increased understanding of risk through sharing of relevant information — including perpetrator behaviour — that can be used for ongoing risk assessment, management and safety planning.

Specialist family violence services triage responses to referrals, with actions taken for higher risk cases as a priority. Where you have an ongoing service engagement with a victim survivor and you have referred them to a specialist family violence service, you should continue to engage with the victim survivor about their experience of risk, i.e. to monitor their level of risk, and provide support as needed.

Referrals can also support wellbeing or needs of an individual, or strengthen protective factors, such as housing, financial security, connection to professional advocacy or therapeutic services, responding to health, child developmental or social issues. Referrals are made to meet a range of service needs. For example, an older person experiencing family violence might need access to advice and support including legal advocacy or financial counselling to respond to the impact of family violence.

5.4.5 Enabling successful referral

Responding to a victim survivor's risk, wellbeing or needs includes a discussion with them about their priorities, concerns or barriers to engagement with other services. Safety issues should be identified and any approach or options for referral should not compromise their safety. To assist successful referral, consider:

- ... The level of distress a victim survivor is experiencing, and their readiness (personal and circumstantial) to receive and take up the referral
- ... Experiences of trauma for the victim survivor, which may affect their capacity to actively engage with a receiving service (see *Foundation Knowledge Guide Section 9.6*)
- ... What other support the victim survivor may need to ensure they can access the service (interpreters, transport, childcare, speaking to a new worker while you are present etc.)
- ... Identifying services the victim survivor is already engaged with (which may be done through the ecomap exercise, see **Responsibility 8, Appendix 15**), who may be re-engaged, brought into the support network or alternatives identified
- ... Providing options and choice in services — you can provide information about a range of options and services, recommendations and let the victim survivor decide which services they want to use
- ... Providing support and prioritisation of referral options for the victim survivor responding to the level of risk, fear, safety and needs
- ... Complete referral forms together with the victim survivor where appropriate
- ... Gaining consent/views (in accordance with the Child and Family Violence Information Sharing Scheme)

Sharing Scheme authorisations and privacy laws to follow up with the referral to the organisation as required (e.g. your risk assessment of the child/ren may be dependent on the adult's engagement with other parts of the service system, such as a drug and alcohol organisation or child and family services)

- ... Contact the agency receiving the referral to:
 - ... Ensure it is appropriate
 - ... Ascertain any waiting times
 - ... Advocate for your client to receive service
 - ... Provide relevant information to ensure the receiving service can meaningfully connect with the victim survivor
 - ... Discuss roles and responsibilities
 - ... Develop a case management protocol, if appropriate
- ... Managing expectations of the victim survivor regarding the options available and support they can expect to receive from each service, as well as maintaining contact during waiting periods
- ... Sharing relevant information with other professionals and services to ensure safety and minimising the need for the victim survivor to repeat information they have previously disclosed (any risk assessments undertaken should form part of the referral)
- ... Where possible engaging the support of a case management service
- ... Checking information with the victim survivor that you intend to share with the receiving service to ensure it is accurate
- ... Follow up with the victim survivor for feedback about the referral to ensure it was effective. Follow up can continue to support the engagement and ensure any issues that arise are addressed, and reduce likelihood of a victim survivor disengaging
- ... Feedback processes with the receiving service or professional to support or respond to any engagement issues that may arise and to prevent disengagement.

Referral processes can occur by telephone, in face-to-face settings, by written communication (including e-mail), or a combination of these channels. A referral may combine aspects of each of these processes. For example, referrals may be warm/active or facilitated and informal (information only). Considerations in choosing which process to make a referral may include the victim survivor's:

- ... Interpersonal style and ability to negotiate complex social interactions
- ... Views on the proposed service options, including whether a specialist community service or mainstream service is preferred by the victim survivor
- ... Past experiences of trauma and disengagement due to structural inequality, barriers or discrimination which may need to be actively addressed
- ... Ability to provide and receive information (consider if this is relating to communication barriers or emotional or physical health, wellbeing, or permanent or situational factors)
- ... Ability to tolerate delays in service responses.

Table 1: Processes for making a referral

Informal referral (information provision)	<p>Provide verbal or written information about other services. Do not assume that the person will follow up on the information and make contact.</p> <p>If this type of referral is made, you should check at a later appointment if they have made contact and, if not, explore the reasons why.</p> <p>There may be various reasons for not making contact with the service. If this has occurred, you may offer to provide warm or facilitated referral to overcome any barriers.</p>
Warm (or active) referral	<p>Actively connect the victim survivor to the receiving service (for example, making a phone call together to introduce and share information). This enables three-way dialogue that is open and transparent to clarify issues immediately and outline the purposes and goals for the referral to the new service.</p>
Facilitated referral	<p>Provide relevant information to another professional or service (verbally or in writing). Make arrangements for the person to attend, and/or go with them to the agency to assist in building trust and rapport with a new professional or service and facilitate culturally safe services. This includes sharing information that prevents a victim survivor from having to repeat their story.</p> <p>You may also consider asking the victim survivor if they would like you to prepare a letter or other communication for them to take to other services that provides foundational information to enable safe engagement, such as about medical or mental health issues, medication, communication assistance needs, identity characteristics and pronouns.</p>

A number of considerations apply when making referrals. The central objective of making referrals is to first address the family violence risks and safety for the victim survivor (adult and child) and then to connect to services to address their needs and wellbeing concerns. You should consider and work with the victim survivor to reduce or remove barriers to engaging with the service being referred to, which might include:

- ... Fear of escalation of risk from the perpetrator, including if they become aware of service interventions and information sharing
- ... Impacts from experiences of trauma
- ... Physical, practical and communication access barriers
- ... Previous negative experiences of services and forms of structural inequality and discrimination the person may have experienced that have led to disengagement.

5.4.6 What information should be contained in a referral?

Work with the victim survivor on completing the referral forms or letter. Discuss with them the information you intend to share, and seek their consent, or their views, as required.

When referring to:

- ... Specialist family violence services: This will include the completed risk assessment and risk management and safety plans
- ... Other professionals and services: Relevant information from risk assessments or circumstances impacting risk, wellbeing or needs.

Consider including all relevant information for the purpose of the engagement, as well as information that will support safe engagement, such as information about the level of risk, a person's identity, experience, wellbeing or other needs.

You may also share information related to addressing barriers to service engagement previously experienced, age and developmental stage (if referring a child or young person), or any other barriers to actively address in the new service engagement.

See **Responsibility 6** for information on determining what is relevant to be shared through information sharing.

5.4.7 Which organisations might referrals be made to?

Referral pathways may need to be wide-ranging but staged to accommodate the needs of each adult and child victim survivor. In the first instance, referrals should be focused on addressing any immediate risk, fear or safety. Referrals could include:

- ... Supporting a victim survivor to report to police, or referral to specialist family violence services, including for a RAMP response
- ... Child Protection or Child FIRST, where you identify serious concern for a child or young person, or as required under any mandatory reporting obligations, or there are other wellbeing concerns identified
- ... Referral to a legal service or to a court if the victim survivor wants to apply for an intervention order, or to seek legal advice
- ... Referral to a targeted specialist community service, such as services specialised in supporting Aboriginal people or people from diverse communities, or children, young or older people
- ... Universal or mainstream professional supports, including advocacy or therapeutic responses to provide supports for wellbeing or needs, or to promote or strengthen protective factors.

5.4.8 Good referral practices between professionals and services

Good referral practice needs services and organisations to embed, support and enable this practice through relevant policies, procedures and other guidance and resources. This can include:

- ... Maintaining a list of professionals or services that you or your organisation has good working relationships with or MoUs, and their roles and responsibilities, with the names of key people who might be of assistance
- ... Understanding eligibility and the intake processes of other services and organisations
- ... Establishing an understanding between services/organisations, documented in a Memorandum of Understanding or a referral protocol or pathways
- ... Developing and using referral forms that include agreed information, minimising the need to ask the same questions
- ... Providing advocacy support for victim survivors who require assistance accessing services
- ... Reviewing referral processes with other agencies to identify improvements
- ... Linking with Regional Integration Coordinators and Principal Strategic Advisors to understand local governance and strengthen networks between mainstream, universal and specialist family violence services.

5.5 CONSENT OR VIEWS ON SECONDARY CONSULTATION AND REFERRALS

The purpose and requirements of the Family Violence Information Sharing Scheme are outlined in **Responsibility 6**, including seeking the victim survivor's consent or views on information sharing and consent requirements.

Where identifying information is going to be shared, victim survivors should be involved in making decisions about referral and secondary consultation wherever possible. You should outline and clearly explain the service referral options and purposes for secondary consultation.

Ideally, victim survivors will consent to you sharing information with another person or service as part of making a report to Victoria Police, Child Protection, or a referral to another service provider. However, if they do not consent, the FVIS Scheme permits information sharing without consent in certain situations where relevant thresholds are met:

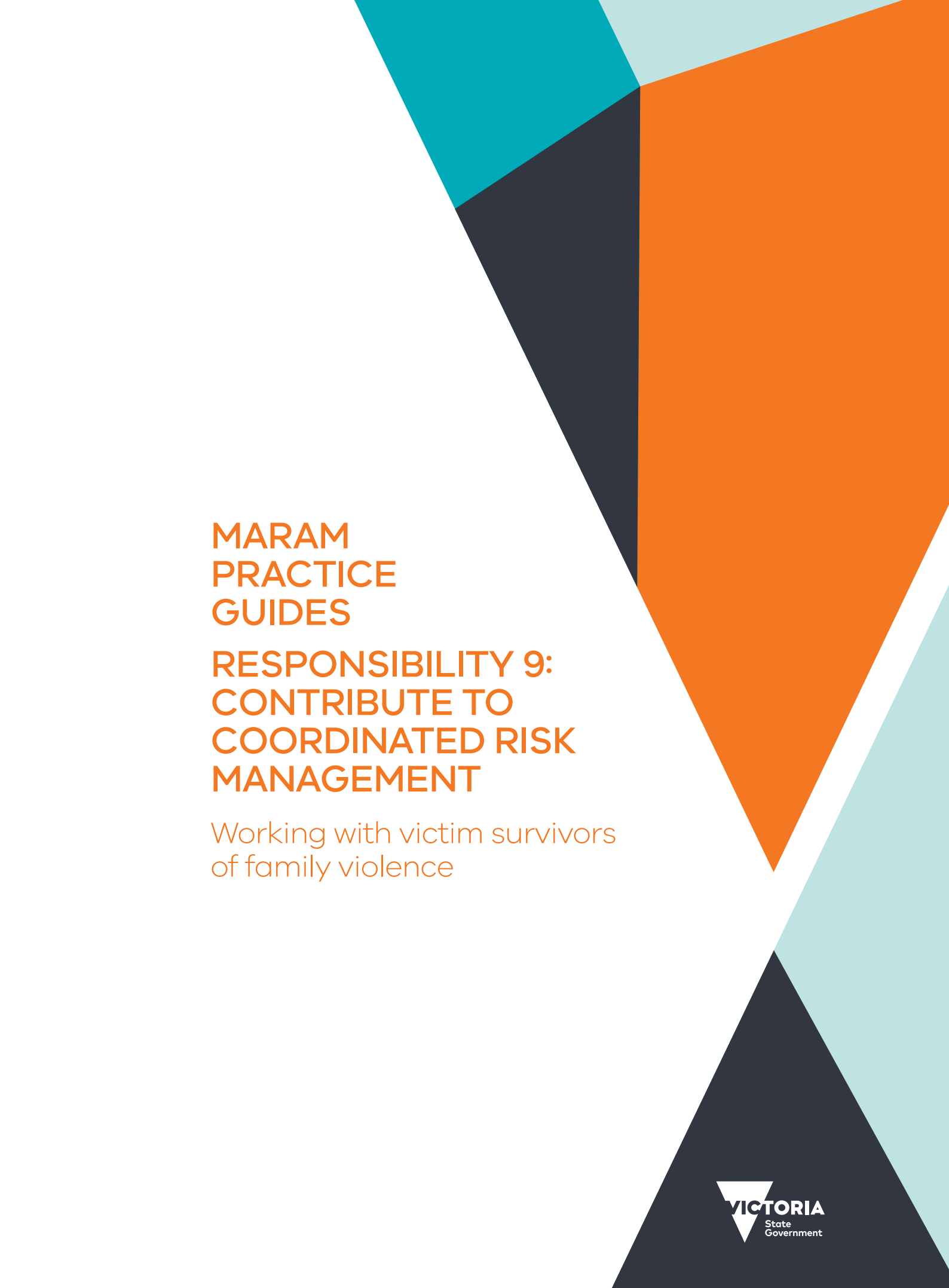
- ... A person experiencing family violence **should be informed** that you are able to share information about risk to children **without consent**, but that you will always let them know when this is going to occur, if safe, appropriate or reasonable
- ... If sharing without consent, **you must seek their views**, if safe and reasonable to do so. Seeking views can inform how information is requested and from what professionals or services, and may inform you on how to do this safely.

For further information on information sharing for referrals, including where information can be shared without consent, refer to the [Family Violence Information Sharing Guidelines](#).

5.6 RECORD KEEPING AND REFERRALS

You should make file records of information you share with other professionals and services, and details of referrals. You should also **keep records of consent or views to information sharing and referrals**, as required under the Family Violence and Child Information Sharing Schemes and other legal authorisations and privacy laws.

Further information on record keeping is outlined in Chapter 10 of the [Family Violence Information Sharing Guidelines](#), and Chapter 5 of the [Child Information Sharing Scheme Guidelines](#).



**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 6:
CONTRIBUTE TO
INFORMATION SHARING
WITH OTHER SERVICES
(AS AUTHORISED BY
LEGISLATION)**

Working with victim survivors
of family violence

RESPONSIBILITY 6

Contribute to information sharing with other services (as authorised by legislation)

6.1	Overview	323
6.2	Purpose of Information Sharing	324
6.3	Information Sharing in Structured Professional Judgement	324
6.4	Reflecting on Safe Engagement, Including for Information Sharing Practice	325
6.5	Legal Authorisations to Share Relevant Information	326
6.6	The Family Violence Information Sharing Scheme	327
6.7	Risk-relevant Information	329
6.8	What's Next?	332

6

CONTRIBUTE TO INFORMATION SHARING WITH OTHER SERVICES (AS AUTHORISED BY LEGISLATION)

6.1 OVERVIEW

This guide is for all professionals to use when family violence is suspected or assessed as present and you determine that you need to seek or share relevant information voluntarily or in response to a request from another professional or service, as authorised

The guidance in this chapter is intended to be general as each individual victim survivor's level of risk, circumstances, wellbeing and needs will require a unique response and will build on the outcome of risk identification, assessment or management (undertaken, or planned).

In situations involving children experiencing family violence, professionals can use the Family Violence Information Sharing Scheme to request and share information in order to assess and manage family violence risk, as well as the Child Information Sharing Scheme for broader safety and wellbeing issues.

KEY CAPABILITIES

Professionals required to have knowledge of **Responsibility 6** should be able to:

- ... Proactively share information relevant to the assessment and management of family violence risk, including under the Family Violence Information Sharing Scheme, privacy law or other authorisation at law
- ... Proactively share information relevant to broader safety and wellbeing issues for children using the Child Information Sharing Scheme
- ... Respond to requests to share information from other services.

The outcome of risk identification (**Responsibility 2**), assessment (**Responsibility 3 or 7**) or management (**Responsibility 4 or 8**), will inform the kinds of secondary consultation, referral or information sharing you should undertake.

Guidance which refers to a perpetrator in this guide is relevant to situations where an adolescent is using family violence.

REMEMBER

Professionals and services are authorised to share information to inform risk assessment or management practice under a range of laws, including the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme, the *Children, Youth and Families Act 2005* and relevant Australian privacy laws. The guidance in this chapter will focus primarily on using the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme where family violence risk is present.

Organisations should assist professionals and services to understand and apply these Schemes and other authorisations to share information applicable to their service.

6.2 PURPOSE OF INFORMATION SHARING

Effective information sharing is crucial in keeping victim survivors safe and holding perpetrators to account.

Information can also be shared to promote the broader wellbeing and safety of children, which may or may not relate to their experience of family violence.

The Family Violence and Child Information Sharing Schemes aim to create a significant cultural shift in information sharing practice. These schemes are also underpinned by the MARAM Framework, as well as relevant best interests and developmental frameworks. Professionals in prescribed organisations all have a role in information sharing to improve risk assessment and management practice.

Many organisations, especially those with ongoing service engagement with perpetrators or victim survivors, hold information relevant to assessing and managing family violence risk or to promote the safety or wellbeing of a child.

Effective information sharing between professionals supports risk assessment and management by bringing together information that would otherwise be unknown. This information can be used by relevant professionals to remove or reduce risk (as far as possible) or prevent escalation.

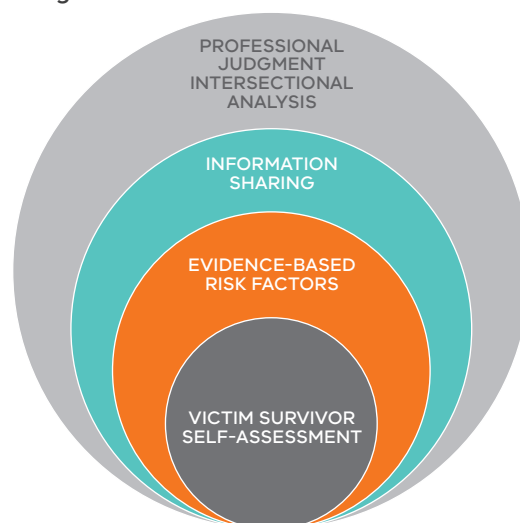
Risk is dynamic and can change over time. Professionals with responsibility for ongoing risk assessment should continue to share information to support updating of risk management and safety plans for the victim survivor, as well as intervention action planning for perpetrators of violence. This is particularly important for victim survivors who are not directly engaged with specialist family violence services in an ongoing way, but only at points of crisis or escalation.

Information sharing often means victim survivors don't have to repeat their story with each new service they engage with. It also enables new services to build on existing information.

6.3 INFORMATION SHARING IN STRUCTURED PROFESSIONAL JUDGEMENT

Information sharing is a key enabler of the model of Structured Professional Judgement as it supports professionals to share information to inform risk assessment. Information sharing may be authorised under a range of laws such as the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme, the *Children, Youth and Families Act 2005* or other relevant Australian privacy laws.

Figure 1: Model of Structured Professional Judgement



Sharing information assists professionals to identify additional risk factors or provide more information about known risk factors. This information can crucially inform the assessment of the level or seriousness of risk, and implementation of risk management responses as well as to promote the safety and wellbeing of children. Consider information sharing in each risk assessment you undertake, where services or engagement points are identified that may have information that would assist in the assessment or management process.

Key sources of information can be identified through consideration of protective factors or by using the genogram or ecomap exercises outlined in **Responsibilities 7 and 8**.

When assessing or managing risk to a victim survivor, consider how you might request and share information and ensure consent thresholds are met, where applicable. If consent for information sharing is not required, ensure that you take into account a victim survivor's views if appropriate, safe and reasonable, particularly in relation to any past or recent experiences of service barriers or discrimination.

A victim survivor's views expressed regarding information sharing should inform:

- ... Your approach to the information you request or share voluntarily
- ... The professionals or services you are sharing information with voluntarily, and
- ... How you might share information in response to a request.

Information sharing with other professionals and services should be used in conjunction with information gained from a victim survivor, including their self-assessment of risk, information about risk factors present and related circumstances, needs or wellbeing issues, that have been identified through risk assessment.

6.4 REFLECTING ON SAFE ENGAGEMENT, INCLUDING FOR INFORMATION SHARING PRACTICE

Each victim survivor, both adults and children, should be considered individually for the services or supports they may need. This may be the first time a victim survivor has had their family violence risk, wellbeing or needs assessed, or they may have previously been connected to services. You should enquire about this to identify if there are any barriers to connection, or opportunities to reconnect to supportive services (see also **Responsibility 4**).

You should discuss options with victim survivors on the approach to referrals, and secondary consultation, including ongoing assessment and management. This will include your approach to prioritise and coordinate connection and referral to services. Prioritisation will be informed by your determination of the seriousness of risk, if you are responding to a crisis, and if connection to statutory service interventions are required. Responding to immediate risk is outlined in **Responsibilities 2 and 4**, and you may also use this guide to help you plan risk management responses and take action.

When seeking secondary consultation, making referrals or sharing information, you should be informed by an intersectional lens (See *Foundation Knowledge Guide Section 9.4 and 9.5*). In considering each service engagement, you should be guided by the individual's identity and tailor your approach to referral, secondary consultation or information sharing accordingly. For example, if the victim survivor has let you know they are Aboriginal, identify as belonging to a diverse community, or are a child, young person or older person, consider if your service engagement would benefit from specialist advice or support.



Ask if the victim survivor would like to be directly connected to a service that specialises in working with individuals from their community group, or if they are comfortable with you sharing information with or connecting to that service for secondary consultation. The practice guide for **Responsibility 1** will also assist with these aspects of practice.

REMEMBER

Building and maintaining trust in the relationship with the victim survivor is essential to safe, ongoing engagement. It is particularly important to maintain trust and communication when connecting victim survivors to services and sharing information to promote their safety.

In most situations, referral does not mean you immediately cease your engagement with a victim survivor. Depending on your role, you will likely need to maintain engagement or continue to 'check in' with the victim survivor to support connection to a receiving service and respond to any issues that arise. This is also an important part of ongoing assessment and management of risk.

6.5 LEGAL AUTHORISATIONS TO SHARE RELEVANT INFORMATION

.....
The Family Violence Information Sharing Scheme authorises organisations and services, prescribed through regulations, to share relevant information to assess and manage family violence risk.
.....

Details of this scheme are outlined below and in the [Ministerial Guidelines](#). Organisations may also have other permissions to share information to inform risk assessment and support coordinated and collaborative responses.

The Child Information Sharing (CIS) Scheme also allows organisations and services prescribed under that scheme to share information with each other to promote children's wellbeing and safety.¹ This includes to promote the broader wellbeing and safety of children who experience family violence.

The CIS Scheme has been designed to complement the [Family Violence Information Sharing Scheme](#). Refer to the guidelines for the [CIS Scheme](#) for further information.

1 Part 6A, *Child Wellbeing and Safety Act 2005*.

REMEMBER

If there is a **serious threat** to the life, health, safety or welfare of a person (such as serious risk of family violence), under the FVIS Scheme and privacy law you can share information, to lessen or prevent that threat without consent of any person. See [Office of Victorian Information Commissioner](#) for further information.

As outlined in **Responsibility 7**, if **serious risk** has been identified through assessment via the MARAM *Responsibilities for Practice Guide*, this **is considered to be an equivalent determination of 'serious threat'** for the purposes of sharing information to lessen or prevent a serious threat under these Acts.

6.6 THE FAMILY VIOLENCE INFORMATION SHARING SCHEME

This section outlines key elements of the Family Violence Information Sharing Scheme (FVIS Scheme). **Detailed guidance on the operation and use of the scheme are available in the Family Violence Information Sharing Guidelines.**

Organisations and services that are prescribed under the FVIS Scheme are known as Information Sharing Entities (ISEs) and are authorised to share relevant information to assess and manage family violence risk.² The FVIS Scheme is intended to improve professionals' and services' ability to keep victim survivors safe and hold perpetrators in view and accountable for their actions and behaviours.

² *Part 5A of the Family Violence Protection Act 2008 (the Act)*. This information sharing scheme was introduced pursuant to recommendation 5 of the Royal Commission into Family Violence, which acknowledged that organisations that work with victims and perpetrators of family violence collect a wide variety of information in order to keep victims safe and hold perpetrators to account. The Commission also identified barriers that prevent information from being shared as effectively as it could be and found that the failure to share crucial information with frontline workers can have catastrophic consequences.

A subset of ISEs, known as Risk Assessment Entities (RAEs), have additional responsibilities to establish whether a risk of family violence is present, assess the level of risk posed and correctly identify the parties as the perpetrator or victim survivor through a comprehensive risk assessment.

A key component of the FVIS Scheme, is that information about an alleged perpetrator or perpetrator can be shared without their consent. Consent thresholds are further explained in Chapter 1 of the guidelines.

Some relevant sections of the guidelines are outlined below. However, you should refer to the guidelines for further information.

6.6.1 When can information be shared under the Family Violence Information Sharing Scheme?

There are two purposes for which ISEs can share information with each other under the FVIS Scheme:

... A family violence assessment purpose (to establish and assess risk):

The primary focus of a family violence assessment is on establishing whether a risk of family violence is present, assessing the level of risk the alleged perpetrator or perpetrator poses to the victim survivor, and correctly identifying the parties as the perpetrator or victim survivor.

... A family violence protection purpose (to manage the risk, including through ongoing risk assessment)

The family violence protection purpose means managing the risk of the perpetrator committing family violence, or the risk of the victim survivor being subjected to family violence. Information can be shared for this purpose when the presence of risk is known.

Managing risk involves removing, reducing or preventing the escalation of risk. As risk is dynamic and can change over time, information can be shared for ongoing risk assessment to monitor risk and escalation. For example, any ISE can request and share information from other ISEs to inform ongoing risk assessment and update risk management and safety plans with the victim survivor.

REMEMBER

Any professional with a role in family violence risk assessment and management can undertake a risk assessment (in line with their role) under the MARAM Framework, such as screening, intermediate or comprehensive assessment. Information may be shared with all ISEs to undertake these functions to manage family violence risk.

Where it is not known whether family violence risk is present or the identity of a perpetrator is unknown or uncertain, then information may be shared with RAEs for an assessment purpose to establish risk or the identity of an alleged perpetrator.

If you have a reasonable belief that family violence risk is present and the identity of the perpetrator or victim survivor/s are clear (e.g. the victim survivor has identified the perpetrator), this would enable any ISE to share information under the FVIS Scheme for a protection purpose.

6.6.2 Talking about consent and information sharing with a victim survivor

In order to provide effective support to victim survivors it is crucial for you to build and maintain relationships of trust with them. An important way of achieving this is through open and transparent communication. This means making it clear that although you and your service will maintain confidentiality where possible, information sharing and other laws mean that relevant information may be shared without consent in some circumstances.

Chapter 9 of the Family Violence Information Sharing Scheme Guidelines provides information on the essential elements of consent, how consent can be given, how it should be documented and what to do when consent is refused or withdrawn.

Under the FVIS Scheme, various consent thresholds apply when information is being shared to assess or manage risk to adult and child victim survivors of family violence.

- ... **Perpetrators and alleged perpetrators of family violence:** Consent of an alleged perpetrator or perpetrator **is not** required when sharing their information under the FVIS Scheme (Chapter 3)
- ... **Adult victim survivor:** Consent is required to share information about an adult victim survivor (a person who is 18 years or over), unless the ISE reasonably believes that sharing confidential information is necessary to lessen or prevent a **serious threat** to an individual's life, health, safety or welfare or the information relates to assessing or managing a risk to a child victim survivor (Chapter 4)
- ... **Relevant third party:** Consent is required to share information that identifies a relevant third party, unless the ISE reasonably believes that sharing confidential information is necessary to lessen or prevent a **serious threat** to an individual's life, health, safety or welfare or the information relates to assessing or managing a risk to a child victim survivor (Chapter 4)
- ... **Child victim survivors:** Consent is **not required** from any person to share their information when you are assessing or managing risk for a child victim survivor (a child is someone who is under the age of 18 years, including infants and adolescents). However, where safe, appropriate and reasonable you should obtain the views of the child and/or other family members at risk of violence (including a parent who is **not** a perpetrator) prior to sharing their information (Chapter 5).

The Guidelines also provide information on having a conversation with an adult victim survivor about obtaining consent and limitations of consent (**Appendix D**) and a child victim survivor about their views and wishes (**Appendix E**) related to information sharing.

6.6.3 How can seeking consent or views inform your risk assessment or management planning?

Asking a victim survivor for their consent or views (as required) about what information is shared and the services you are sharing information with, can often assist you to understand more about the risk they are experiencing. This process can also highlight the barriers or discrimination a victim survivor may have experienced which may change the approach you take to secondary consultation or referral (see *Foundation Knowledge Guide Section 9.4* and [9.5](#)).

In situations where consent is not required (such as where there is a serious threat or if assessing risk to a child), you must seek the person's views on what information is shared and the organisations or professionals you propose to share information with (noting that you are not required to seek consent or views from an alleged perpetrator or perpetrator to share their information).

A victim survivor's views about information sharing can:

- ... Assist you to identify additional risk factors.
- ... Enable you to share information which would support culturally safe service from the receiving professional or service.
- ... Help you share information safely and mitigate future risk of unsafe information sharing by recording in safety plans any known issues with sharing to specific professionals or services.

Examples of where it may not be appropriate, safe or reasonable to seek views of a victim survivor are outlined in the [Family Violence Information Sharing Scheme Guidelines](#).

6.6.4 Information sharing under other laws

If you were already permitted to share certain information under existing privacy laws or another law before the Family Violence and Child Information Sharing Schemes commenced, you can continue to do so. The intersection of the FVIS Scheme and other laws is outlined in Chapter 11 of the Family Violence Information Sharing Guidelines.

6.7 RISK-RELEVANT INFORMATION

Understanding what information is 'risk-relevant' is central to family violence risk assessment and management practice. Also, information that is relevant for a family violence assessment or protection purpose can be shared under the FVIS Scheme.

Identifying what information is 'relevant' will:

- ... Be determined on a case-by-case basis for each victim survivor or perpetrator, depending on the family violence behaviours (**risk factors**) a perpetrator is using against a victim survivor, or each of their circumstances, or related wellbeing and needs to promote stabilisation and recovery
- ... Be information that supports your assessment of **current or future risk**, which can include a perpetrator's past behaviour. Information about a victim survivor's past behaviour is less likely to be relevant
- ... Depend on the **purpose** for which you are sharing the information, such as an assessment or protection purpose (see [Section 6.6.1](#) of this guide and the Family Violence Information Sharing Scheme Guidelines for further information)
- ... Depend on your **role** and the role of the professional/service you are seeking information from or sharing information with

... **Depend on what action you want to take:**

- ... Why are you seeking the information — how will this inform your family violence risk assessment or management role? (e.g. assessment or safety planning)
- ... What action do you want the receiving professional/service to take from your sharing the information?

Risk-relevant information may be information about a perpetrator (their behaviour or circumstances) or a victim survivor (the risk they are experiencing and their circumstances) or another person. The information should be relevant to your decision-making for assessing or managing family violence risk, including stabilisation and recovery.

Information about perpetrator behaviour such as violence used against an adult or child, the presence of risk factors, or a perpetrator's circumstances, are an important first point of reference for understanding what information is risk-relevant. Information that relates to any of the family violence risk factors is described in detail in the *Foundation Knowledge Guide*, and within the guidance on risk assessment in **Responsibilities 3 and 7**.

Relevant information may also relate to a victim survivor or perpetrator's circumstances impacting risk management planning. These may include:

- ... Housing or employment of perpetrator (what is their location and whereabouts?)
- ... Health, mental health, or other wellbeing issues which influence behaviour, decisions or choices
- ... Are there family law orders or intervention orders in place (e.g. exclusion conditions on intervention orders).

Some of these relevant circumstances may be identified through the risk assessment discussion with a victim survivor, or through consideration of the protective factors and safety planning. Further guidance on identifying relevant information about a perpetrator's circumstances is outlined in **Responsibility 7**.

Risk management is **defined broadly to include stabilisation and recovery, such as the impact of family violence on wellbeing and needs**. Under the FVIS Scheme, this means risk-relevant information for a victim survivor, which includes information that relates to wellbeing and needs due to their experience of family violence.

Information relevant to promoting a child's wellbeing or safety can also be shared under the CIS Scheme, including outside of the context of family violence. Information can be shared under the CIS Scheme if an ISE reasonably believes that sharing the information may assist another ISE to:

- ... Make a decision, an assessment or a plan relating to a child
- ... Initiate or conduct an investigation relating to a child
- ... Provide a service relating to a child
- ... Manage any risk to a child.

Information may be sourced from:

- ... Disclosure and/or risk assessment with a victim survivor
- ... Discussion from related third parties such as friends or family members
- ... Victoria Police family violence incident information (your service may receive L17 referrals)
- ... Court records (that are not excluded)
- ... Other records from professional or therapeutic service and relevant databases.

The range of sources of direct disclosure will vary depending on your professional role. Other information can be requested through the schemes from other ISEs under the appropriate assessment or protection purpose, or other applicable authorisations.

If you are uncertain about what information is relevant to share, **seek secondary consultation** internally (within your organisation or service), or externally with a specialist family violence service. If you are concerned or unsure whether information is relevant, you can share information with a specialist family violence service through secondary consultation in a de-identified way.

REMEMBER

You should be discerning about the information you are sharing. It is usually not appropriate to share 'whole records' without review of the content and scope of information contained within them, and you should be guided by the criterion above on the specific information that should be shared.

If working with the victim survivor you should seek their consent to share information, unless consent is not required, in which case you should seek their views, where appropriate, safe and reasonable to do so.

6.7.1 Sharing information relating to family violence risk for children and young people



Children should have their risk and related wellbeing and safety needs individually assessed as per guidance in **Responsibility 3**. Under the FVIS Scheme, information about any person that is relevant to assessing or managing family violence risk for a child can be shared by an ISE without the consent of that person.

However, where it is appropriate, safe and reasonable, you should seek the views of the child or young person, and a parent/carer who is not a perpetrator, on how their information is shared. These views should be taken into account when deciding what information should be shared, including what services you should voluntarily share this information with or how information might be shared when you are obliged to share. Where you have safety concerns about how, when and with whom information is shared, including where doing so may increase risk, this should be reflected in risk management and safety plans (see **Responsibility 4**).

You should make clear to parent/carers (generally mothers) that are not perpetrators, that if their information is shared despite their views, it is being shared to assess or manage risk to a child.

6.7.2 Method of information sharing

The FVIS and CIS Schemes do not dictate that information has to be shared in a specific way. It is common for information to be shared with another professional by a range of methods, including verbally (face-to-face), email and phone. This may depend on the policies of your organisation or the urgency of the request or sharing, and will often depend on whether there is an existing professional relationship or this is the first time you have made contact with a service or professional.

When the information sharing request is time critical, you can phone a professional or service in the first instance. You could then choose to follow up by making the request or sharing the information in writing to enable you to document the request or sharing of information as part of your organisation's good record keeping processes. When sharing and storing information, organisations should follow their obligations for data security under privacy law, if applicable.

You should refer to your organisational policies on information sharing methods to guide you, including your authorisation to share under applicable information sharing laws and how to keep records of any information shared.

If you are uncertain, prior to sharing information, confirm by following your internal processes, such as consulting with a senior practitioner or team leader, or by secondary consultation, to determine if the information you are sharing is **relevant to the purpose** (for an assessment or protection purpose for the FVIS Scheme, or to promote the wellbeing of a child under the CIS Scheme). This will assist in the request process if the responding ISE raises questions about the relevance of information requested.

6.7.3 Collecting and recording information sharing

You should refer to your organisation or service's policies and procedures on record keeping in relation to information sharing. The Family Violence and Child Information Sharing Schemes have specific record keeping requirements that are aligned.

The [Family Violence Information Sharing Scheme Guidelines](#) provide advice on what is required in Chapter 10.

The [Child Information Sharing Scheme Guidelines](#) also include information on record keeping and information management in Chapter 5.

As specified in the Ministerial Guidelines, ISEs should take reasonable steps to correct information recorded or shared about any person if an ISE becomes aware that the information is incorrect. This applies if the information is about a victim, perpetrator or third party.

Professionals should refer to their organisation's policies and procedures to assist with correcting information. Inaccurate information should be corrected as soon as possible after you become aware the information is inaccurate and you should give prominence to any correction on the client's file. This is particularly important if the information may put a victim survivor at risk or a victim survivor has been or may be misidentified as a perpetrator.

6.8 WHAT'S NEXT?

Information sharing can continue to inform your actions for risk assessment and practice, depending on your role, under [Responsibilities 3–4](#), or [7–8](#).

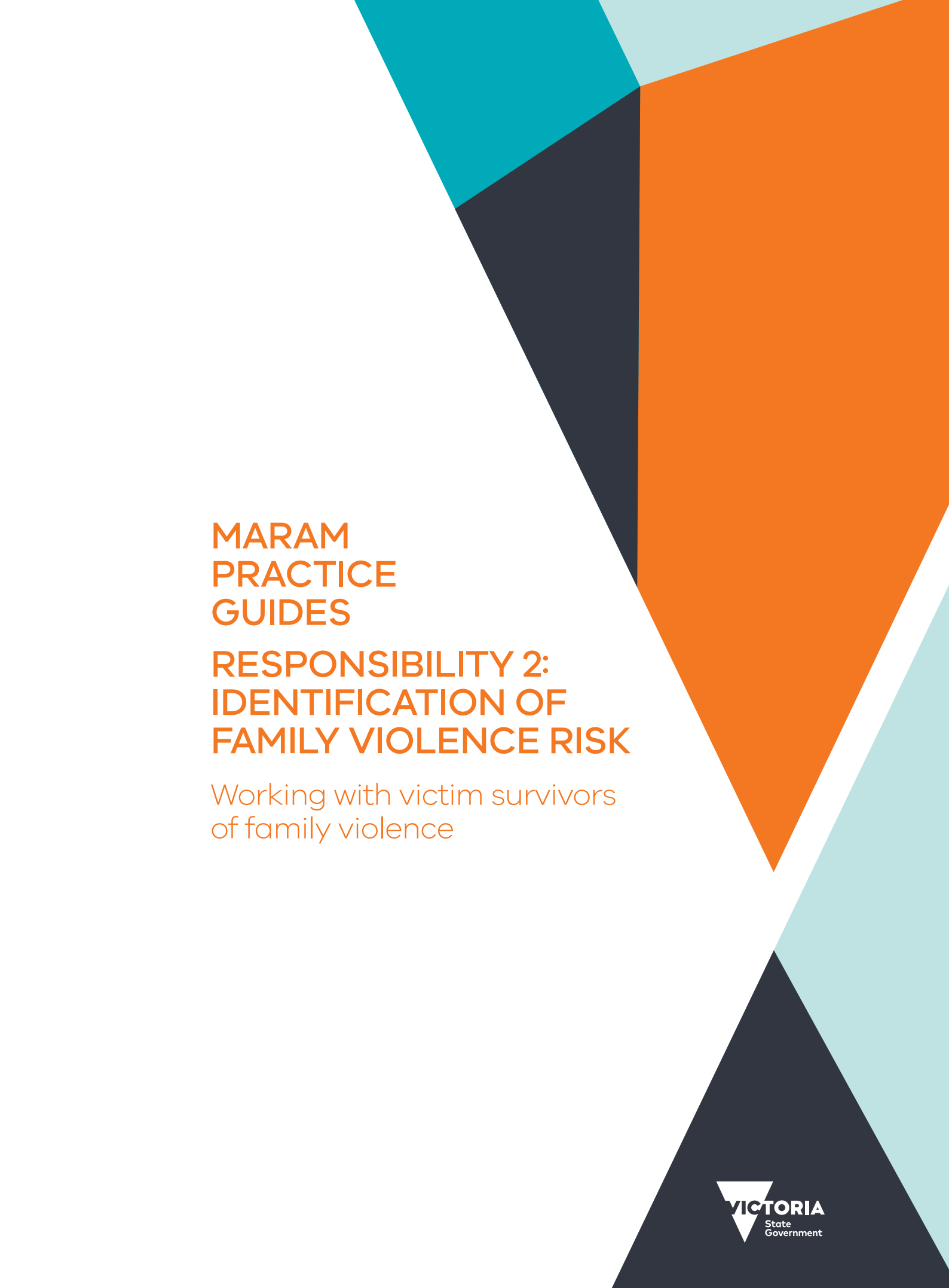
In some situations, it may be necessary to convene a coordinated response to family violence risk, or safety and wellbeing for children. If this is the case, refer to [Responsibility 9](#) for further information.

Ongoing risk assessment and management is also a part of practice. You should regularly review the appropriateness of referrals and follow up with services on the success of the referral and how you can continue sharing information to inform your risk assessment or management approaches. For more information about ongoing risk management practice, refer to [Responsibility 10](#).

6.8.1 Document in your organisation's record management system

In addition to [Section 5.6](#), it is important to document the following information in your service or organisation's record management system:

- ... Copy of any risk assessment or safety plan you share with other services
- ... Under what permission you requested or shared information e.g. Family Violence Information Sharing Scheme, Mandatory Reporting, other privacy law
- ... What organisation or service was contacted for secondary consultation and who you spoke with
- ... Method of request (email, fax, telephone)
- ... What information was requested, the date of request
- ... If and what information was shared, the date, who the information was shared to
- ... If a referral was made — to who and the purpose
- ... Views of the victim survivor around secondary consultation
- ... Outcomes of secondary consultation and referral.



**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 7:
COMPREHENSIVE
RISK ASSESSMENT**

Working with victim survivors
of family violence

RESPONSIBILITY 7

Comprehensive Risk Assessment

7.1	Overview	335
7.2	Structured Professional Judgement in Comprehensive Risk Assessment	336
7.3	Purpose of Comprehensive Risk Assessment	337
7.4	Using Genograms in Comprehensive Assessment	339
7.5	The Comprehensive Assessment Tool	339
7.6	Assessing Risk	341
7.7	Assessing children and young people	348
7.8	Assessing Violence by a Child or Young Person Against a Family Member	353
7.9	Inclusive Practice and Applying an Intersectional Lens when Assessing Risk	356
7.10	Assessing for Traumatic or Acquired Brain Injury as a Result of Family Violence	357
7.11	What Should you Keep in Mind when Asking Risk Assessment Questions?	358
7.12	Identifying Protective Factors	358
7.13	Using an Ecomap in Comprehensive Assessment	359
7.14	Identifying Relevant Information about a Perpetrator's Circumstances	359
7.15	Determining the Perpetrator/Predominant Aggressor and Misidentification	361
7.16	What's Next?	363
	Appendix 11: Comprehensive Risk Assessment Tool	364
	Appendix 12: Genograms	381
	Appendix 13: Risk assessment practice considerations across the community	382

7 COMPREHENSIVE RISK ASSESSMENT

7.1 OVERVIEW

This chapter should be used to guide comprehensive risk assessment of family violence.

This may be following a referral of a victim survivor who has been identified and assessed by another service, receipt of a referral from Victoria Police (known as an L17) or following direct contact and disclosure from a victim survivor.

KEY CAPABILITIES

Professionals required to have knowledge of **Responsibility 7**, should be able to:

- ... Understand and apply all guidance on each of the previous responsibilities
- ... Comprehensively assess the family violence risks, needs and protective factors for victim survivors (adults, children and young people).

This chapter uses **all** elements of the process of Structured Professional Judgement and applies an intersectional analysis to inform the assessment, building on the guidance in the *Foundation Knowledge Guide* and **Responsibilities 1–3**. A comprehensive risk assessment builds on questions about evidence-based risk factors in the intermediate risk assessment, with additional questions relating to:

- ... Presentation of risk factors for people who are Aboriginal or identify as belonging to a diverse community or at-risk age group (for example, older people)
- ... Experience of risk for children and young people.

See the Table 5, **Section 7.5** for information on the structure of the tools.

This guide will enable you to:

- ... Form a professional judgement on the level or 'seriousness' of risk
- ... Provide you with a comprehensive understanding of the experience and presentation of risk for the victim survivor, as well as an understanding of the protective factors
- ... Understand the circumstances of both the victim survivor and perpetrator that can cause change or escalation of risk from the perpetrator.

Guidance on undertaking comprehensive assessment to determine risk for children and young people is in **Section 7.7** of this chapter.

REMEMBER

Guidance which refers to a perpetrator in this guide is relevant if an adolescent is using family violence **for the purposes of risk assessment with a victim survivor about their experience and the impact of violence**. Risk assessment and management for adolescents should always consider their age, developmental stage and individual circumstances, and include therapeutic responses, as required.

This guide also includes practice approaches where misidentification of the victim survivor and perpetrator may have occurred. This is further discussed in **Section 7.15**.

7.1.1 Who should undertake comprehensive risk assessment?

Comprehensive risk assessment is undertaken only by professionals with a specialist level of skill, knowledge and expertise in family violence practice. Specialist family violence practitioners provide services for family violence intervention with all or the majority of their work directly focused on family violence risk assessment and management practice.

For further information please refer to your organisation's family violence policies and procedures and the MARAM *Organisational embedding guide*.

REMEMBER

Generally comprehensive risk assessment and management by specialist family violence practitioners will be undertaken as part of a case management framework that includes engagement, risk and needs assessment, safety and action planning, intervention/implementation of plans, monitoring and coordination and review/case closure.

7.2 STRUCTURED PROFESSIONAL JUDGEMENT IN COMPREHENSIVE RISK ASSESSMENT

Structured Professional Judgement is the practice approach model that underpins the comprehensive risk assessment to support you to determine the current level of risk, history and pattern of violence, and inform risk management and intervention (see **Responsibility 8**).

Comprehensive assessment is the direct asking of questions about evidence-based family violence risk factors that may be experienced by an adult, child or young person. The comprehensive assessment builds on guidance in **Responsibilities 1–3** and supports a person-centred approach to assessment.

Structured Professional Judgement comprises:

- ... A victim survivor's self-assessment of their level of risk, fear and safety, and
- ... The evidence-based risk factors identified as present

With further information to inform the assessment that you can gather from a variety of sources, including:

- ... Interviewing or assessing the victim survivor directly, and/or
- ... Requesting or sharing, as authorised under applicable legislative schemes, with other organisations and services about the risk factors present or other relevant information about a victim or perpetrator's circumstances.

Throughout this process and in the analysis of information to determine the level of risk, you should apply an intersectional analysis lens.

Figure 1: Model of Structured Professional Judgement



An adult victim survivor's self-assessment of risk, fear and safety is central to the assessment process. Where limited information is available, a victim survivor's self-assessment of fear, risk and safety may be relied upon to guide professional judgement about the level of risk. In the context of information known or gained through assessment and/or information sharing, you should be aware and consider if a victim survivor is minimising their self-assessment.



Assessment of evidence-based risk factors may also be informed by information sharing. Specialist family violence practitioners should be proactive in seeking and sharing relevant information to inform risk assessment and management. Information sharing and identifying risk-relevant information is more fully described in **Responsibility 6**.

Intersectional analysis is a key element of comprehensive assessment. Information must be considered in relation to the victim survivor's identity, experience and impact of family violence risk. You should explore the context of barriers to accessing service responses, structural inequality and discrimination.

Using a person-centred approach is consistent with also using an intersectional lens and trauma-informed approach and helps to maintain a focus on the victim survivor and their experience. Understanding the individual's experience and impact of family violence, as well as past service engagement and responses, will inform your professional judgement on the seriousness of risk. This understanding is also key to developing effective risk management and intervention responses.

7.3 PURPOSE OF COMPREHENSIVE RISK ASSESSMENT

Comprehensive risk assessment includes considering the risk, safety and needs of each individual separately, then collectively as a family unit and on the parent/carer-child bond and parenting, for example:

- ... Each child and young person
- ... The parent (who is not a perpetrator)
- ... The parent (who is not a perpetrator) and child/ren together
- ... Perpetrator behaviour.

The purpose of a comprehensive assessment is to:

- ... Determine the level or seriousness of risk and safety for each victim survivor
- ... Understand a perpetrator's pattern of abusive behaviour and circumstances to inform an assessment of whether the victim survivor is at an increased risk of being killed or almost killed (seriousness of risk), the likelihood and severity of future violence, as well as identifying imminent risk
- ... Understand the full spectrum/presentation and impact of risk, for each family member that is affected by the violence
- ... Understand the level of risk at a point in time and changes in risk over time (where ongoing assessment is being undertaken)
- ... Explore the impact of family violence on a victim survivor (particularly children or young people) to inform short and long-term risk management options
- ... Determine the most appropriate comprehensive risk management activities and to safety plan for each victim survivor.

Conducting a comprehensive assessment includes applying professional judgement to the following actions:

- ... Asking directly about the identity and experience of each victim survivor, other family members or people in their care and the perpetrator
- ... Asking the adult victim survivor to describe their level of fear, risk and safety relating to the perpetrator's behaviour towards them and any children. You may revisit this over the course of an assessment if you are also providing information about family violence risk which may support an adult victim survivor in determining their level of risk

- ... Asking young people who are closer to adulthood about their self-assessed level of fear, risk and safety, if you believe it is appropriate for their age and developmental stage
- ... Identifying the range of family violence risk-related behaviours a perpetrator is using by asking questions about known evidence-based risk factors
- ... Assessing a child or young person's risk independently and determining the most appropriate method (see **Responsibility 3**) by either asking questions:
 - ... To a parent/carer who is not a perpetrator about the child's risk, if direct communication with a child or young person is **not safe, appropriate or reasonable** at that time
 - ... Directly to a child or young person if it is safe, appropriate and reasonable using the **Child Assessment Tool** in **Responsibility 3, Appendix 7**. Note that young people who are closer to adulthood may be asked questions in the **Adult Comprehensive Assessment Tool** if you believe it is age and developmental stage appropriate.
- ... Asking questions about additional presentations of risk factors if a victim survivor identifies as Aboriginal or belonging to a diverse community or at-risk age group
- ... Asking about the most recent violence, and the history of violence, by exploring patterns in previous episodes, changes in behaviour, frequency and escalation of severity. This includes what children experienced or have been exposed to
- ... Identifying whether a crime has been committed (for example, physical or sexual assault, threats, pet abuse, theft, property damage, stalking and/or breach of an intervention order). See practice guidance on intermediate assessment in **Responsibility 3, Appendix 8**
- ... Seeking relevant information from other services to assess the risk from the perpetrator in line with relevant information sharing authorisations (see **Responsibility 6**)

- ... Asking about any barriers or discrimination a victim survivor may have experienced that would impact on their experience of risk and/or ability to access services
- ... Identifying protective factors that support safety and recovery, and exploring needs or wellbeing issues that might worsen the effects of violence for the victim survivor and affect the likelihood of experiencing continued violence
- ... Undertaking an assessment to identify the perpetrator/predominant aggressor, if there may have been a misidentification or there is uncertainty about the identity of the parties¹ (see **Section 7.15**)
- ... Using your professional judgement to determine the level of risk present and documenting the rationale for this determination.

Specialist family violence services are likely to have contact with victim survivors at points of crisis and need to quickly and effectively analyse available information to assess the level of risk and develop risk management and safety plans.

REMEMBER

Risk assessment is a 'point-in-time' assessment. For specialist family violence practitioners, monitoring dynamic risk is a key part of ongoing risk assessment. This will support you to develop risk management activities and safety plans that are responsive to any changes in level of risk (such as escalation) or changed circumstances. These are discussed further in **Responsibility 8**.

¹ See the MARAM Framework, definition of predominant aggressor.

7.4 USING GENOGRAMS IN COMPREHENSIVE ASSESSMENT



Basic and intersectional genogram symbols and guidance on how to develop a genogram are in **Appendix 12**.

The genogram is a graphic representation of a relationship, similar to a family tree, that details further information about relationships, hereditary patterns, identity and other family dynamics that may be important. Other details that may be included are how victim survivor/s see their relationship with the individuals listed in the genogram, remembering to also include positive aspects of relationships.

You may wish to use a genogram to better understand the victim survivor's (adults, children and young people) circumstances and family. Developing genograms can also assist in building trust and rapport. Some victim survivors may find a visual picture confronting so use a genogram sensitively and in cases where you think it may be useful.

The genogram is an exercise also used to identify protective factors for the victim survivor when establishing a safety plan. The genogram tool helps the practitioner understand the victim survivor's family structure and identify if there are key people that may strengthen the management of risk and implementing a safety plan. A genogram is useful during a risk assessment to identify who else may be affected by the perpetrator or if there are any additional perpetrators.

In developing a genogram, start with the family structure, and then broaden this by asking details about each person. Use the relevant symbols to visually determine any patterns arising in the family structure. Include a comment box next to the family names for additional notes relevant to that person such as:

- ... "Who are you closest to? Who are you not close to?"
- ... "How often do you see them?"
- ... "Where do they live?"

The victim survivor may want to think of any characteristics or habits their family members have that may be relevant to their safety needs. Consider the intersectionality of the victim survivor and family, such as cultural identities and values. Identify the experience of each family member, including where there has been experience of barriers to leaving the relationship. This process can also identify any access requirements such as a child with a disability who may require regular support or medical intervention. Protective factors that are assessed would then be useful to incorporate into an ecomap.

7.5 THE COMPREHENSIVE ASSESSMENT TOOL

Standalone templates for the:

... **Comprehensive (Adult) Assessment Tool** is in **Appendix 11**

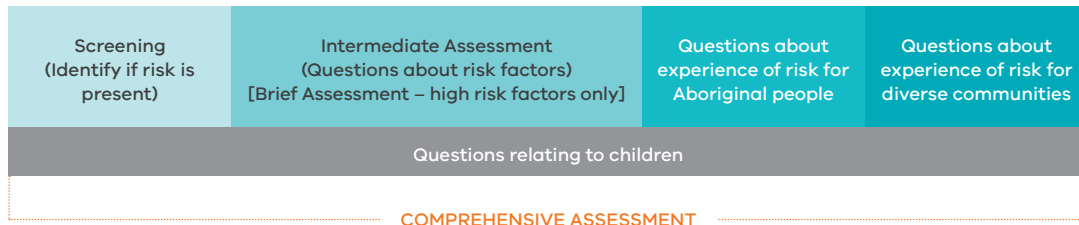
... **Child Assessment Tool** is in **Appendix 7**.

The Comprehensive Assessment Tool is made up of questions related to the evidence-based risk factors and is supplemented with guidance on the related risk factors outlined in **Appendices 8 and 13**.

Comprehensive risk assessment often follows or builds on screening or intermediate assessment. You may have received a copy of a completed intermediate assessment in a referral from another organisation or professional. If so, you can review and use this information to inform your comprehensive assessment.

The **Comprehensive Assessment Tool** has **additional questions**, if applicable, relating to key risk factors for Aboriginal people or people who identify as belonging to a diverse community or at-risk age group (for example, older people).

Figure 2



When undertaking comprehensive risk assessment:

- ... **Assess an adult** by asking them questions about their risk. Questions in the **Comprehensive Assessment Tool** are grouped according to:
 - ... Risk-related behaviour being used by a perpetrator against an adult, child or young person
 - ... Self-assessment of level of risk (adult victim survivor)
 - ... Questions about imminence (change and escalation), and
 - ... Additional questions about presentation of risk for Aboriginal people and people from diverse communities.
- ... **Assess a child or young person** by asking questions directly about their experience of risk or through a parent/carer who may also be a victim survivor. Questions in the **Child Assessment Tool** include:
 - ... A section about risk factors present from an adult victim survivor assessment. This enables you to carry over information about a parent/carer’s risk and identify factors that are also relevant to the child’s assessment
 - ... Additional questions that can be asked to an older child/young person (if safe, appropriate and reasonable). These can be tailored in the language used to ensure they are also age and developmentally appropriate.

REMEMBER



Children and young people should be heard throughout each part of the process, from screening,

assessment, safety planning, needs assessment and risk management. Their voice can be heard by:

- ... Engaging with the adult parent/carer victim survivor about the child’s experience of risk, or
- ... Asking direct questions to the child or young person if it is safe, appropriate and reasonable to do so, that are appropriate to their age and developmental stage and the individual circumstances.

Supporting and strengthening the non-offending parent/carer-child bond and parenting capability is a key focus of specialist family violence practice, particularly where this has been undermined by the perpetrator’s use of family violence. For this reason, you may consider introducing questions relating to a child or young person’s experience of violence only as you develop rapport and trust with the parent/carer victim survivor, particularly if there are concerns about involvement with statutory services.

NOTE:

A **Child Comprehensive Assessment Tool** and guidance will be developed for release in early 2020. This will cover further risk factors outlined in the *Foundation Knowledge Guide*.

7.5.1 Responses to questions

The questions in the **Comprehensive Assessment Tool** are about the presence of family violence risk factors. The responses to questions are 'yes', 'no', and 'not known'.

A 'yes' may be indicated if:

- ... The person **discloses that the risk factor is present**, or
- ... You have **noticed observable signs or indicators** (see **Responsibility 3**), or
- ... You have **received the information** from another source.

The context and circumstances of risk factors that are identified should be noted in comments (for example, if information is received from another source).

If you cannot ascertain the answer to a question, then use "not known". This may be if you don't have the opportunity to ask the question or if you don't get a clear response. You should make a comment if you haven't been able to ask the question.

You should let the person know that they can choose not to answer a question, if they do not want to. For example, "I am going to ask you a series of questions. All are important for assessing risk, however, you may choose not to answer any question I ask if you do not want to". This is particularly important when communicating that information may be shared with others, particularly if there is a serious risk/threat (see **Responsibility 6**).

When you have a comprehensive understanding of risk, you can also explore the impact of risk to inform risk management and safety planning. This includes understanding protective factors which support safety and assist in addressing needs and wellbeing.

A comprehensive assessment should be reviewed and updated at each engagement with the victim survivor, to understand if there have been any changes and to identify escalation in risk over time. Focus on asking about changes in the perpetrator's behaviour, including frequency and escalation, to assess whether the risk level has shifted.



7.6 ASSESSING RISK

Risk factors outlined in the *Foundation Knowledge Guide* are reflected in the risk assessment questions contained in the **Adult Comprehensive and Child Assessment Tools**. Individual responses to each question will guide your assessment of the level of risk and corresponding approach to risk management (see 'Risk Management' in **Responsibility 8**).

Strong evidence shows that a number of risk factors are crucial indicators that the victim survivor (adults, children and young people) are at an increased risk of serious injury or death. These are high-risk factors. Children and young people's risk should be independently assessed and informed by the risk level for an adult victim survivor, including potential risk of serious injury or death. Further guidance on assessing risk to children is in **Section 7.7** of this chapter.

REMEMBER

The level or seriousness of family violence risk is dynamic and may change over time due to changes in the perpetrator's behaviour. It is important to regularly revisit and revise risk assessment with a victim survivor at each service engagement.

7.6.1 Levels of risk

There are three recognised levels of risk, 'at risk', 'elevated risk' and 'serious risk'. **Table 1** is replicated from **Responsibility 3** for easy reference.

Table 1: Levels of family violence risk

At risk	<p>High-risk factors are not present.</p> <p>Some other recognised family violence risk factors are present. However, protective factors and risk management strategies, such as advocacy, information and victim survivor support and referral, are in place to lessen or remove (manage) the risk from the perpetrator.</p> <p>Victim survivor's self-assessed level of fear and risk is low and safety is high.</p>
Elevated risk	<p>A number of risk factors are present, including some high-risk factors. Risk is likely to continue if risk management is not initiated/increased.</p> <p>The likelihood of a serious outcome is not high. However, the impact of risk from the perpetrator is affecting the victim survivor's day-to-day functioning.</p> <p>Victim survivor's self-assessed level of fear and risk is elevated and safety is medium.</p>
Serious risk	<p>A number of high-risk factors are present.</p> <p>Frequency or severity of risk factors may have changed/escalated.</p> <p>Serious outcomes may have occurred from current violence and it is indicated further serious outcomes from the use of violence by the perpetrator is likely and may be imminent.</p> <p>Immediate risk management is required to lessen the level of risk or prevent a serious outcome from the identified threat posed by the perpetrator. Statutory and non-statutory service responses are required, and coordinated and collaborative risk management and action planning may be required.</p> <p>Victim survivor's self-assessed level of fear and risk is high to extremely high and safety is low.</p> <p>Most serious risk cases can be managed by standard responses (including by providing crisis or emergency responses by statutory and non-statutory (e.g. specialist family violence) services. There are some cases where serious risk cases cannot be managed by standard responses and require formally convened crisis responses.</p> <p>Serious risk and requires immediate protection:</p> <p><i>In addition to serious risk, as outlined above,</i></p> <p>Previous strategies for risk management have been unsuccessful.</p> <p>Escalation of severity of violence has occurred/likely to occur.</p> <p>Formally structured coordination and collaboration of service and agency responses is required. Involvement from statutory and non-statutory crisis response services is required (including possible referral for a RAMP response) for risk assessment and management planning and intervention to lessen or remove serious risk that is likely to result in lethality or serious physical or sexual violence.</p> <p>Victim survivor self-assessed level of fear and risk is high to extremely high and safety is extremely low.</p>

7.6.2 Victim survivor's self-assessment risk



This section builds on guidance in **Responsibility 3, Section 3.7.5**.

The questions in the section 'Self-Assessment' in the **Comprehensive Assessment Tool** explore the survivor's view about their level of risk.

You should revisit the self-assessment at the end of the risk assessment process. The victim survivor can further assess their level of risk, based on your discussion regarding risk factors present, the information you provide about them and your concerns.

Evidence is clear that an adult victim survivor's self-assessment of risk should be a crucial input to your assessment. Where self-assessment questions indicate that the adult victim survivor considers themselves (or any child victim survivor) to be at 'high' risk, they will be determined to be at serious risk, even if other risk factors have not been identified as present.

Self-assessment may cover questions relating to an adult victim survivor's feeling about level of risk. This may include asking them to describe how they feel fear, such as:

- ... *"How scared or afraid do you feel given what happened in the last incidence?"* (such as 'not afraid', 'afraid', 'very afraid' or 'extremely afraid')
- ... *"Do you think the violence will continue?"*
- ... *"How do you know when you're not safe? How does your body respond to danger? Is the situation getting worse?"*

A young person who is closer to adulthood may be asked to self-assess their risk.

If age and developmentally appropriate, an older child may also be asked about their level of fear, and the impact or anxiety they may feel relating to their experience of risk may inform your assessment. It might be useful to provide a scale, such as:

- ... *"Are there times that you feel unsafe or scared?"*
- ... *"How unsafe do you feel? Can you answer this as a number out of ten, if 1 is a little bit scared, and 10 is very, very scared?"*

... *"Are there people in your family that you feel nervous or scared around? Who?"*

... *"Do you feel that way all the time or just sometimes? When?"*

... *"What is usually happening when you feel frightened? What do you feel frightened about?"* (prompt for fears for self, mother, siblings or other family members, possessions, pets)

There is **no current evidence base** that a younger child's self-assessment of risk is reliable in determining their level of risk. However, asking the child or young person about their experience of fear may support validation of their experience by supporting them to feel heard, and for you to consider in your risk management responses.

When children are too young to be interviewed or talked to about their experience of family violence, behavioural observation from other sources such as school and day care can assist in the assessment process, particularly observation about changes in behaviour.

You can ask an adult about their child's experience of risk or fear, such as:

- ... *"What do you notice about your children's behaviour when violence is occurring?"*
- ... *"Have you noticed a change in their behaviour?"*

Information from a parent/carer about how a child may be experiencing fear or risk may inform your assessment. However, each child's risk should be assessed independently. An adult's self-assessment of fear, risk and safety is also relevant to assessing the risk to a child.

There may be times when their self-assessment of their level of risk or fear may not align to your assessment of risk factors present and the level of risk to themselves or their children. This might be because they fear the consequences of disclosure or have become desensitised to high levels of risk and violence due to their experiences.

You must use all the information obtained from the assessment process (including information shared from other sources such as police) to determine how much emphasis to give to the victim survivor's assessment of their situation.

Some victim survivors may be acclimatised to a level of risk or fear, often as a coping mechanism. They may indicate a low level of risk or fear if you have not yet established a level of trust or they are concerned about the involvement of Child Protection or other services. If the presence of risk factors indicates a level of risk which is inconsistent with a victim survivor's own views about risk, fear or safety, you should sensitively enquire into their reasoning for the self-assessment. This may include providing information about the evidence base for risk factors, and your concerns about the level of risk from your assessment.

REMEMBER



Many victim survivors fear having their child/ren taken from them by Child Protection. This fear might be particularly strong for Aboriginal women, women with a disability or serious mental illness, women from a multicultural, faith or linguistically diverse community, including women who are not permanent residents, and women who were either removed themselves or have had children removed previously. It is not uncommon for perpetrators to use threats to have children removed.

Directly acknowledge a victim survivor's fears and be clear about your agency's processes regarding duty of care. It is helpful to use a strengths-based approach, in which you affirm the victim survivor's attachment to their child, and work towards establishing your shared commitment to the child's wellbeing.

Victim survivors with a disability might benefit from additional specialist support or advocacy in this context. Secondary consultation with or direct involvement (with the victim survivor's permission) of an Aboriginal or bi-cultural worker could help you to understand and respond sensitively to the depth of child-removal concerns held by Aboriginal victim survivors, or victim survivors from multicultural, faith and linguistically diverse communities. This is an important aspect of cultural safety.

7.6.3 Severity

This section builds on guidance in **Responsibility 3, Section 3.7.5**.

Severity can be explored by asking questions about current risk factors and history of violence. The presence of high-risk factors, the recency/currency of these behaviours being used, together with the likelihood and timing of future violence occurring, can assist in understanding seriousness of risk.

7.6.3.1 Static and dynamic risk factors:

Risk factors are recognised as static or dynamic. That is, how much they change (present/not present, frequency, escalation). Some risk factors are 'highly static', such as history of violence. Some are 'highly dynamic', such as alcohol/substance abuse/misuse or access to weapons. **The key to understanding seriousness of risk is to understand how risk changes or escalates over time.**

To understand and analyse changes in risk or escalation over time, you should regularly revisit these questions with a victim survivor (ongoing assessment). Some victim survivors will also moderate how much information they provide, particularly if you are in the early stages of building trust and rapport. Further detail on ongoing assessment is in **Responsibility 10**.

FURTHER INFORMATION:

Relating 'serious risk' to 'serious threat'

The determination of 'serious risk' correlates to the test of 'serious threat' set out in the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. The test for these Acts relates to broader serious threat to life, health, safety or welfare of any individual which may occur within or outside the context of family violence. If a serious risk has been identified through assessment under the MARAM Practice Guides, this is considered akin to a determination of 'serious threat' for the purposes of sharing information without consent to lessen or prevent a serious threat under these Acts.

When high-risk factors indicating severity are identified as present, particularly if they are assessed as changing or escalating this may indicate that the risk of likelihood is also increasing or becoming *imminent*.

7.6.4 Likelihood and timing

Likelihood and timing are understood through an analysis of history and patterns of violence and changes to frequency and escalation.

Likelihood and timing should be explored by identifying risk factors that are 'likely' to happen 'soon' or at a known time, such as release of a perpetrator from correctional services. Likelihood and timing can be difficult to assess without a current/known threat. An analysis of the current risk factors, changes to frequency and escalation, and a history of violence can provide strong evidence. Each identified risk factor should be responded to through risk management and action planning (including information sharing), appropriate to the identified severity and likelihood/timing.

Timing is broader than the concept of imminence², which is the proximity of threat or a known risk factor and evidence of likely immediacy that the risk will occur. Imminence may indicate how quickly and also what crisis or urgent risk management or perpetrator intervention responses should happen.

Table 2 (below) outlines the Comprehensive Assessment Tool questions, as well as guidance on the context and importance of the questions and suggested level of risk based on the individual's response to these questions.

2 'Imminence' has been removed from the PDPA and HRA, which now requires that a threat be only 'serious' before information can be shared to 'lessen or prevent a threat to an individual's life, health, safety or welfare'.

7.6.5 Frequency

Likelihood and timing can be further analysed by understanding frequency. You should explore if frequency has changed or escalated, particularly for identified high-risk factors.

If the answer to a question is no, no further exploration is required for that factor, and you can state that if this occurs in future, to keep you informed and seek further assistance.

If the answer to a question is yes, you can explore frequency by providing examples of time periods and asking, "How frequently?" to establish a baseline.

Frequency by itself is not always a significant indicator of the level of risk — you should further explore questions to understand if frequency has **changed or escalated**. This is particularly important for some high-risk factors. You can ask, "Has this changed in frequency or escalated recently? Over time?"

Table 2 (below) is a guide for exploring frequency as a baseline to support identifying escalation or changes in risk factors being used. If a victim survivor provides an alternative way of describing frequency or change, you can be guided by their approach.

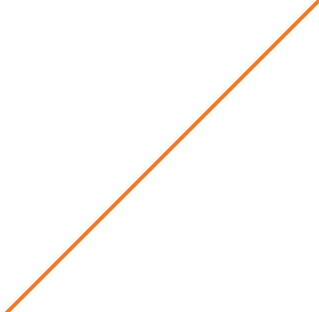


Table 2: An example of responses that may assist you to explore frequency include:

Frequency description	Example of frequency (to support a shared understanding)	Action
Once only or Rarely	A few times per year	Provide information and resources, including to seek assistance if change or escalation in frequency or severity such as behaviour causing fear, occurs.
Sometimes	Monthly / at least once a month / every few weeks Has the frequency or severity changed/escalated?	This may indicate elevated risk. You should continue with the assessment to understand if urgent risk management action is required, and/or consultation/referral for comprehensive assessment should be undertaken.
Often or Always/all the time	Weekly / at least once a week Daily Has the frequency or severity changed/escalated?	This may indicate serious risk . If this relates to high-risk factors, consider if urgent action is required, undertake risk management and safety planning, and/or seek secondary consultation/referral for comprehensive assessment and management.

It is also critical to understand the frequency of feeling afraid, in order to guide you on whether any immediate management responses are required.

7.6.6 Change or escalation in frequency or severity

After you have explored frequency, you can ask related questions about change in use of behaviours that might indicate escalation.

If risk has changed in frequency or by the nature of behaviours being used by a perpetrator, this would indicate escalation of risk. It is a strong indicator of seriousness of risk if the perpetrator is using more specific threats or increases the use and severity of violence.

After you have explored frequency, you can also **ask related questions about change in behaviours/risk factors that might indicate escalation in either severity.**

- ... If risk factors have changed in terms of frequency or in the nature of the perpetrator behaviours (for example, increased severity) this would indicate escalation of risk. It is a strong indicator of seriousness of risk if the perpetrator is using more specific threats or increases the use and severity of violence
- ... You should also consider the **scale of the escalation and the impact** on the victim survivor.

Change or escalation in frequency or severity may also relate to the history of violence used and threats that the violence will occur again. For example, the frequency of the use of violence may be low, however, the threat is current/ongoing and severity level is high. This is particularly important for physical harm and sexual assault of victim survivors, which may have occurred in the past and there are current threats from the perpetrator that this violence will reoccur as a tactic of coercive and controlling behaviours.

7.6.7 Information sharing

As outlined in **Responsibility 6**, you should actively seek relevant information from other sources to inform your risk assessment. This information can be included in your assessment, and supplement information that is received from the victim survivor. You can include information received about risk factors as 'yes', 'no' and 'not known' in the comprehensive assessment and note the source in comments.

7.6.8 Determining seriousness of risk

Use the model of Structured Professional Judgement to determine seriousness of risk by considering the range of information available to you, as well as your analysis of how these elements interact. This process should be applied to both adult and child victim survivors.

Where considering risk for children, refer to additional guidance at **Section 7.7** in this chapter.

Apply an intersectional lens to this model by ensuring each victim survivor's identity and experience of structural inequality and discrimination is considered in relation to how this interacts with their experience of risk. Practice guidance on some of the common presentations for people who identify as Aboriginal or belonging to a diverse community are explored in **Appendix 13**.

Risk assessment relies on the elements of:

- ... A victim survivor's self-assessment of their level of risk, fear and safety, and
- ... The evidence-based risk factors identified as present

With further information to inform the assessment that you can gather from a variety of sources, including:

- ... Interviewing or 'assessing' the victim survivor directly, and/or
- ... Requesting or sharing, as authorised under applicable legislative schemes, with other organisations and services about the risk factors present or other relevant information about a victim or perpetrator's circumstances.

These elements, and your analysis of their interaction with protective and circumstantial factors, support you to form a judgement on the level of risk.

The victim survivor's **self-assessment** of risk is a key component of the risk assessment and should be considered at each assessment. Self-assessment of risk, safety and fear is often an **accurate source of information** on the seriousness of risk, even if other risk factors have not been identified as present during assessment.

When a victim survivor indicates that:

- ... Some of the risk factors are not present or are rarely present and/or
- ... That the high-risk indicators are not occurring

Then their risk level is determined to be at a lower level and a corresponding lower level response is recommended.

Each risk factor that is threatened or identified as present, should be considered in the context of their severity, timing and likelihood of actually happening, particularly high-risk factors. These are described above³ as:

- ... **Severity:** the risk will result in significant consequences. That is, it is likely to result in a victim survivor being killed or almost killed (such as serious injury), and may be indicated by the presence of **high-risk factors**. When high-risk factors are identified as present, particularly if there has been a change in frequency or escalation, this would indicate a **serious level of risk**

³ Adapted from Office of the Victorian Information Commissioner, Removal of 'imminent' from the IPPs and HPPs, page 4

... **Likelihood and timing**⁴: the chances that the risk will actually happen, or it is likely the risk of harm will occur, as well as how soon the threat is likely to occur or if the threat is ongoing. Likelihood may be assessed with an understanding of the **history and pattern** of violence used and exploring change in **frequency or escalation** over time.

You can consider risk factors in the context of protective factors. These **are not used to understand risk mitigation** but should inform seriousness of risk and its impacts, and risk management planning.

You should apply an intersectional analysis lens to risk factors identified, and whether the presentation, impact or responses to any risk factors should be specifically responded to through your risk management response.

Together this information — **reflecting on the description of each risk level** on the actions required of you or other services to mitigate the identified risk (at **Table 1**, above) — will support your decision-making on the level of risk present, and your risk management planning.

4 'Imminence' is no longer a consideration for sharing information under the *Privacy and Data Protection Act 2014* and *Health Records Act 2001*.

7.7 ASSESSING CHILDREN AND YOUNG PEOPLE



You may work with children and young people directly or indirectly and this will vary on a case-by-case

basis. Several factors may influence direct interaction with children and young people including, the age and developmental stage of each child or young person, their circumstances, and whether direct service access is available (for example, an adult victim survivor may be accessing services while the child/young person is in school).

Working with children and young people can include:

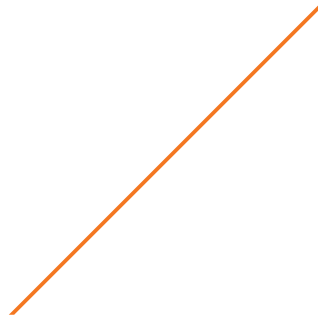
- ... Risk and needs assessment for each child or young person via the parent (who is not a perpetrator)
- ... Risk and needs assessment directly with the child or young person
- ... Addressing children and young people's needs individually, and in conjunction with the parent (who is not a perpetrator), including increasing protective factors.

REMEMBER

Children and young people can be affected by family violence even if they do not directly witness it. You should always ask the parent/carer victim survivor about what any children or young people who live with them (or who have contact with the perpetrator) are experiencing.

The impact of direct and indirect experiences of family violence is commonly called 'child abuse'. However, you should be aware that this is often **an outcome of family violence** behaviours being used by the perpetrator against the child (directly) or they are witnessing or being exposed to the impacts on a parent/carer and their relationship.

Where family violence risk factors are being used by a perpetrator each adult and child family member should be assessed for their experience of family violence risk.



The purpose of a family violence risk assessment for children and young people is to identify and manage risks that the family violence poses to their safety and wellbeing. Risks can present and impact on children and young people differently, depending on their age and developmental stage, as well as particular circumstances.

These risks may include:

- ... If an adult has been identified as a victim survivor, children and young people are also likely to be victim survivors in their own right, either directly or indirectly experiencing violence
- ... The possibility that a sibling, grandparent or extended family member is perpetrating family violence against them
- ... Children witnessing or overhearing the violence causes fear and other harm
- ... Children and young people are not usually passive bystanders. The perpetrator may draw them into the abuse, using coercive tactics such as criticism and undermining. Alternatively, the child or young person may intervene to protect the other parent or find other ways to try and manage the violence
- ... Family violence impacts the health, mental health and emotional wellbeing of children and young people. Tactics of abuse may also include undermining parenting, negatively impacting the relationship of the child or young person with their parent/carer who is also experiencing family violence
- ... A number of factors can influence the impact the family violence has on the child or young person's welfare such as individual characteristics, attachment to parent and protective factors such as a supportive school, friendships and extended family members

- ... The perpetrator may not return children from shared care arrangements, or in some circumstances may abduct children
- ... The possibility of destructive behaviour between siblings
- ... The capacity of the perpetrator for change to stop the family violence and to support a healthy relationship that meets the emotional and developmental needs of the child.

The risk and needs of children and young people can be different to those of the adult person experiencing family violence. Each child in the family may also be affected differently and react differently to dynamics of family violence. You should understand a child or young person's experience in the context of their development, daily life, sibling, parental and peer relationships, and connection to culture and community. Also consider the impact of family violence on the family functioning, such as financial abuse, the disabling of the child's mother through violence, the need to constantly re-locate etc.

Establish if Child Protection or child and family services have been, or are, involved. If the adult victim survivor tells you that their child has been hurt or injured or are showing signs of significant trauma, follow your obligations to report to child and family services or Child Protection if there is significant concern such as physical or sexual abuse of children.

7.7.1 Approaches to assessing children or young people

Your assessment must focus on the risk and needs of the children or young people.

The **Child Assessment Tool** in **Appendix 7** includes questions that can be asked:

- ... Of a parent/carer about a child/young person
- ... Directly to an **older** child or young person if age and developmental stage appropriate.

It also includes questions that may be asked of **younger** children if age and developmental stage appropriate.

You should also consider if there are multiple family violence perpetrators and who might be a supportive adult if both of the children's parents/carers are using family violence behaviours.

Remember that it is ideal if an older child or young person can be directly asked about how safe they feel and what they need in order to feel safe. A trauma-informed approach should be used which understands the child's behaviour in terms of their experiences of abuse and fear. Considerations for children must be appropriate to their developmental stage and include:

- ... Their own views of their needs, safety and wellbeing
- ... Their current functioning at home and school and in other relevant environments
- ... Their relationships with family members and peers
- ... Their relationship with the perpetrator
- ... Their relationship with other people experiencing family violence in the household, particularly if it is their mother

- ... Their sense of cultural safety, where relevant
- ... The level of support available if they are a child with a disability
- ... Their developmental history, including experiences of family violence or other types of abuse or neglect.

Consider if the child or young person is at risk from people outside the family, such as in the community, in clubs or other social engagements. This may indicate there is an environment of polyvictimisation (that is, multiple sources of harm, including outside of the family) that may connect to a child's family violence risk. The *Foundation Knowledge Guide* outlines risk factors of a child's circumstances which may support you to identify external risk.

If external risk factors relating to a child's circumstances are present, this may also indicate the presence of family violence. If a child or young person is experiencing risk in the community, consider how this is cumulatively impacting them, and also how you might manage both causes of risk.

Rapport is particularly important as a child or young person will need to have some confidence in you before answering the risk assessment questions. Use child friendly activities and age and developmental stage appropriate supports for talking with young children (refer to **Responsibility 1**).

Work to create a place of emotional and physical safety for the child before asking assessment questions. Start by asking prompting questions such as:

- ... "What are the things that make you feel happy or that you like to do?"
- ... "Who supports you?"
- ... "What are the things that make you feel safe?"

7.7.2 Other considerations in assessing risk to children and young people

To understand the impact of violence on children and young people, you should maintain a lens on the parent/carer-child bond (usually a mother who is also a victim survivor) and parenting. You should:

- ... Ensure you do not blame the child or young person or parent/carer (who is not a perpetrator) for family violence or its impacts
- ... Strengthen parenting and the parent/carer-child bond, which may have been undermined by the perpetrator
- ... Hold perpetrators accountable, by placing responsibility for the use of violence with the perpetrator, not the child/young person or parent/carer (who is not a perpetrator)
- ... Advocating to services and systems, in partnership with the parent/carer who is protective, so that they are not held responsible for the perpetrator's actions and behaviour or its impact on children and young people
- ... Recognise and respond to the direct and indirect impact on children and young people including emotional, social, educational challenges, and attachment or bond with the parent/carer (who is not a perpetrator).

There may be some barriers to parent/carers engaging and disclosing risk to children and young people. These may include parental shame, fear of statutory intervention and child removal, seeing questions as intrusive and undermining, particularly if a perpetrator has used violence to attack the parent/carer-child bond.

REMEMBER

Your assessment will be more accurate and complete if children and young people have direct input. For example, you might note there are a range of potentially supportive adults in a child's life. However, the child themselves is best placed to tell you if they see these adults as supportive, and the degree to which they feel safe or trust them.

7.7.3 Parental guilt and shame

A parent's sense of guilt and shame about their own and their child's experience of family violence might have a significant impact on their ability to engage with you and the assessment process. You need to be able to draw on a parent's knowledge of their child for the assessment and should do so in ways that do not reinforce guilt and shame or reduce their engagement. Parents/carers can minimise the impact of violence on a child, due to fear or concern about child removal.

You should outline the purpose of the assessment questions so that the parent/carer can understand the importance and scope of the questions and what you will do with the information. Explain to the parent/carer the importance of understanding the risk of each family member individually, as well as risk for the family unit. Also, explain that this will support your risk management and safety planning responses.

Your role is to assist them to take an objective look at the child's experience, feelings and needs. It can help to:

- ... Acknowledge any shame or guilt that the parent/carer might be feeling
- ... Reinforce the perpetrator's responsibility for the violence and its impact of violence
- ... Outline the shared responsibility of all adults in a child or young person's life to contribute to their safety and that they cannot individually be held responsible for keeping the child or young person safe
- ... Emphasise the need for the child to be safe and supported, and briefly outline what might be needed for this to happen with assessment being a key step in this process.

A parent's feeling of shame can arise at any time while you are talking. As the discussion progresses, the enormity of the impact of family violence on a child might become more apparent to the parent/carer. Take care to maintain engagement by recognising and responding to signs of shame.

For Aboriginal people, colonisation, dispossession, and current and past policies and practices have created a deep mistrust of people who offer services based on concepts of 'protection' or best interest. By acknowledging these thoughts and feelings you can support and advocate for Aboriginal parents/carers to maintain and strengthen parenting and bond with their children, when you are also required to report the behaviours of the perpetrator to statutory services.

Be aware of victim-blaming beliefs and perceptions such as misconstruing actions which are protective with *responsibility* for the child or young person's experience of risk and its impacts, including for adult victim survivors who are living with or share parenting responsibilities with the perpetrator.

7.7.4 Communicating risk for children or young people to their parents

It is imperative for you and the adult victim survivor to understand the impact the family violence is having on any children in the family. A good place to start is by asking adult victim survivors whether they believe the children are safe in the family home. Adult victim survivors may need support to understand this.

Sometimes a parent/carer can be guided to a greater understanding with questions, such as:

- ... *"How do you think (child's name) would describe life at home?"*
- ... *"What changes do you think (child's name) would like to see made at home?"*
- ... *"Have you noticed how the children are after (perpetrator's name) has been violent to you?"*

A parent/carer may seem unaware of the impact on, or level of risk for the child or young person or may have a view of the level of risk that differs from your observation or judgement. If this occurs, you could:

- ... Ask what behaviours they have noticed in their child/ren — is there anything worrying them about those behaviours?
- ... Discuss the different behaviours that children are showing and whether any of them are of concern (e.g. inability to sleep, problems fighting with other children, bed-wetting etc.)
- ... Provide resources on the impact of family violence on children and young people
- ... Ask them about the ways in which they have worked to protect their children. Make sure that these protective actions are clearly documented. Explore further whether protective actions that have previously worked are now no longer working
- ... Encourage them to discuss the issue further with a worker who works closely with children.

Your role is to validate and understand the experience of victim survivors and support the adult victim survivor (who may be a parent/carer) to validate and understand their children's experience of the family violence. Exploring this together is an important aspect of ongoing intervention with a parent/carer and child victim survivors and must be considered in planning for risk management.

7.8 ASSESSING VIOLENCE BY A CHILD OR YOUNG PERSON AGAINST A FAMILY MEMBER

7.8.1 Overview



Violence can be used by a child or young person against any family member, including a parent, sibling, or other family member. A young person may use violence toward their intimate partner. This is often referred to as adolescent family violence.

REMEMBER

Under the *Family Violence Protection Act 2008* 'child' is defined up to age 18 years.

'Young person' is not defined in legislation and may be up to age 25 years.

Violence used by young people is sometimes described as 'adolescent family violence'. However, the age group of children and young people can extend outside of the 'adolescent' age period of 12 to 18 years.

The behaviours used by a child or young person may reflect the full range of recognised family violence risk factors. Children and young people that use violence may themselves have also experienced or are continuing to experience family violence.

The terminology 'child or young person who uses violence in the home' should be used instead of perpetrator. Family violence by children or young person has different characteristics and unique responses are conceptualised and practiced for this vulnerable cohort. Use this terminology in practice to support engagement of families and parents/carers who may not want to talk about their children as abusive or violent. Using the term 'perpetrator' may create a barrier if there is a degree of parent/carer shame, self-blame, denial or fear of criminal, service or statutory involvement. It also does not adequately respond to situations where a young person has also experienced family violence.

Children and young people who use violence often experience complex behavioural, mental, physical and emotional issues, such as:

- ... Neurobiological harm caused by developmental trauma (exposure to family violence or neglect)
- ... Emotional harm caused by recent exposure to family violence, abuse, abandonment or chronic neglect, substance abuse, family breakdown, unresolved grief and loss
- ... Undiagnosed mental health issues.

Children and young peoples' use of violence may co-occur with substance use, health issues or education/social disengagement, which increase existing emotional dysregulation.

Children and young peoples' use of violence towards family members has both similarities and differences with adult-perpetrated family violence. Adolescent family violence is gendered with the majority of violence being used by male children and young people. However, female children and young people also use violence, and fathers and other adult and child family relatives may be victims. The drivers of this form of violence is also from a sense of entitlement to gain power and control. Similarities lie in the fact that the majority of victims are female (mainly mothers and often single mothers).

More male than female children and young people are involved in using violence towards a family member, but the pattern is not as marked as in adult violence. The general pattern is for girls to begin at an earlier age and grow out of the use of violence and abuse, while boys may begin later but the violence may increase with age and may also begin to present in their intimate relationships. Where there are other children in the family, there is a high probability that they will be experiencing violence, as well as their parent/s. Research suggests that abuse of parents/carers tends to begin with verbal abuse before escalating to other forms and can increase in both frequency and intensity without intervention.

While violence by an adolescent is clearly a form of family violence, the risk assessment practice should reflect both their use and experience of violence, and risk management responses need to be clearly differentiated from the response to adult perpetrators. Remember that children and young people are still developmentally young, and you should consider their protection, safety and developmental needs, as well as how to address their offending behaviour. A therapeutic and holistic response which addresses risks and needs as well as the sources of violence and abuse are recommended over a criminal justice response.

A key focus of effective interventions should be family connection, as well as the child or young person's wellbeing and safety within the context of the violence they are using. Similar to adult perpetrators, responses should focus on responsibility and accountability and you should be aware of the behaviours that may minimise, justify, deny or seek collusion from you or others for their behaviour, or impute blame on others for their behaviour.

Challenges arise for all workers (including police) in finding an appropriate balance between safety for family members and responding to the needs of the child or young person involved in abusive and violent behaviours. The focus on maintaining family connection should prioritise the safety of all family members, and restorative processes may be used to support sustainable change.

7.8.2 Underlying factors and context to adolescent family violence

Assessment and management of risk requires an understanding of the underlying factors and context for the violence.

Adolescent violence is very diverse and can be made up of a range of patterns. For children and young people this may include:

- ... Also being victims of violence from an adult family member (usually their fathers or father figure). Young people may actively use violence against an adult perpetrator of violence as a form of protection for themselves or another family member
- ... Having grown up experiencing violence which has become normalised
- ... Modelling and learning that violence is a way of resolving conflict and exerting power and control over others. For example, becoming a 'proxy' abuser towards their mother with encouragement from their father or step-father
- ... General and developmentally low capacity for emotional and behavioural self-regulation
- ... A strong sense of entitlement, particularly as young people move from childhood, which is characterised by parents responding to needs and desires, to adulthood. Young people may use violence and abuse when their inappropriate behaviour and demands are challenged as they become teenagers
- ... Escalation of violence is associated with problematic substance use, as well as behavioural issues related to school/ social disengagement (refusal or removal)
- ... Having a disability, such as autism, intellectual disability and acquired brain injury, *can exacerbate* use of family violence behaviours. There is a resulting over-representation of young people with these issues in this cohort. **Where family violence is a pattern of coercion and control, behaviours due to cognitive, emotional regulation or other related cognitive impairments should also have a disability and medical needs response**

- ... Young boys in particular may become unsafe in their behaviours with family members (particularly their mothers) as they grow and become physically stronger
- ... Use of sexually harmful behaviours, including toward mothers and vulnerable younger siblings, including where a young person has experienced family violence or sexual abuse themselves.

Responses to adolescents' use of violence should cover a range of areas, including attachment, communication, discipline practices, parenting confidence and relational frustration, such as:

- ... Support for adolescents to improve their communication, problem-solving skills and emotional regulation skills. This could include teaching adolescents to separate emotions from behaviours, and providing space for self-soothing and conflict resolution
- ... Being aware and providing support for any health and wellbeing needs, such as social/education engagement, learning issues, drug or alcohol misuse/abuse, mental health issues, or therapeutic responses to their experience of violence or abuse
- ... Supporting parenting confidence to work with adolescents to reduce their violent behaviours such as:
 - ... Better recognizing unhealthy patterns
 - ... Moving from destructive to constructive forms of communication
 - ... Reducing engagement with conflict or 'walking away' to prevent escalation
 - ... And use of positive disciplinary strategies, such as boundary setting and consequences for abusive behaviours.

- ... Supporting engagement with criminal justice processes where, as much as possible, responsibility and accountability are promoted
- ... Offering appropriate supported accommodation options when the family is not safe if the adolescent remains in the family home. This should be alongside continued support to respond to their behaviours and needs and if possible, to maintain family connection.

7.8.3 Working with other family members affected by a child or young person's use of violence

The assessment of the child or young person's risk to family members is essential to set the engagement context. Comprehensive assessment can be undertaken with adult and child family members who are not using violence to understand the risk factors present and the unique family circumstances. Siblings and other children in the home will need to have their risk independently assessed, either directly, if age and developmentally appropriate, or through a parent/carer who is not using violence (usually their mother).

Family members experiencing violence, particularly parents/carers, may be reluctant to report violence from a child or young person towards themselves. There may be deep feelings of shame or fear of the consequences, both for themselves and the young person, if authorities and organisations are involved. Your approach needs to be sensitive and non-judgemental. You will need to be well informed about the range of services that may be available to all family members, including the child or young person using family violence.

A further consideration is exploring whether there are issues of adult family violence. The child or young person may be both a victim survivor and using violence, and the adult family violence will need to be responded to as outlined in other parts of this guidance.

7.8.4 Working with the child or young person using violence

As with children and young people who are victim survivors, children and young people using violence should be directly asked about their behaviour and its impact on other family members. This should maintain a trauma-informed, age and development stage appropriate lens, as well awareness of the needs and circumstances.

The engagement with the child or young person will be dependent on their context and lived experience. For example, if they have a disability, cognitive impairment or developmental delay, problematic drug or alcohol use, or experiences of being a victim survivor of family violence. Preferably, more than one person should be present when interviewing the young person. This could be via collaborating through secondary consultation or a co-case management arrangement. The appropriate 'team' should be tailored to the age and developmental stage of the child or young person and should include any relevant service supporting them in other presenting issues.

NOTE:

In 2019–2020, practice guidance for working with adolescents who use violence and perpetrators will be developed. Prior to completion of this work, risk assessment of an adolescent using violence will be through assessment with the victim survivor/s using the victim-centred assessment tools (intermediate or comprehensive).

This will be done by asking questions about experience of risk of other adult and child family members who are not using violence.

7.9 INCLUSIVE PRACTICE AND APPLYING AN INTERSECTIONAL LENS WHEN ASSESSING RISK



Applying an intersectional analysis lens when assessing risk means understanding that a person may have experienced a range of structural inequalities, barriers and discrimination throughout their life. These experiences will impact on their experience of family violence, how they manage their risk and safety, and their access to risk management services and responses. A person's identity and experiences of structural inequality and discrimination will influence how they might:

- ... Talk about and understand their experience of family violence, or presentations of risk
- ... Experience trauma or relate family violence to their experience of barriers, structural inequality, and discrimination
- ... Understand their options for service responses or who they may seek services from
- ... Explain impacts of the violence they experience.

REMEMBER

Each common question and section of practice advice outlined in the **Comprehensive Assessment Tool (Appendix 13)** responds to one aspect of identity or experience. However, **people are multi-faceted and may identify with a range of identities or experiences**. You should consider each aspect and look at the person's whole identity and experience. Think about how these inform your assessment of the level or 'seriousness' of risk, and your response.

Where an individual has identified as Aboriginal or belonging to a diverse community or is an older person, there are **additional questions** in the **Comprehensive Assessment Tool (Appendix 13)** which can be asked about their experiences of risk.



7.10 ASSESSING FOR TRAUMATIC OR ACQUIRED BRAIN INJURY AS A RESULT OF FAMILY VIOLENCE



Risk assessment questions and risk management strategies relevant to traumatic brain injury (TBI)

or acquired brain injury (ABI) and family violence is an emerging area of practice.

The **Intermediate and Comprehensive Assessment Tools** have follow-up questions related to risk factors that are more likely to be associated with TBI from **physical harm** and loss of consciousness (for example, from **strangulation or choking**).

While an in-depth understanding of another person's identity may not be possible, be open to the ways that victim survivors might present and ask about and engage with them in ways that are responsive to their lived experiences. You should explore how experiencing structural inequality or discrimination (outlined in the *Foundation Knowledge Guide*) creates barriers and impacts access to services. You should acknowledge this and work with the victim survivor and other services to actively address these.

This guidance addresses the most common presentations of key risk factors, but does not cover all presentations. If you encounter issues not addressed or the victim survivor indicates a number of areas of diversity, consider secondary consultations with appropriate support agencies to assist you to provide supportive and culturally respectful service responses.

You should also note that there may be multiple perpetrators. This additional consideration should inform how you ask questions about behaviour being used and by whom.

You could lead in to these additional questions with a statement such as:

"You have let me know you identify as [name community or group]. We ask additional questions as risk can present in a number of ways and this will assist me to understand if that is occurring for you."

"This information supports me to determine your level of risk and how we will respond."

This includes the demographic questions on disability (adults, children and young people) which may result in the victim survivor informing you that they have an ABI diagnosis. This may prompt you to consider seeking assessment for potential diagnosed or un-diagnosed traumatic brain injury. You should also consider this in assessment of seriousness of risk and risk management planning.

If an undiagnosed brain injury is a possible issue arising from the risk assessment, practitioners should be careful not to jump to conclusions. Support victim survivors to access specialist neuropsychology care via a referral from their GP as an important part of the risk management plan. This will ensure that they are appropriately assessed for an accurate diagnosis and provided with specialised treatment and resources to support their recovery.

7.11 WHAT SHOULD YOU KEEP IN MIND WHEN ASKING RISK ASSESSMENT QUESTIONS?

Remember:

- ... Although the risk assessment tool has 'yes', 'no' or 'not known' answers, context of the risk being experienced should be documented in comments. When asking questions, it is preferable to use a **conversational manner** to ensure the victim survivor feels understood and supported to tell you about their experiences
- ... It is appropriate for you to refer to people using family violence and children by name when asking questions about them, and to ask the questions in a natural manner, rather than interrogation
- ... Throughout the assessment and management process you may explore ambivalence about the relationship with the perpetrator. This could include decisions about remaining in or leaving the relationship, as well as any barriers, fears or issues that may be worrying the victim survivor
- ... When speaking to children about risk, ensure that appropriate child-friendly resources are available to help children communicate. It is also important to be mindful of your tone of voice, and to speak gently and reassuringly. Consider starting your conversation with an acknowledgement that they might feel scared and nervous about speaking to an adult they don't know, or don't know very well
- ... Assess all children and young people in ways that are appropriate to their circumstances and age and stage of development. Primary school-aged children can be asked the simple, direct questions suggested in **Appendix 7**. For young people who are nearing adulthood, and where it is developmentally appropriate, a mix of the questions for adults and children might be suitable
- ... Information about disclosures of abuse, such as physical/sexual abuse may require you to make a notification to Child Protection. This may be in partnership with parent/carer victim survivor, where safe to do so.

7.11.1 Level of risk: an ongoing discussion

You must communicate to the victim survivor that the nature of risk is dynamic and can change over a short period of time. For example, a person may be at lower risk if the perpetrator is incarcerated, but if they are released then the risk may escalate.

Every time you conduct a risk assessment, consider how and when the risk assessment will be reviewed. For example, review dates and follow up can be documented as part of the safety plan. Communication and information sharing are key to effectiveness in risk management. The victim survivor needs to communicate any issues of concern or likely scenarios where risk might escalate, and you must share information about the possibility of risk escalating.

Reviewing risk assessments proactively and reactively is a critical element of risk assessment and risk management.

7.12 IDENTIFYING PROTECTIVE FACTORS



Reflect on protective factors from **Responsibility 3**.

Explore with the victim survivor what 'protective factors' there are for them, and any children. It is possible that such factors may mitigate the risks the person is exposed to.

While the presence of protective factors should be taken into account in making the risk assessment, it is important to plan risk management for risks which cannot be negated by a victim survivor's actions.

7.13 USING AN ECOMAP IN COMPREHENSIVE ASSESSMENT

A template for completing an ecomap is in Appendix 15.

An ecomap is a useful tool to identify protective factors for victim survivors. The ecomap can act as a visual tool for both you and a victim survivor to identify social and personal relationships that may enhance safety and lessen the risk of further harm.

The ecomap can also identify services or social connections that the perpetrator may be linked in with, also see Section 7.14. This allows you to access information from these services using the Family Violence Information Sharing Scheme to strengthen risk management and safety planning for the victim survivor.

When using the ecomap with a victim survivor you can also identify services that may be missing and that can be used as a protective factor to increase a collaborative response to risk and safety.

Guidance on using an ecomap is further outlined in Responsibility 8.

7.14 IDENTIFYING RELEVANT INFORMATION ABOUT A PERPETRATOR'S CIRCUMSTANCES

A perpetrator's circumstances can be relevant to inform your determination of the level of risk, as well as your risk management and safety planning actions. Areas covered under protective factors can be considered as relevant to understanding the circumstances of a perpetrator.

A useful exercise may be to use the ecomap template in Appendix 15, to provide a visual diagram of the connections for a perpetrator to support your decision-making on risk management and information sharing.

7.14.1 Table 3: Identifying information relevant to a perpetrator's circumstances

Identifying information relevant to a perpetrator's circumstances

Systems intervention	<p>Is the perpetrator:</p> <ul style="list-style-type: none">... Incarcerated or prevented from contact with the victim survivor or other family members?... A respondent or an applicant to an intervention order that is in place, and if so, is it being adhered to?... Actively linked to a behaviour change, intervention, corrections or support program? <p>Does the perpetrator:</p> <ul style="list-style-type: none">... Have upcoming court dates related to family law, family violence or other matters?... Have a professional engaged pending or post release from incarceration, such as Community Corrections, engagement with bailiff or other justice officers who may explain conditions of orders?... Have engagement with court respondent workers or registrars?
-----------------------------	---

Identifying information relevant to a perpetrator's circumstances

Practical/ Environmental

- Does the perpetrator:
- ... Have stable housing? Where are they living? What is the proximity of their housing to the victim survivor?
 - ... Have financial security (access to money or employment)? If employed, is the perpetrator able to use employee resources to further perpetrate violence, such as through accessing information about a victim survivor from databases or other technologies?
 - ... Have access to transport, including a range of vehicles?
 - ... Use telephone/mobile, social media or other methods of contact with the victim or other people?
 - ... Engage with the community through social events or clubs?
 - ... Connect with any professional or therapeutic services (in addition to any support program identified above):
 - ... Counselling services for alcohol and other drug, gambling, problematic sexual behaviours
 - ... Financial counselling
 - ... Legal services
 - ... Migration services
 - ... Housing or homelessness, tenancy or private rental services
 - ... Centrelink or employment services
 - ... Medical or mental health services — consider any medications that may be relevant
 - ... Peer support services
 - ... Services related to needs or wellbeing of any children? Such as school, hospital or other therapeutic child services — considering also whether these services are aware of family violence and what information is safe to release to a perpetrator about an adult or child victim survivor?
-

Identity / Relationships / Community

- Does the perpetrator:
- ... Have a social network (family, friends, informal social networks)?
 - ... Have one or more former intimate or family relationships that are relevant to consider for establishing patterns of behaviours over time?
 - ... Have connection/sense of belonging to community?
 - ... Have connection with culture and identity?
 - ... Have affiliations with criminal gangs or associations? If yes, where is the club house? How do they communicate and what kind of activities are they involved with?
 - ... Have other affiliations or associations with organisations or groups which have been or could be used to further perpetrate violence, such as to monitor movements of the victim survivor, including any children in the family who may be victim survivors?
-

Consider if a perpetrator's circumstances are relevant on a case-by-case basis. This depends on the presenting risk, the pattern of risk over time identified through assessment with a victim survivor or information identified through another source.

Considerations for identifying information relevant to a perpetrator's circumstances may be relevant to be requested and shared for an assessment or protection purpose if authorised under the Family Violence Information Sharing Scheme. For further detail, see guidance in **Responsibility 6**.

7.15 DETERMINING THE PERPETRATOR/PREDOMINANT AGGRESSOR AND MISIDENTIFICATION

Perpetrators and victim survivors of family violence are sometimes misidentified. Correctly identifying perpetrators of family violence is a critical component of risk assessment and risk management. Incorrect identification has serious implications for the safety and wellbeing of victim survivors in multiple and compounding ways and can affect their journey through the service system as well as the support and resources they can access. Properly assessing family violence risk in the specific context of the relationship helps ensure that perpetrators are visible, able to be challenged about the violence and are ultimately held accountable.

This guidance provides information and practice tips to ensure that perpetrators and victim survivors of family violence are correctly identified, and that any misidentification is corrected in a timely fashion. This guide builds on the information provided in the *Foundation Knowledge Guide* and the *MARAM Framework*, as well as correction of information under relevant information sharing guidance in **Responsibility 6**.

7.15.1 Responding to perpetrators who report or are assessed to be experiencing family violence

The research and evidence demonstrate that relatively few men⁵ in heterosexual relationships are solely experiencing family violence (including intimate partner violence). Men are much more likely than a female partner to use a number of repeated, patterned forms of violence to dominate and control over time. This pattern is a common and known problem in heterosexual intimate partner violence but can also be present in any other form of family violence.

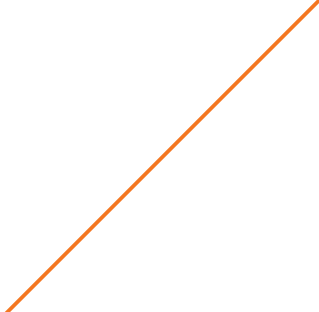
5 This guidance refers to the known evidence-base relating to the experience of cis-gendered men and women in heterosexual relationships or other family relationships.

A perpetrator/predominant aggressor can present as a victim survivor. This presentation is often persuasive because:

- ... Victim survivors may use force in response to violence, as a protective behaviour. This may later be interpreted as 'evidence' of a pattern of violence on their part
- ... Perpetrators/predominant aggressors may claim injuries that are likely to have been received from the victim (often an intimate partner) in self-defence (for example, scratches or bite marks) as evidence of experiencing family violence
- ... When unable to portray the victim as the 'sole aggressor' and themselves as the sole person experiencing family violence, perpetrators can describe their partner's actions (of self-defence / response to violence) as 'tit-for-tat fighting', perhaps by saying that 'they give as good as they get'
- ... A victim survivor experiencing fear or terror will sometimes make decisions (including the use of force), which might add to the perpetrator's portrayal of them being hysterical or out of control
- ... Descriptions of women's behaviour, particularly, are built on the broader social history and context which is often biased, where women have often been portrayed as less credible than men. This can have particular resonance if men present as calm, charming, eloquent and 'in control'.

The extent to which perpetrators in these situations believe that they are partly or solely the victim survivor, versus the extent to which they know they are not a person experiencing family violence, can vary.

Perpetrators who admit to using violence often try to justify or minimise their violence, or to blame their partner — perhaps for 'provoking' an attack or giving him 'no way out'. They might refer to their partner as being overly-sensitive, irrational, hysterical, a danger to themselves, or even mentally ill when trying to minimise their own behaviour to others. These characterisations of women can be reinforced by social norms that do not support equitable relations between women and men.



For these reasons, in all circumstances where a man is initially assessed as or claiming to be a person experiencing family violence in the context of a heterosexual intimate partner relationship, you should refer him to a men's family violence service for comprehensive assessment or to the Victims of Crime Helpline. His female (ex)partner must always be referred to a women's family violence service for assessment, irrespective of whether they are thought to be the victim survivor or the perpetrator.

Keep in mind that heteronormative beliefs and incorrect assumptions can lead someone to misidentify the perpetrator or otherwise mis-characterise family violence in same-sex and/or gender diverse relationships. You should always take into account the issues outlined in assessing whether a person is using or in need of protection from family violence in the following section.

7.15.2 Assessing for the correct identification of the perpetrator (predominant aggressor)

In some circumstances, it can be difficult to establish whether a person is using violence or is in need of protection from family violence. For example, each adult in a relationship might claim to be experiencing violence from the other.

Keep in mind perpetrators construct themselves as victim survivors and report the victim survivor as either the perpetrator or equally involved in the perpetration of violence as a technique to manipulate the criminal justice system and other processes. This behaviour makes it difficult for law enforcement attending a family violence incident, and subsequently the courts and other services responding to family violence, to correctly identify who the predominant aggressor is.

It is extremely important to ensure the perpetrator/predominant aggressor is correctly identified for risk management, as a victim survivor wrongly designated as the perpetrator may not have access to needed services. Under information sharing legislation, once a person is identified as a perpetrator of family violence, relevant information about them can be shared widely without their consent.

The assessment for the person who is the perpetrator/predominant aggressor may be complex. Therefore, it is important that when risk assessment is undertaken in the context of family violence, practitioners must look beyond an individual incident to understand the history and the context of abuse.

There are a number of factors that practitioners should keep in mind when attempting to understand who is the perpetrator/predominant aggressor, including considering:

- ... The history of family violence between the people involved, a history of violence to other family members or previous partners and whether either party might be acting in self-defence
- ... The collection of evidence from others outside the relationship (such as children and other family members)
- ... The language being used by the individuals (perpetrators tend to minimise or deny their involvement and are unable to sympathise with the victim survivor's emotions, whereas victim survivors will often excuse or take responsibility for the violence)
- ... The nature and severity of injuries (including whether injuries may be self-inflicted)
- ... The power dynamic in the relationship and any vulnerabilities
- ... The context in which power and control may be being established (e.g. through social, cultural or geographic isolation)
- ... Evidence in relation to parenting and attempts to protect (or harm) children
- ... The extent of fear, who is most fearful and what tactics of control, threats and stalking have occurred
- ... The presence of alcohol use by perpetrators and victim survivors, as victim survivors are more likely to be arrested when they have been using alcohol even if they are not the predominant aggressor
- ... Evidence of other forms of violence such as financial abuse and evidence of intimidation (text messages, online messaging and social media).

It is critical to remember that family violence involves a pattern of power and control. It is different to relationship conflict.

7.16 WHAT'S NEXT?

Comprehensive Assessment of the level or seriousness of risk, and types of risk factors present will inform your decision-making on what to do next. Guidance on undertaking comprehensive risk management is outlined in **Responsibility 8**.

For example, next steps could include:

- ... Immediate action (calling police on 000 or making a report to Child Protection or Child FIRST/child and family services)
- ... Secondary consultation or information sharing (seeking or sharing) to further inform your assessment (**Responsibilities 5 and 6**)
- ... Safety planning and comprehensive risk management

You may also seek to coordinate risk assessment and management responses with other relevant services, including ongoing risk assessment and management, covered in **Responsibilities 9 and 10**.

7.16.1 Document in your organisation's record management system

- ... Consent and confidentiality conversation outcome
- ... Each risk assessment you undertake, the level of risk for each victim survivor and reasoning
- ... Adult victim survivor's own assessment of fear, risk and safety
- ... Children's details and if present — also if children's own assessment has been completed
- ... Where and when assessment took place (telephone, meeting at office or police station etc)
- ... If interpreter or any other communication aid used
- ... If a support person was present and their relationship to the victim survivor
- ... Contact details for the victim survivor, including method of contact (such as text before call) and time it may be safe to make contact
- ... Protective factors present for adult or child, and any relevant circumstances that are current or anticipated to change
- ... Genogram if used to understand family structure and relationships
- ... Ecomap if used to identify services involved or gaps
- ... Perpetrator details and any relevant information around their circumstances that are current or anticipated to change.

APPENDIX 11: COMPREHENSIVE RISK ASSESSMENT TOOL

Adult Victim Survivor Comprehensive Risk Assessment Tool

Victim Survivor Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Country of birth:

Year of arrival in Australia:

Bridging or Temporary Visa?

Yes No (If yes, what type):

Language mainly spoken at home:

Service provider client ID:

Emergency contact:

Name:

Relationship to victim survivor:

Contact Number:

Perpetrator Details

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Relationship to victim survivor:

Service provider client ID:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Older person Yes No Not known

Further details

Child 1 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Gir Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known**Child 2 Details#**

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 3 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Gir Man/Boy
 Self-described (please specify)
 Client preferred not to say Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Has the adult victim survivor been asked screening questions? Yes No

If yes, please indicate if any of the following risk factors were identified in the screening assessment.

Factors relevant to adult victim survivor

Self-assessed level of risk

Factors relevant to perpetrator

Has ever harmed or threatened to harm victim or family members (including child/ren)

Factors relevant to perpetrator (continued)

Controlling behaviours*

Physical harm

History of family violence

Emotional abuse

If no, please ask the following questions about the perpetrator, in addition to the set of questions below.

Question	Yes	No	Comments (or not known)
Have they controlled your day-to-day activities (e.g. who you see, where you go) or put you down?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have they physically hurt you in any way? (hit, slapped, kicked or otherwise physically hurt you)	<input type="checkbox"/>	<input type="checkbox"/>	
Is more than one person making you feel afraid? (Are there multiple perpetrators)	<input type="checkbox"/>	<input type="checkbox"/>	

The following risk related questions refer to the perpetrator:

RECENTLY	Are they currently unemployed?*	<input type="checkbox"/>	<input type="checkbox"/>
	Have they recently..		
	shown signs of a mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>
	threatened or attempted suicide or self harm?*	<input type="checkbox"/>	<input type="checkbox"/>
	misused alcohol, drugs or other substances?* (specify substance)	<input type="checkbox"/>	<input type="checkbox"/>
	followed you, repeatedly harassed or messaged/emailed you?*	<input type="checkbox"/>	<input type="checkbox"/>
	been obsessively jealous towards you?*	<input type="checkbox"/>	<input type="checkbox"/>
has any violence increased in severity or frequency?* (what and how)	<input type="checkbox"/>	<input type="checkbox"/>	

Question		Yes	No	Comments (or not known)
PERPETRATOR ACTIONS	<i>Have they ever...</i>			
	controlled your access to money, or had a negative impact on your financial situation?	<input type="checkbox"/>	<input type="checkbox"/>	
	seriously harmed you?*(identify type of harm)	<input type="checkbox"/>	<input type="checkbox"/>	
	assaulted you when you were pregnant?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened to kill you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	threatened or used a weapon against you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	tried to choke or strangle you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	forced you to have sex or participate in sexual acts when you did not wish to do so?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been reported to police by you or anyone else for family violence?	<input type="checkbox"/>	<input type="checkbox"/>	
	breached or broken the conditions of an intervention order or a court order?	<input type="checkbox"/>	<input type="checkbox"/>	
	had a history of violent behaviour to previous partners, other family members or non-family members? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>	
	harmed or threatened to harm a pet or animal?*	<input type="checkbox"/>	<input type="checkbox"/>	
	been arrested for violent or other related behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	
been to court or been convicted of a violent crime or other related behaviour? (specify details)	<input type="checkbox"/>	<input type="checkbox"/>		
Do they have access to weapons?*	<input type="checkbox"/>	<input type="checkbox"/>		

*May indicate an increased risk of the victim being killed or almost killed.

Question		Yes	No	Comments (or not known)
SELF-ASSESSMENT	Do you believe it is possible they could kill or seriously harm you?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you believe it is possible they could kill or seriously harm children or other family members?*	<input type="checkbox"/>	<input type="checkbox"/>	
	From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now? (enter number in space provided)			
	Do you have any immediate concerns about the safety of your children or someone else in your family?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you feel safe when you leave here today?	<input type="checkbox"/>	<input type="checkbox"/>	
	Would you engage with police if you felt unsafe? (If no, discuss barriers to why not)	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Comments (or not known)
IMMINENCE	Have you recently separated from your partner?*	<input type="checkbox"/>	<input type="checkbox"/>
	Do you have pending Family Court matters?	<input type="checkbox"/>	<input type="checkbox"/>
	Are they about to be, or have they recently been, released from jail or another facility? (Specify when)	<input type="checkbox"/>	<input type="checkbox"/>
	Has a crime been committed? (Not to be asked directly of victim survivors. Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching IVOs)	<input type="checkbox"/>	<input type="checkbox"/>

*May indicate an increased risk of the victim being killed or almost killed.

RISK TO CHILDREN

Question	Yes	No	Comments (or not known)
Have they ever threatened to harm the child/children?*(identify which children)	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever harmed the child/children?*	<input type="checkbox"/>	<input type="checkbox"/>	
Have children ever been present during/exposed to family violence incidents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there child/children in the family who are aged under 1 year?*	<input type="checkbox"/>	<input type="checkbox"/>	

A separate risk assessment must be completed for each child discussed in this assessment.

*May indicate an increased risk of the victim being killed or almost killed

ADDITIONAL CONSIDERATIONS

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Question	Yes	No	Comments (or not known)
Are you able to get support from your family and community?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned about further violence from other family members or the community?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been made to go or stay somewhere you didn't want to be?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been deprived access to your culture? (including language, community events, sorry business)	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL CONSIDERATIONS

LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX, QUEER (LGBTIQ)

Question	Yes	No	Comments (or not known)
Have they undermined or refused to accept your identity, including in public and with other family members? (sexual orientation and gender identity)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Have they outed you or threatened to do so, when you did not want them to?	<input type="checkbox"/>	<input type="checkbox"/>	
If affirming your gender, have they stopped you from taking steps to do so?	<input type="checkbox"/>	<input type="checkbox"/>	
Have they ever stopped you from accessing medication? (e.g. Hormones, HIV medication)	<input type="checkbox"/>	<input type="checkbox"/>	

OLDER PEOPLE

Question	Yes	No	Comments (or not known)
Are you dependent on them to meet your daily needs?	<input type="checkbox"/>	<input type="checkbox"/>	
Are they dependent on you or are you dependent on them financially?	<input type="checkbox"/>	<input type="checkbox"/>	
Have they threatened to relocate you or make you stay somewhere you do not want to go? (e.g. forced into care, forced to downsize home)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel isolated / lonely or not have the level of contact with other people that you would like?	<input type="checkbox"/>	<input type="checkbox"/>	
If on medication, do you manage your medication on your own?	<input type="checkbox"/>	<input type="checkbox"/>	

RURAL

Question	Yes	No	Comments (or not known)
Do you have mobile reception where you live?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have people close by to help you should you need practical assistance?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your closest police station located far from your property or is it open only limited hours?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have access to transport?	<input type="checkbox"/>	<input type="checkbox"/>	

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Question	Yes	No	Comments (or not known)
If you are not a citizen or permanent resident, have they threatened your immigration status or made threats to send you or your children overseas, or threatened to or taken away your passport?	<input type="checkbox"/>	<input type="checkbox"/>	
If you were thinking about separating from your partner would your family or friends be supportive? (Exploration of other risks in relation to this question, such as honour killings)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you concerned that other people in the community or other family members will find out what is occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you dependent on them for financial needs? (consider ineligible for Centrelink or work rights in Australia, access to own bank account)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you restricted from having contact with your family, friends and community in Australia or overseas? (including children)	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have a choice about being married? (Only applicable if married)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any cultural or religious beliefs that would prevent you from leaving the relationship?	<input type="checkbox"/>	<input type="checkbox"/>	

PEOPLE WITH DISABILITIES

Question	Yes	No	Comments (or not known)
Does anyone in your family use your disability against you? (consider whether they, or any other family member, withheld, misused or delayed needed supports, or stopped the victim survivor from accessing therapy, aids, equipment, medication, or control disability support payment or NDIS funding (if relevant?))	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have access to support from services and/ or your community?	<input type="checkbox"/>	<input type="checkbox"/>	
If supported by the person using violence, do you fear they will stop supporting you?	<input type="checkbox"/>	<input type="checkbox"/>	
Does anyone in your family control your daily activities, such as your engagement with family, friends, services or the community?	<input type="checkbox"/>	<input type="checkbox"/>	
To be safe, are there more support services that you need? (this question is relevant to considering what supports a person with disability might need when supports relating to their disability were being provided by a family member but are no longer being provided by them - or is there a new support they might need to be safe)	<input type="checkbox"/>	<input type="checkbox"/>	

Further details

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

NEEDS AND SAFETY

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

Child 4 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child 5 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
 Self-described (please specify)
 Client preferred not to say
 Unknown

Intersex:

- Yes No
 Client preferred not to say
 Unknown

Transgender:

- Yes No
 Client preferred not to say
 Unknown

Sexuality:

- Same sex/gender attracted
 Heterosexual/other gender attracted
 Multi-gender attracted
 Asexual
 None of the above
 Client preferred not to say
 Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Client preferred not to say
 Neither
 Not known

CALD Yes No Not known**LGBTIQ** Yes No Not known**People with disabilities** Yes No Not known**Rural** Yes No Not known

Child 6 Details#

#Separate risk assessment must be completed

Full Name:

Alias:

Date of Birth:

Also known as:

Gender:

- Woman/Girl Man/Boy
- Self-described (please specify)
- Client preferred not to say
- Unknown

Intersex:

- Yes No
- Client preferred not to say
- Unknown

Transgender:

- Yes No
- Client preferred not to say
- Unknown

Sexuality:

- Same sex/gender attracted
- Heterosexual/other gender attracted
- Multi-gender attracted
- Asexual
- None of the above
- Client preferred not to say
- Unknown

Primary address:

Current Location:

Contact number:

Comments:

Relationship to victim survivor:

Relationship to perpetrator:

Aboriginal and/or Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Client preferred not to say
- Neither
- Not known

CALD Yes No Not known

LGBTIQ Yes No Not known

People with disabilities Yes No Not known

Rural Yes No Not known

Child victim survivor assessment Tool – if assessing with an adult victim survivor

If assessing a child victim survivor through an adult victim survivor, demographic details for a child victim survivor may be captured in the adult victim survivor's assessment.

Child 1:

Child 2:

Child 3:

Child 4:

Person answering on behalf of the child/ren:

Was a parent/guardian/adult assessed using the adult victim survivor form prior to this assessment? Yes No

If yes, please indicate which of the following risk factors were identified in the adult victim survivor assessment:

Factors relevant to adult victim survivor

- Physical assault while pregnant/following new birth*
- Isolation
- Self-assessed level of risk

Factors relevant to adult victim survivor and perpetrator's relationship

- Planning to leave or recent separation*
- Escalation – increase in severity and/or frequency of violence*
- Financial difficulties
- Imminence

Factors relevant to perpetrator

- Use of weapon in most recent event*
 - Access to weapons*
 - Has ever harmed or threatened to harm victim or family members (including child/ren)
 - Has ever tried to strangle or choke the victim*
 - Has ever threatened to kill victim*
 - Has ever harmed or threatened to harm or kill pets or other animals*
 - Has ever threatened or tried to self-harm or commit suicide*
 - Stalking of victim*
 - Sexual assault of victim*
 - Previous or current breach of intervention order
 - Drug and/or alcohol misuse/abuse*
 - Obsession/jealous behaviour toward victim*
 - Controlling behaviours*
 - Unemployed/Disengaged from education*
 - Depression/mental health issue
 - History of violent behaviour (not family violence)
 - Physical harm
 - History of family violence
 - Emotional abuse
 - Property damage
-

*May indicate an increased risk of the victim being killed or almost killed (serious risk factors)

REMEMBER

You may use a variety of sources to answer questions and inform this assessment. Possible sources include:

- ... Using information obtained from external sources (external agencies, L17 data, or other relevant sources)
- ... Using information the adult victim shares about the children during their own adult victim assessment by asking the adult victim appropriate questions about the child victim survivor, or
- ... By asking the child victim survivor questions directly, when appropriate.

Questions are divided into two sections (appropriate questions to ask children / appropriate questions to ask an adult). **However**, the decision on what source of information informs this assessment is based on professional judgement.

QUESTIONS ABOUT THE CHILD VICTIM SURVIVOR

The following questions can be asked **directly of a child victim survivor** where it is assessed as safe, appropriate and reasonable to do so considering: their age and capacity; their level of maturity; and, their ability to understand the question. **Please use your professional judgement** to decide on how to frame the questions and whether they should be asked directly of the child victim survivor, an adult, or answered through information received from external sources.

Consider your possible legal or policy obligations to report concerns for children’s safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Has the child been exposed to or participated in violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child telephoned for emergency assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child ever been removed from parental care against their will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child witnessed either parent being arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child been asked to monitor you by the other parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child intervened in any incidents of physical violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child had contact with the perpetrator post-separation and is it supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has Child Protection ever been involved with the family or other children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Has the child ever accessed counselling or support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				
Do you have possession of the family’s passports?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				

Question	Child 1	Child 2	Child 3	Child 4
Has a crime been committed? (Not to be asked directly of victim survivor . Criminal offenses include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching Intervention Orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known)				

QUESTIONS FOR THE CHILD VICTIM SURVIVOR

Questions that may be appropriate to ask younger children that may be unable to complete detailed questions.

Consider your possible legal or policy obligations to report concerns for children’s safety and/or wellbeing.

Question	Child 1	Child 2	Child 3	Child 4
Are you scared of either of your parents/ caregivers or anyone else in the home? (From 1 (not afraid) to 5 (extremely afraid) how afraid of them are you now?) ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Have you ever been physically hurt by either of your parents/caregivers or anyone else in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Have you ever tried to stop your parents/ caregivers from fighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Has your parent/caregiver said bad things to you about your other parent/caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				
Have you ever had to protect or be protected by a sibling or other child in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (or not known):				

¹ This scale is not used to assess level of risk. It is an indicator of fear and may indicate the impact on the child.

Further details

RISK SUMMARY

Protective factors

Risk level assessment and rationale

- Serious risk (and requires immediate protection)
 - Elevated risk
 - At risk
-

Rationale:

Needs assessment

Safety plan has been completed? (see separate template) Yes No Not known

APPENDIX 12: GENOGRAMS

Symbols for drawing the genogram or family tree

 FEMALE SYMBOL – NAME, AGE	 MARRIED/DE FACTO – (COMMENCEMENT DATE OR AGES)
 MALE SYMBOL – NAME, AGE	 SEPARATION – DATE OR AGES
 UNKNOWN GENDER	 DIVORCE – DATE OR AGES
 TRANSGENDER – FEMALE TO MALE	 DEATH – A SMALL CROSS IN THE CORNER OF THE SYMBOL (RECORD DATE IF KNOWN)
 TRANSGENDER – MALE TO FEMALE	 DOTTED CIRCLE – THIS CAN BE USED TO ENCLOSED THE MEMBERS LIVING TOGETHER CURRENTLY. E.G. WHO THE YOUNG PERSON IS LIVING WITH
 TRANSGENDER – NON-BINARY IDENTITY	 CONFLICTUAL RELATIONSHIP
 INTERSEX – MALE IDENTITY	 VERY CLOSE
 INTERSEX – FEMALE IDENTITY	 DISTANT RELATIONSHIP
 INTERSEX – NON-BINARY IDENTITY	

Any other identities can be added

- ... Ask about characteristics or behaviours of family members, particularly those relevant to your professional or therapeutic role. For example, health and mental health issues, alcohol/drug misuse, history of violent crime or criminal history, employment, education.
- ... Ask linguistic, cultural or faith identity.

Developing a genogram

- ... Start by drawing the family structure, who is in the family, in which generations, how they are connected, birth/marriage, deaths etc.
- ... Include significant others who lived with or cared for the family. You may ask them to tell you a bit about each person.

- ... As you gather information about family members and relationships, make a note alongside the name.
- ... Ask about relationships between family members:
 - ... Who are you closest to?
 - ... What is/was your relationship like with...?
 - ... How often do you see...?
 - ... Where does...live now?
 - ... Is there any one here that you really don't get along with?
 - ... Is there anyone else who is very close in the family? Or who you really don't get along?

APPENDIX 13: RISK ASSESSMENT PRACTICE CONSIDERATIONS ACROSS THE COMMUNITY

Presentations of common risk factors used against Aboriginal people

Perpetrators of family violence against Aboriginal victim survivors (adults, children or young people) are often non-Aboriginal. The circumstances, family and community connections, context of risk and impact to the victim survivor will need to be explored. The questions below are seeking information about the circumstances and presentations of risk used against Aboriginal victim survivors. You should explain the reason you are asking questions relating to community and connection before beginning assessment of these additional presentations of risk.

Questions for Aboriginal people

Practice guidance



Are you able to get support from your family and community?

Risk factor:

This question is asking about:

Isolation

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Why is it important to ask this question?

Connection to family and community is important to Aboriginal communities. Each community experiences isolation differently. You should explore whether the victim survivor is being alienated from culture and community. If family and community are not supportive, this will need to be further explored with the victim survivor and will inform safety planning and risk management.

What should you keep in mind when asking this question?

The victim survivor may not be from the local community. You should ask whether the individual is living on their own land, or if not, what support they would receive from the community they are currently living in by asking:

- ... What engagement they have with the local community?
- ... What links they have back in their own country and home community?
- ... Would they re-locate back to their own country if needing refuge/housing?

Family members may work in local services and you should ask whether there are services that the victim survivor feels safe to access.

Are you concerned that other people in the community or other family members will find out what is occurring?

Risk factor:

This question is asking about:

Isolation

Why is it important to ask these questions?

Connection to culture and community is integral to Aboriginal communities. Fear of losing community connection and support can also make a victim survivor reluctant to report family violence.

You should also consider if the family shares money and resources which may be impacted by the form of violence being perpetrated or the support being provided by family and community.

There may be additional risk from family and community members who are not supportive. Family and community violence may not be physical. For example:

- ... Feuding between families and community blocking access to services and support, such as making local Aboriginal organisations unsafe to access.
- ... Family groups not talking to each other/ostracising victims.

What should you keep in mind when asking these questions?

The victim survivor may fear they will not be believed because the perpetrator has more status and credibility in the community. Without community support, leaving the perpetrator may not be viewed as an option by the victim survivor. Community conflict and fear of the removal of children are also concerns the victim survivor may have about leaving a perpetrator.

Are you concerned about further violence from other family members or the community?



Questions for Aboriginal people

Practice guidance

Have you ever been made to go or stay somewhere you didn't want to be?

Have you been deprived access to your culture? (including language, community events, sorry business)

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Isolation

Escalation

Why is it important to ask these questions?

Some victim survivors may purposefully isolate themselves from community to increase their safety if violence is within the community. It is important to explore whether the victim survivor has actively isolated as a safety measure or whether the perpetrator has blocked access.

Isolation may also take the form of the victim survivor being able to attend family and community events or services only in the company of the perpetrator. An Aboriginal person may be isolated if they are not allowed to attend family or community events, such as sorry business alone. Young Aboriginal people and children may not be able to access social media which may be their form of connection to family and community.

Escalation of violence may occur when the victim survivor needs to attend sorry business, such as restricting financial means or permission to attend without the perpetrator, involvement in funeral preparation, travel to Country, interactions with family who may or may not be supportive, and other cultural responsibilities.

What should you keep in mind when asking these questions?

Aboriginal cultures take a holistic view of life and health, and cultural, spiritual and social wellbeing are integral to the health of Indigenous people.

Presentations of common risk factors used against people who identify as belonging to diverse communities

There are a range of patterns of behaviour related to common risk factors and how these present in family violence perpetrated against victim survivors from diverse communities, including older people. These primarily relate to controlling behaviours, isolation, financial abuse, emotional and spiritual abuse. The circumstances, family and community connections, context of risk and impact to the victim survivor will need to be explored. The questions below seek information about the circumstances and presentations of risk used against victim survivors from a range of diverse communities. You should explain the reason you are asking questions relating to a person's community and connection before beginning assessment of these additional presentations of risk.

Questions for people from culturally and linguistically diverse and faith communities

Practice guidance



If you are not a citizen or permanent resident, have they threatened your immigration status, made threats to send you or your children overseas, or taken away your passport?

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Isolation

Why is it important to ask these questions?

If you were thinking about separating from your partner, would your family or friends be supportive?

(Exploration of other risks in relation to this question, such as honour killings)

Threats to immigration or to be sent overseas are serious threats to the victim survivor's wellbeing and have a major impact on the ability to leave the relationship. Victim survivors may also face further risk of violence if sent overseas. A perpetrator may threaten to remove children overseas or create custodial issues if the family or some members travel outside of Australia. For example, a parent may be trapped in Australia away from extended family and support networks to maintain access to children.

Whether support is available from family and friends is a key protective factor for the victim survivor. A victim survivor separating from the perpetrator may face increased risk if family and community are not supportive. Additionally, some perpetrators may misrepresent or threaten to misrepresent the reason for separation or divorce to the victim's family, increasing their isolation.

Are you concerned that other people in the community or other family members will find out what is occurring?

Some families and communities may pressure victim survivors not to take action against perpetrators. Victim survivors may experience threats and be excluded from the community.



What should you keep in mind when asking these questions?

Conditions created by immigration, such as visa class, often shape experiences of family violence after settlement. This is particularly the case when visa sponsorship establishes a dynamic of dependency on the perpetrator, and when the conditions of temporary visas restrict access to employment, social security, housing, healthcare, childcare and education.⁶ You should ask whether there is anything urgent about the victim survivor's immigration status.

Immigration status and citizenship are also considerations for risks relating to custody and children. If migration status is temporary, a referral for assistance with migration issues should be made. It is also important to understand the migration status of children. A fear of losing the right to remain in Australia is a significant factor in victim survivor decision-making especially for those on partner visas, and dependants of other temporary visa holders.⁷

Trafficking and slavery offences can occur within a domestic setting/familial relationship. If you think this may be the case, consider consulting with a specialist service and/or referral to the Australian Federal Police for investigation.

Victim survivors may not have a support network beyond family and community networks. These networks may actively support the perpetrator and/or ostracise the victim survivor from the community. Community and family members may collude with the perpetrator to aid in stalking behaviour.

Are you dependent on them for financial needs? (consider ineligible for Centrelink or work rights in Australia, access to own bank account)

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Financial abuse

Why is it important to ask this question?

Financial abuse can make it particularly risky for victim survivors to separate. The arrangements for transfer of wealth and sharing of resources between families, particularly relating to marriage and children, may increase risk of financial abuse such as demands for dowry or other payments.

What should you keep in mind when asking this question?

Migrant victim survivors may not be able to access Centrelink payments or be able to work.

All financial resources may be set up in the partner/family member's name. This can be a particular risk for victim survivors on spousal visas.

Some cultures may normalise the control of a woman's finances by male relatives.

Additionally, some perpetrators may use financial abuse when there is a change in the relationship. This could be separation or if the perpetrator re-partners and establishes a new family they may deny support to children in previous relationship. If a victim (adult or young person) gains financial literacy or independence this can relate to escalation of risk.

6 Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Quiazon, R., Block, K., & Warr, D. (2016). Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. The ASPIRE Project: Research report (ANROWS Horizons 07/2016). Sydney: Australia's National Research Organisation for Women's Safety.

7 Segrave, M (2017) Temporary migration and family violence: An analysis of victimisation, vulnerability and support. Melbourne: School of Social Sciences, Monash University.

Questions for people from culturally and linguistically diverse and faith communities



Practice guidance

Are you restricted from having contact with your family, friends and community in Australia or overseas? (including children)

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Isolation

Why is it important to ask this question?

This isolates the victim survivor and increases risk. Migration can lead to social isolation and perpetrators can perpetuate and worsen isolation through controlling behaviours.

What should you keep in mind when asking this question?

Communications barriers may make it difficult for victim survivors to access information and support. For some victim survivors their experience of racism, discrimination and cultural isolation will create new concerns and potential barriers.

Additionally, a perpetrator may use spiritual abuse directly including denying access to family, community and culture, as well as preventing or limiting access to faith services, other practices or use of language.

Did you have a choice about being married? (Only relevant if married)

Risk factor:

This question is asking about:

Controlling behaviours

Why is it important to ask this question?

This can indicate whether the victim survivor was forced into marriage. Some arranged marriages facilitate living with extended family (usually the perpetrator's) and can result in family violence first occurring later in the relationship, and/or worsening over time. This can also result in multiple perpetrators perpetrating violence against the victim survivor.

What should you keep in mind when asking this question?

A forced marriage in Australia is defined as a situation where 'one, or both parties, has not freely and fully consented to the marriage, because of the use of coercion, threat or deception'.⁸ This is distinguished from an arranged marriage which is based upon the presence of the full and free consent of both parties.⁹

Are there any cultural or religious beliefs that would prevent you from leaving the relationship?

Risk factor:

This question is asking about:

Isolation

Other risk factors to keep in mind when asking this question include:

Emotional (spiritual) abuse

Why is it important to ask this question?

This can help to indicate the risk of pressure from the perpetrator, family and community to remain in or return to the relationship if the victim survivor chooses to separate. For many victim survivors this will act as a barrier to leaving, which will inform safety planning and risk management.

What should you keep in mind when asking this question?

Victim survivors may feel pressured by cultural or religious positions on marriage, feeling shame and blaming themselves for the perceived failure of the relationship and/or cultural taboos regarding sharing personal information outside of the family.

Some perpetrators may use religion as a tactic of abuse. For example, by mocking the victim survivor's beliefs or by refusing to grant a religious divorce.

For some migrant women changes in gender norms and roles can increase the likelihood of their experiencing violence, particularly if there are underlying beliefs held by a perpetrator about gender roles and their position of authority in a family.

8 DIBP 2016: 24, see also s270.2A of the Criminal Code

9 Segrave, M (2017) Temporary migration and family violence: An analysis of victimisation, vulnerability and support. Melbourne: School of Social Sciences, Monash University



Have they undermined or refused to accept your identity, including in public and with other family members? (sexual orientation and gender identity)

Have they outed you or threatened to do so, when you did not want them to?

Risk factor:

This question is asking about:

Isolation

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Harm and threat to harm

Why is it important to ask these questions?

This behaviour can isolate the victim survivor from support and undermine confidence. Threats of outing are a form of manipulation and a way to exercise power over the victim survivor. The act of outing can expose someone to isolation, rejection, possible violence and discrimination from others.

What should you keep in mind when asking these questions?

LGBTIQ people often experience undermining or refusal of identity as a form of family violence from parents, siblings and extended family. Bisexual people may experience biphobia and alienation from both the LGBTIQ and heterosexual communities.

Undermining of identity may be expressed through controlling behaviours such as threats relating to restricting caring responsibilities for children, especially non-biological children, and non-nuclear family arrangements.

Refusing to accept identity maybe linked to the perpetrator not being out, and the pressure for the victim survivor to keep the relationship a secret creates a barrier to disclosing abuse in the relationship.

A perpetrator may threaten to 'out' a victim survivor to family, friends, their workplace or within their cultural community as a method of control.

A victim survivor may be out in some parts of their lives and not others (e.g. out to family but not in the workplace). They may also be out about some aspects of LGBTIQ identity but not others (e.g. out as bisexual but not as transgender).

Outing someone may lead to the victim survivor experiencing physical, emotional and verbal abuse and/or discrimination and ostracisation. This can occur in the victim survivor's family of origin, family of choice, cultural and linguistically diverse and/or faith community, workplace and/or school. This can include outing someone's HIV positive status and exploiting HIV stigma and this may cause isolation both within and outside of the LGBTIQ community.

Some perpetrators may use sexuality as a means of control. For example, telling the victim survivor to 'act straight', name calling, withholding affection and/or trying to control the way the victim survivor expresses their sexuality.

Are you concerned that other people in the community or other family members will find out what is occurring?

Risk factor:

This question is asking about:

Isolation

Why is it important to ask this question?

LGBTIQ communities can be a powerful source of support and a protective factor for victim survivors. However, fear of losing community support can also make a victim survivor reluctant to report family violence.

What should you keep in mind when asking this question?

Perpetrators may exploit status and credibility within the community to ostracise the victim survivor if they disclose violence. The victim survivor may fear they will not be believed because the perpetrator has more status and credibility.

Without community support, leaving the perpetrator may lead to homelessness or unemployment. Victim survivors may not have supportive relationships with their family of origin.



If affirming your gender, have they stopped you from taking steps to do so?

Have they ever stopped you from accessing medication? (e.g. Hormones, HIV medication)

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Emotional abuse

Physical Harm

Sexual Assault of victim

Why is it important to ask these questions?

This exerts control over victim survivor's body, social relationships and self-image. Preventing access to hormones undermines a victim survivor's right to their own body and to their own gender presentation, as discussed above. It can also lead to physical health problems. Controlling hormones can also be used with other forms of violence, such as elder abuse where other family members do not respect an older person's gender identity.

Controlling access to hormones and treatment gives a perpetrator direct control over the victim survivor's physical and mental health.

What should you keep in mind when asking these questions?

This may include obstructing treatment, refusing finances for treatment or taking victim survivor's money so they can't afford it, or trying to prevent them attending medical appointments. It could also take the form of verbal abuse and insults: body shaming, stating that transition/gender affirmation will be unsuccessful, and policing gender presentation.

Denying access to HIV medication can lead to illness and death. Denying access to HIV medication (PREP) can be a form of sexual control over people with HIV as it denies access to safe sex.



Questions for people with disabilities

Practice guidance

Does anyone in your family use your disability against you? (Consider whether they, or any other family member, withheld, misused or delayed needed supports, or stopped the victim survivor from accessing therapy, aids, equipment, medication, or control disability support payment or NDIS funding?)

Risk factor:

This question is asking about:

Isolation

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Emotional abuse

Why is it important to ask this question?

Victim survivors with a disability may be experiencing family violence from a perpetrator who is their intimate partner and/or carer, in addition to other family members. They may not recognise that the perpetrator's abusive tactics aimed at their disability constitutes violence.

What should you keep in mind when asking this question?

Fears of reprisal, not being believed, trivialisation of violence and abuse, feelings of shame and secrecy, and social and economic dependence on a partner or care provider are common barriers to disclosure for victim survivors with a disability.¹⁰

For women with specific disabilities (mental health, intellectual or communications impairments) these fears may be because of the perpetrator's ongoing and active targeting of their disability including through emotional abuse.

Do you have access to support from services and/or your community?

Risk factor:

This question is asking about:

Isolation

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Emotional abuse

Why is it important to ask these questions?

Victim survivors with a disability may have limited social interaction. For example, they may be accessing community groups but the perpetrator speaks for them and/or limits their interactions. Some victim survivors may even be isolated from access to their doctor/GP.

A victim survivor may have very limited ability to make choices about their body and lives due to the perpetrator's behaviour. You should gain a better understanding of what supports the victim survivor has and the tactics that the perpetrator is using to inform safety and risk management planning.

What should you keep in mind when asking these questions?

The perpetrator can use controlling and abusive behaviours relating to the victim survivor's disability and caring activities such as:

- ... Withholding food, water and medication
- ... Over-medicating
- ... Mobility aids restrictions
- ... Personal care and support (for example, using water that is too hot or neglecting to bathe, moving resulting in pressure sores)
- ... Hiding/breaking hearing and communication aids
- ... Verbal abuse with a focus on the disability
- ... Speaking for or about the victim survivor in their presence as if they are unable to communicate themselves
- ... Blocking access to therapy.

You should utilise easy language and/or visual or audible materials as appropriate to the victim survivor's required communication supports.

If supported by the person using violence, do you fear they will stop supporting you?

Does anyone in your family control your daily activities, such as your engagement with family, friends, services or the community?

¹⁰ Healey, Lucy. *Voices Against Violence: Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities* (Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2013).



Questions for people with disabilities

Practice guidance

To be safe, are there new or more support services that you need?

(This question is relevant to considering what supports a person with disability might need when supports relating to their disability were being provided by a family member but are no longer being provided by them - or is there a new support they might need to be safe?)

Risk factor:

This question is asking about:

Isolation

Why is it important to ask this question?

Victim survivors with a disability may have mobility and communication aids and access requirements which impact their ability to leave. These need to be considered when safety planning and planning to leave.

You should document what supports the victim survivor would need to have in place to leave and/or if the perpetrator/carer were removed from the home.

What should you keep in mind when asking this question?

The perpetrator may threaten to send the victim survivor to an institution or residential facility. Some victim survivors may not be aware they have the right to make decisions about their caring including the gender of their carer and services that they access.

Questions for rural/geographically isolated people

Practice guidance



Do you have mobile reception where you live?

Do you have people close to you to help should you need practical assistance?

Risk factor:

This question is asking about:

Isolation

Why is it important to ask these questions?

Victim survivors in geographically isolated areas may feel disconnected from their community and/or have no support networks. This can be a result of the perpetrator's tactics and/or technological issues such as no mobile reception.

There may also be limited community services in their area including alternative and crisis accommodation.

You need to identify if there is a lack of mobile reception and/or people close by to inform safety planning and risk management.

What should you keep in mind when asking these questions?

Isolation on properties is a major barrier in rural communities for being able to access help when needed.

Are you concerned that other people in the community or other family members will find out what is occurring?

Risk factor:

This question is asking about:

Isolation

Why is it important to ask this question?

The close-knit nature of some small communities can be a barrier for victim survivors. The perpetrator may have close relationships with police members, legal and justice services staff, and community clubs and associations. The victim survivor may consider these relationships and that it would be easy for the perpetrator to locate them if they leave. The victim survivor may also fear that knowledge of the family violence would become widespread in the community.

What should you keep in mind when asking this question?

In some communities, services who have relationships with the perpetrator may minimise the violence. Rural communities can also have unspoken norms on keeping personal information private.

A victim survivor could feel that they don't fit in with the local community due to differences in values and beliefs.

Questions for rural/ geographically isolated people

Practice guidance



Is your closest police station located far from your property or is it open only limited hours?

Do you have access to transport?

Risk factor:

This question is asking about:

Isolation

Why is it important to ask these questions?

Physical distance and transport can be a barrier for victim survivors in seeking assistance. The perpetrator may be blocking access to vehicles. Consideration of the proximity and hours of the local police station and access to transport are key considerations for safety planning and risk management.

What should you keep in mind when asking these questions?

Access to transport in rural communities can be limited. Private transport may not exist or be very expensive and public transport may be irregular or not exist.

Questions for older people

Practice guidance



Are you dependent on them to meet your daily needs?

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Isolation

Why is it important to ask this question?

Neglect is the failure of the carer to provide necessities and can also extend to refusing to allow others to do so. A perpetrator may be receiving carer's allowance and not providing care for the older victim survivor.

Signs of neglect include:

- ... Inadequate nutrition, accommodation, clothing, medical or dental care (this includes inappropriate clothing for the season)
- ... Poor personal hygiene and/or malnourishment and unexplained weight loss
- ... Being left alone or unattended for long periods of time
- ... Under or over-medicating
- ... Carer being overly attentive in the company of others
- ... Injuries that have not been cared for
- ... Lack of social, cultural, intellectual, or physical stimulus.

What should you keep in mind when asking this question?

You should keep in mind the older victim survivor's sense of autonomy and perception of risk. Older victim survivor's may minimise their level of fear due to dependence on the perpetrator, desire to preserve the relationship, or feelings of shame that the perpetrator has AOD, mental health or gambling issues (where present). The perpetrator may have ceased employment to become the carer.

Adult children with a history of or current family violence may return to the home and perpetrate against their parent(s).

A spouse caring for a partner with dementia where they are not able to access the right support could be over-medicating or locking doors to prevent behaviours if the person with dementia is violent, abusive and/or committing sexual assault, and wandering away.



Questions for older people

Practice guidance

Are they dependent on you or are you dependent on them financially?

Risk factor:

This question is asking about:

Financial abuse

Other risk factors to keep in mind when asking this question include:

Controlling behaviours

Why is it important to ask this question?

Financial abuse is the most common type of abuse for older victim survivors.¹¹ For example, the misuse of power of attorney, coercion to change a will, entering financial agreements with family that is disadvantageous to the victim survivor without getting independent legal advice and pressure to relinquish an inheritance, sell the house and/or hand over money or other assets in exchange for care.

Additionally, a child or other family member may be financially dependent on the older person and may perpetrate by demanding access to the older person's money or restricting their access. For example, an older victim survivor may have someone move in with them without permission.

You can ask further questions such as:

... *"Do you have power of attorney?"*

... *"Who can sign at the bank to access your account?"*

... *"Who can access your online banking?"*

... *"Who can access Centrelink?"*

... *"Do you trust them to look after your money?"*

... *"Does anyone help you to pay your bills?"*

... *"Has anyone moved into your home? Do you want them to be living with you?"*

What should you keep in mind when asking this question?

Financial abuse is a complex area. In addition to what's noted above, financial abuse can also include stealing goods and can be complicated by family disputes regarding money, assets and inheritance. Family members may have a sense of entitlement and siblings may be arguing over assets resulting in the perpetrator blocking access to the older victim survivor.

11 Australian Institute of Family Studies (2016) Research Report No.35 <https://aifs.gov.au/publications/elder-abuse/3-what-known-about-prevalence-and-dynamics-elder-abuse>



Questions for older people

Practice guidance

Have they threatened to relocate you or make you stay somewhere you do not want to go? (forced into care, forced to downsize your home)

Do you feel isolated/lonely or not have the level of contact with other people that you would like?

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Isolation

Emotional abuse

Why is it important to ask these questions?

The perpetrator may be using a variety of tactics to control the older victim survivor including threats to change or disrupt housing arrangements, withdraw support or care, threats to harm and to misuse authority they may have via guardianship or power of attorney.

The perpetrator may threaten to move the older victim survivor into a residential aged care facility or into a living arrangement they don't want to be in (for example, moving them into a granny flat so that the perpetrator can solely reside in the main residence).

Emotional abuse is a significant aspect of controlling behaviours around isolation and housing/financial abuse. Older people with a child (adult or young person) who is a perpetrator may experience significant levels of shame or guilt about the behaviour and may be reluctant to engage with services or statutory services for intervention fearing impact on their children. There is also a high degree of expectation or entitlement from some children, grandchildren or other family member toward the older victim survivor's assets or money.

In order to isolate the older victim survivor perpetrators may:

... Prevent contact with family and friends, including grandchildren

... Withhold mail or other communication

... Block access to a phone/internet, monitor calls or disconnect phones without consent

... Live in the home without consent

... Prevent engagement in cultural or religious practices, limit use of language.

What should you keep in mind when asking these questions?

If the older victim survivor and perpetrator are socially isolated, there may be an increased risk of abuse and neglect. Older women are at particular risk of homelessness due to a lack of financial independence or literacy, or access to services.



Questions for older people

Practice guidance

If on medication, do you manage your medication on your own?

Risk factor:

This question is asking about:

Controlling behaviours

Other risk factors to keep in mind when asking this question include:

Physical harm

Why is it important to ask this question?

A perpetrator may be using medications to control the older victim survivor. This can be through purposefully over-medicating by administering too much medication and/or giving medication that is not needed. The perpetrator may also be withholding needed medication, either entirely or by reducing dosage amounts.

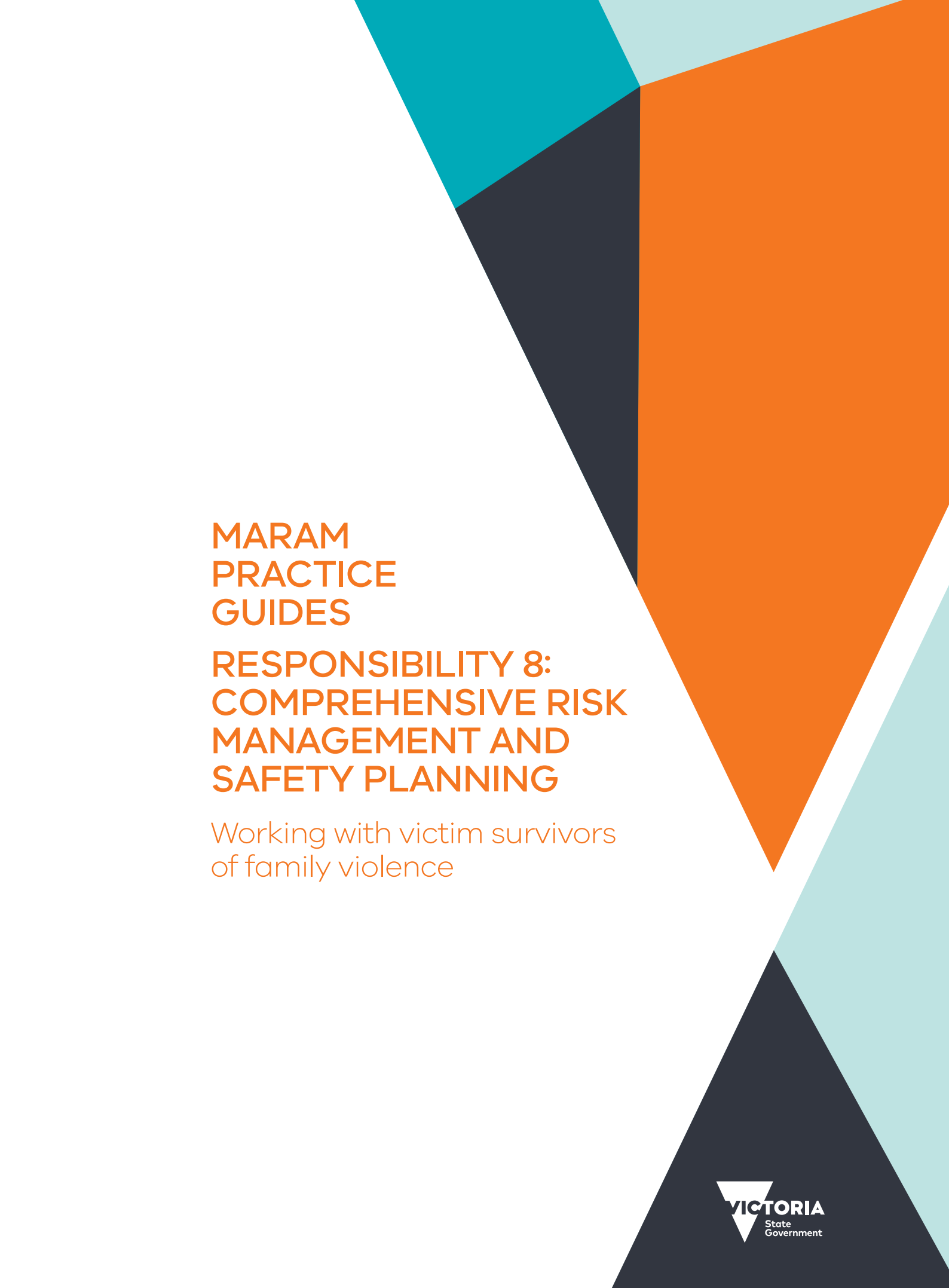
The misuse of medications may lead to the older victim survivor having impaired alertness, agility, and pain and as a result limit their social interactions. The perpetrator may be using medications to confine the older victim survivor, either within the home and/or bed. Medication misuse could also lead to serious health risks and problems, particularly if the perpetrator is not administering according to a doctor's instructions.

What should you keep in mind when asking this question?

The perpetrator could also be withholding medications for illicit use.

Some older people with significant depression can present as cognitively impaired. This can cause misdiagnosis and introduction of medications which are wrongly prescribed.

Additionally, the withholding of medication could relate to the denial of an older victim survivor's transgender or non-binary identity, with significant personal consequences for the victim survivor.



**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 8:
COMPREHENSIVE RISK
MANAGEMENT AND
SAFETY PLANNING**

Working with victim survivors
of family violence

RESPONSIBILITY 8

Comprehensive Risk Management and Safety Planning

8.1	Overview	397
8.2	Developing a Comprehensive Risk Management Strategy with the Victim Survivor	398
8.3	Risk Management when Initial Contact is Limited	402
8.4	Risk Management for Post-separation Violence or Where no Separation is Planned	402
8.5	Risk Management for a Victim Survivor who is not Ready to Engage	404
8.6	Risk Management for a Victim Survivor who is not Ready for Assistance	405
8.7	Safety Plans	406
8.8	Justice System	410
8.9	Safety Plans for Children and Young People	416
8.10	Risk Management for an Adolescent who is Using Family Violence	419
8.11	Managing Risk Across the Community with an Intersectional Lens	419
8.12	Risk Management Considerations for Aboriginal Victim Survivors	420
8.13	Risk Management Considerations for Diverse Communities and At-risk Age Groups	420
8.14	What's Next?	423
	Appendix 14: Comprehensive Safety Plan	424
	Appendix 15: Ecomap Diagram	431



COMPREHENSIVE RISK MANAGEMENT AND SAFETY PLANNING

8.1 OVERVIEW

This guide should be used when family violence has been established and a comprehensive risk assessment has been completed for an adult, child or young person.

This guide will assist specialist family violence practitioners to apply their advanced skills in working effectively with victim survivors, including acting to respond to the outcomes of comprehensive risk assessment and undertake comprehensive risk management, safety planning and case management.

KEY CAPABILITIES

Professionals required to have knowledge of **Responsibility 8**, should be able to:

- ... **Understand and apply all guidance on each of the previous responsibilities**
- ... Confidently and competently plan and undertake a range of risk management activities with victim survivors (adults, children and young people)
- ... Actively monitor family violence risk and respond to changes in risk levels through adjusting risk management activities and safety plans
- ... Proactively share and gather information on family violence risk including building a shared understanding of a person's family violence risk with other support agencies.

Specialist practitioners who use this guide should also be familiar with the *Foundation Knowledge Guide*, **Responsibilities 1–7**, and continue to **Responsibilities 9–10**.

Comprehensive risk management is the process of responding to identified family violence risk. It includes developing, monitoring and actioning safety plans and risk management activities with victim survivors (adults, children and young people). It also includes a focus on ongoing review and assessment (see also **Responsibility 9) to respond to the dynamic nature of risk, and collaborative information sharing to understand risk/s from the perpetrator.**

This chapter builds on the guidance on safety planning and identifying protective factors in **Responsibility 4**, with additional risk management guidance relating to:

- ... Safety planning in an emergency, in the home, when not ready to leave, when leaving and post separation
- ... Engaging with the justice system
- ... Providing appropriate risk management for Aboriginal people, or people who identify as belonging to a diverse community
- ... Providing appropriate risk management for children and young people.
- ... Risk management is the focussing of responsibility for the risk on the perpetrator's behaviour and supporting the victim survivor in the development of actions that may reduce harm, or in some circumstances to remove themselves from harm.

A central part of risk management is also providing a proactive response to remove or reduce threat of future harm posed by the perpetrator. Responses may be initiated by interventions of a range of services, including police or courts, and can include referral options and criminal and civil responses. The aim of responses is to reduce risk and provide support for stabilisation and recovery. This can be accomplished through responding to address safety issues and building and reinforcing protective factors.

8.2 DEVELOPING A COMPREHENSIVE RISK MANAGEMENT STRATEGY WITH THE VICTIM SURVIVOR



The risk management process should respond appropriately to the assessed level of risk, the form of violence that is occurring, as well as likelihood/timing of risk.

An important part of safety planning and risk management is to work with the victim survivor to understand practical and structural barriers they face and to increase protective factors. You should use professional judgement and work in partnership with the victim survivor to maximise safety in ways that are collaborative, supportive and appropriate to the level of risk.

In developing a risk management plan your discussion with the victim survivor may include:

- ... Talking about their experience of risk and centring responsibility for the risk and its impacts on the perpetrator's behaviour
- ... Exploring the victim survivor's self-assessment of risk posed by the perpetrator and protective factors (such as through the ecomap exercises as a discussion aide)
- ... Considering each child or young person and weighing the risk from the perpetrator, the impact of the abuse, and the protective factors in place for each individual child/young person, in how you plan for each individual and the family as a whole
- ... Responding to your determination of the level of risk and specifically action planning for key risk factors that have been identified as increasing the likelihood of the victim survivor being killed or being seriously harmed by the perpetrator, such as high-risk factors which have changed or increased in severity or frequency which indicate escalation of risk
- ... Exploring the risk management strategies the victim survivor has already tried. Identify those that continue to work and which ones are no longer helpful or need to be changed to meet current circumstances
- ... Asking about the victim survivor's experiences in engaging with services to date, and what organisations/types of services have been involved (police, health, housing, immigration, legal organisations, schools etc.)
- ... Exploring practical and other needs that may impact on their safety planning and ability to remain safe. These may be housing, health, education needs, children's needs, employment, finances, relationships with family and friends, pets, and/or the potential loss of community
- ... Exploring the victim survivor's experience of violence caused by the perpetrator, or other historic trauma, and what barriers have affected their ability to leave the relationship (if they wish to do so)
- ... Understanding the victim survivor's strengths, needs and goals to support their safety and recovery, and their child/ren, in the week/month/year ahead
- ... Exploring the perpetrator's involvement with the service system and identifying areas that may hold information relevant to risk management. This could be done through undertaking the ecomap activity described in **Section 8.2.1** and applying it to what is known about the perpetrator's engagement with services and community.
- ... Working with the victim survivor to increase protective factors should include the following considerations and a discussion of possible options (see introduction to protective factors in **Responsibility 3**).

Table 1: Protective Factors and Risk Management — Areas for Discussion

Protective factor domains	Factors	Areas to cover
Systems intervention	Legal issues	Discuss legal needs and legal assistance which can contribute to improved safety and security including intervention orders, parole conditions and options.
Practical/environmental	Safe housing	<p>The type of accommodation the victim survivor has and its location may be important determinants of safety for adults, children and young people.</p> <p>Discuss the accommodation required to keep victim survivors safe. This includes immediate (e.g. emergency) and long-term accommodation.</p>
	Financial security (access to money, employment or education)	<p>Income and financial security can act as barriers to leaving the relationship and/or long-term recovery.</p> <p>Discuss current income arrangements, income support required, and explore other sources of funds, and resources.</p> <p>If the victim survivor is employed, discuss whether they feel safe at work (from the perpetrator), whether their employer and co-workers are aware of the family violence and if they understand the dangerousness of the perpetrator, and or are able to provide some support.</p> <p>Discuss how family violence can affect the victim survivor’s work. Ask whether the perpetrator has ever threatened co-workers.</p>
	Health (including mental health)	Discuss any health concerns related to physical injuries, chronic illness, general medical issues and mental health issues for all members of the family. Explore whether they have been able to access health services independently, and whether they require assistance to contact services.
	Immigration issues	Discuss any immigration issues. Clarify the immigration status of all family members and any additional risks this may pose.
	Food security	Make sure that the family has sufficient food and that food security is not being compromised due to financial security issues.
	Transport	<p>It is important that victim survivors consider their safety in transport/travel.</p> <p>Discuss with the adult victim survivor their access to transport and explore ways of enhancing safety. With older children and young people who may travel independently, discuss ways they can stay safe.</p>

Protective factor domains

Factors

Areas to cover

**Practical/
environmental
(continued)**

Telecommunication safety

It is important that victim survivors understand how technologies can be used by the perpetrator to increase risk, and other technologies available that may provide protection.
Discuss with victim survivors what steps they can take to 'stay safe technologically'.

Connection/
sense of belonging to
community and access
to community

Many victim survivors have been isolated by the perpetrator and lack access to any social, familial or community support/social networks.
Discuss the relationship (if any) of the perpetrator with extended family members and friends, and whether the perpetrator has ever threatened them.
Discuss the social network of children and young people and consider ways to keep them connected socially while staying safe.
Explore whether the victim survivor is connected or can re-connect with extended family members, friends, community and/or social networks.
If there are children/young people in the family, engagement with school is protective. Discuss where they attend school, kindergarten or childcare and plan for ways to continue engagement and keep children and adult victim survivors safe in these spaces.
Identify key support people to call on in an emergency.

Connection to
advocacy/ professional/
therapeutic services

Discuss referral options with the victim survivor and make referrals as appropriate to meet safety and recovery needs of all members of the family, including children and young people.

Positive and friendly
care environment
(particularly for children
and young people)

Structure, routine, predictability and open communication contribute to a care environment that supports resilience and recovery.
Discuss with the victim survivor in what ways they have stability in their environment or what the opportunities are to establish stability.
Discuss the capacity for children and young people to be engaged in educational opportunities including safe access to educational facilities without the perpetrator breaching intervention orders by approaching them at school.

Protective factor domains

Factors

Areas to cover

Strengths-based	Culture and identity	<p>It is important to discuss with victim survivors how their Aboriginal identity or other cultural identity is valued, affirmed, and respected and whether they have opportunities to learn about, express and live out their Aboriginal or cultural identity and maintain connections with their culture.</p> <p>Discuss whether, for example, identity is respected and affirmed within their family or the community.</p>
	An individual's personal skills and emotional resilience	<p>Discuss with the victim survivor their strengths and acknowledge their efforts in staying safe.</p> <p>Explore what their coping strategies have been and what supports they may need for longer term recovery.</p>
	Planning for intervention that may increase risk	<p>Any intervention with the perpetrator can increase risk. Violence often escalates once a perpetrator's use of violence becomes known to others. This may be a perpetrator reacting/responding to an intervention that has changed the power and control dynamic. This could be either as retaliation or an effort to regain control.</p> <p>An effective response to family violence should anticipate an escalation of the perpetrator's violence in safety plans and risk management strategies. Discuss this with the victim survivor.</p>

8.2.1 Using an ecomap to explore protective factors



Ecomaps are used to understand an individual's and/or family's connections and can provide important information. You may wish to use an ecomap to better understand the victim survivor's (adults, children and young people) circumstances. By understanding connectivity to protective factors, you can better assist with safety, risk management and recovery planning.

An ecomap template is available at **Appendix 15**. Ecomaps can be used in conjunction with genograms.

Developing an ecomap with a victim survivor can support the consideration of protective factors and other circumstances.

An ecomap is useful for identifying social and personal relationships of a victim survivor with their environment. The ecomap is a visual tool designed to help the victim survivor identify supports. These supports may have not been identified in the past and may contribute as a protective factor to lessen the victim survivor's risk of further harm from the perpetrator.

Once the services and community that support a victim survivor have been identified, outline how to further collaborate with those services to manage risk and also identify any gaps where you can then increase supports. It can also be useful to establish if the perpetrator is also accessing these services, supports and community, as you would then need to manage and safety plan around this risk.

Unpack the perpetrator's behaviours with the victim survivor and then use the tool to consider any issues that may contribute to managing risk and developing a safety plan. A practitioner may then identify a service or organisation that could provide information to enhance a safety plan or risk management strategy for the victim survivor. For example, if you have identified the victim survivor has an intervention order but are unsure if this has been served on the perpetrator. You can then use the Family Violence Information Sharing Scheme (if authorised) to request an update from the police on the current status of the intervention order.



8.3 RISK MANAGEMENT WHEN INITIAL CONTACT IS LIMITED

Initial contact with a victim survivor may be brief. However, there may still be opportunities for risk management during a short initial interaction.

If you believe a victim survivor is in immediate danger, the first responsibility is to try to ensure their safety. You may decide to:

- ... Call the police — (ideally with victim survivor's permission)
- ... Call an ambulance
- ... Arrange emergency support and assistance.

You could request or share information as authorised under the Family Violence Information Sharing Scheme, Child Information Sharing Scheme, or other relevant authorisation, about a perpetrator to support intervention and risk management.

Provide the victim survivor with immediate advice to increase their safety (e.g. information on how to escape a dangerous situation). If the victim survivor is not in immediate danger from the perpetrator, you may undertake a more detailed risk assessment and management, including safety planning. This can occur over the phone, or you could arrange a face-to-face meeting at the office, or a convenient and safe location.

8.4 RISK MANAGEMENT FOR POST-SEPARATION VIOLENCE OR WHERE NO SEPARATION IS PLANNED

The risk management plan will vary depending on whether the victim survivor has already separated, is planning a separation and/or is experiencing post-separation violence. The advice in this section is also relevant where the relationship or co-habitation is otherwise ceasing, or if this is not planned, in non-intimate partner family violence situations.

Consider the role of the formal system (police, courts, housing, family violence practitioners, children and youth workers, lawyers, drug and alcohol workers and specialist workers in relation to diversity).

If the victim survivor is planning to separate/cease the relationship in the future, risk management requires a thorough process of preparation so that they can leave safely. Plan how to manage the other compounding risks and needs, the risks to any children, other dependents, and risks from the perpetrator, such as access to finances.

Risk management and safety planning when the victim survivor does not wish to separate/cease a relationship may be more complicated and will need more careful planning, particularly in relation to how the perpetrator will be engaged or managed (or not). Areas that should be covered in your engagement approach are outlined below.

Table 2: Engagement approach if the victim survivor does not wish to separate

Engagement approach	Areas to cover
Respect the decision	Maintain a person-centred approach and accept the decision. If you have determined that a serious risk level is present and the victim survivor requires immediate protection, consider discussing what interventions may be required, including if there are children/young people or other dependents at risk.
Honest engagement	Provide information and guidance on the range of risk factors present and seriousness of risk assessed to ensure the victim survivor is well-informed in their decision making.
Support choices	Be clear about potential consequences of choices, such as escalation of violence from a perpetrator, and avoid expressing frustration at decisions you may not agree with. Encourage engagement and identify protective factors.
Expectations management	Provide information and advice which manages expectations of what your service is able to provide and how it works with other services and authorities to manage risk posed by the perpetrator.
Understand the context of the decision and barriers to leaving	Explore the reasons that the victim survivor is committed to the relationship. Some victim survivors experience significant barriers to leaving due to a range of supports that they may receive from a perpetrator, and are seeking support for the violence to stop, rather than leave the relationship. Other barriers may relate to one or more protective factors (see Table 1) which you may be able to work with the victim survivor to address. Reasons may relate to: Heightened fear of escalation of violence from the perpetrator if they leave. This is a serious risk factor and should be taken seriously. Risk management and safety planning should be thorough in how it responds to this. The victim survivor may believe they are responsible for violence — this needs to be addressed and responsibility placed with the perpetrator. Fear of isolation, practical barriers to leaving, fear of loneliness or responsibility for the wellbeing of the perpetrator, or of others not accepting the breaking of relationship commitment — If appropriate, consider introducing ideas about the journey of change which may normalise the idea of leaving and providing information about impacts to children. Explore options to mitigate barriers that may be preventing a decision to leave.
Understanding communication options and connectedness	Explore how a victim survivor is communicating with other people or services outside of the relationship, and their connection to community. Understand isolating and engagement factors and build on protective factors.
Identifying if the perpetrator is willing to engage	If so, provide appropriate referral and consider collaborative risk assessment and management with specialist perpetrator services.
Safety plan	Develop safety plans with the victim survivor (adults, children and young people) which reflect the assessed level of risk, building from existing protective factors or strengthening these, and responding to barriers identified.

Engagement approach

Areas to cover

Welfare checks	Consider if welfare checks can support monitoring of escalation or change in risk, readiness to engage in further planning or responding to other changed circumstances. When considering this option note that unexpected or unrequested welfare checks can escalate risk.
When to intervene (sometimes without informing victim survivor)	<p>Whilst it is always important to consider the views of a victim survivor, this should be balanced with the determined level of risk. Consider the level of risk to the victim survivor and whether this has reached a level where intervention is required, such as 'serious risk and requires immediate protection'.</p> <p>Consider the current or potential harm to child/young person victim survivors and whether this impacts on your decision to intervene. Statutory requirements may require an intervention in some circumstances.</p> <p>Where a victim survivor does not want you to intervene, you may still need to do so and can discuss this with them to ensure you are aware the reasons for this and how this informs your assessment and management responses.</p> <p>You should also weigh the likely outcome and risk that may arise from an intervention and actively plan for the intervention to respond to any potential escalation of violence from the perpetrator.</p>

8.5 RISK MANAGEMENT FOR A VICTIM SURVIVOR WHO IS NOT READY TO ENGAGE

For a range of reasons, some victim survivors may not be ready, or may refuse assistance to address family violence risk. Engagement approaches for responding to this situation are outlined below and can support future engagement and safety.

Table 3: Supporting a victim survivor who is not ready to engage

Engagement approach

Areas to cover

Open door	Any form of engagement should be encouraged. Let them know that your service will engage with the victim survivor on their own terms and they can return at any future time.
Ethical engagement	Approach engagement from an ethical standpoint. Often you can't ethically intervene without consent or engagement from a victim survivor until a threshold of risk is met (such as serious risk, including serious risk and requires immediate intervention) and/or a child/young person is at risk.
Collaborative risk assessment or management through other services	Victim survivors may be engaged with a range of services — there is great value in secondary consultation through these services. Consider collaboration with an engaged service to facilitate assessment, management and safety planning through another professional.
Risk management of perpetrator	If a victim survivor is not ready to engage, risk management of the perpetrator may still be an option. Consider the form and level of risk, and the impact any intervention may have on the victim survivor. Ensure interventions do not increase risk and/or plan to mitigate this.
Risk assessment through information sharing	Consider requesting or sharing information about the perpetrator to understand history and spectrum of presenting risks.

Engagement approach

Areas to cover

Communication is intervention	All opportunities to communicate information and options for assessment and management of risk are interventions and can build readiness to engage further. In some situations, you may share information about a perpetrator with a victim survivor to manage their safety. Consider how this is done and whether it may increase risk to any person. Also communicate clearly to the victim survivor that the information should only be used to manage their safety and outline risk that may be raised if used inappropriately.
Ensure information available	Provide links to resources for self-education, if a victim survivor is not ready to engage directly with a service. This may support future engagement.
Respond to 'seeking something'	Some victim survivors may engage and only want limited support, may not be aware of what support is available, or may be seeking information only. This should be responded to with respect for the level of engagement sought and the agency of the victim survivor. Connect victims to the information or assistance they are seeking to support future engagement.
Responding to barriers to engagement	Some victim survivors may have had negative experiences engaging with some services and statutory services. These can be explored and responded to, supporting future engagement and removing or reducing any potential structural barriers to access or likelihood of future experiences of discrimination.

8.6 RISK MANAGEMENT FOR A VICTIM SURVIVOR WHO IS NOT READY FOR ASSISTANCE

When a victim survivor is assessed as being at elevated risk, serious risk and/or requiring immediate protection, but chooses not to engage in safety planning or to respond to support for risk management, you must make every effort to ensure:

- ... You have their contact details in case you need to contact them in the future about their safety
- ... You have advised them how to contact police at '000' and the state-wide crisis services
- ... You have provided clear information on their current assessed level of risk
- ... They have a clear understanding of their rights under the law and in relation to their own safety and that of any children/young people involved
- ... You have explained what a safety plan is and provided the option for developing a plan

... You have documented the risk assessment

... You have provided them with information on appropriate and relevant options for support and counselling.

If you believe the victim survivor is at serious risk and/or requires immediate protection and that the victim survivor and/or their children (where applicable) may be seriously harmed by the perpetrator, you should inform the police or other relevant authorities. The consent of the victim survivor is not required in this instance, but you should make every effort to encourage them to plan for ways to increase their and any children's safety, and to explain your concerns, role and responsibilities.

In some circumstances the rights and/or agency of children/young people may be compromised. It is important to keep sight of and represent the needs of children and young people as victim survivors in their own right, including when engaging with adult victim survivors.

8.7 SAFETY PLANS



A Comprehensive Safety Plan template is in **Appendix 14**. This plan builds on the Intermediate Safety Plan (adult) template and includes capacity to risk manage individual risk factors, identify interventions, assign actions and coordinate/collaborate with other professionals and services.

Safety planning involves discussing with a victim survivor what actions you can take or coordinate with other services to manage risk from the perpetrator and meet their needs. Plans should be documented, and identify actions, individuals and organisations responsible, and timelines.

Safety plans require regular review and updates based on ongoing risk assessment.

Safety plans are developed in partnership with the victim survivor. Responsibilities for actions are shared between the victim survivor, the specialist family violence practitioner (case manager), and a range of other professionals that have a role to provide services or interventions.

The safety plan should be documented and all parties to the plan should have a copy. If it is unsafe for the victim survivor to keep a copy at home, consider an alternative place for them to keep the safety plan.

The following sections cover safety planning for an emergency, safety in the home and leaving the home. Areas that may require more in-depth planning are discussed in more detail, including access to money and financial security, intervention orders, technology safety, transport and route options, and informing people and organisations about the violence.

8.7.1 Safety planning for an emergency

Discuss the importance of emergency planning with the victim survivor, including what they and their children will do, and where they will go in case of an immediate danger. The safety plan may include the following:

- ... Pre-programme their phone with emergency number(s). Discuss when and how they would call police, including discussing alternatives if they can't use their phone because of the perpetrator's actions (such as breaking or tracking a phone)
- ... Set up an alert system (e.g. code or signal) for neighbours, children, family, or friends so that they know when to call police
- ... Plan what to do in an emergency with the child/ren and young people, either as their own safety plan and/or as part of the adult victim survivor's plan
- ... Identify a safe place for the victim survivor to go if in danger, and how to get there. The victim survivor may go to the house of a neighbour, friend, or family member with the children, or send the children to these places
- ... If the victim survivor is living with the perpetrator, identify a space in the house that is lowest risk that they can move to where they may be able to prevent the perpetrator from accessing and can phone police for assistance, and which may afford an escape option
- ... Identify a friend, family member or neighbour who can assist in an emergency, and how to make a plan with them to be a contact point
- ... Let neighbours, co-workers and others know about the situation and what to do if the perpetrator arrives at the residence
- ... Prepare a bag with key belongings — extra sets of car and house keys, clothes, essential items including medication and prescriptions
- ... Store valuables and important documents (or copies) in a safe place (e.g. at the home of a family member or friend)

- ... Keep a copy of any intervention order at hand to show to police
- ... Consider alternative communication methods if victim survivors don't have mobile phones or access to other technology (e.g. if connectivity is an issue or accessibility technology is required), and practice memorising phone numbers. Consider if a mobile phone can be provided for use in an emergency
- ... Any mobile app or website with external communication could be useful as a tool in an emergency (for example, LGBTIQ victim survivors may use apps such as Grindr to get emergency support).

8.7.2 Safety in the family home

Discuss options for increasing the safety of the property if the victim survivor has separated from or is not living with the perpetrator and is staying in the family home.

These may include:

- ... Applying for a family violence intervention order to prevent the perpetrator from coming near the family home or places frequented by the victim survivor (adults, children and young people), including schools and childcare centres
- ... Speaking to the landlord (if applicable) about security enhancements and/or changing the lease agreement
- ... Changing locks to external doors, installing locks on selected internal doors, installing security chains and deadbolts, installing window locks
- ... Installing security systems including alarms, lighting systems, and CCTV, and monitored alarm systems, at home and on a mobile
- ... Repairing any damage to doors or windows, installing security screens on doors
- ... Increasing the visibility in the front and back yards of the family home
- ... Obtaining legal advice if the house is owned by the perpetrator or owned by the victim survivor and perpetrator.



8.7.3 Leaving the family home

If the victim survivor leaves the family home, they and their children may require assistance to find alternative accommodation. The type and location of accommodation will depend on the level of risk, the location of their family, friends and support services, and the connections they have with work and community (including the children's schools).

You should discuss whether it is safe to tell the perpetrator that they are leaving as doing so can increase risk. Discuss when might be a safe time to leave. For example, when the perpetrator is not at the family home, is at work, or away, or when the victim survivor has to leave the family home for a reason perceived as 'legitimate' by the perpetrator, such as picking the children up from school, going to a medical appointment, or going to work.

The safety plan may require the following:

- ... Planning the departure, identifying items to take, organising police presence during the move, storage arrangements, removalists, child minding etc
- ... Assisting the victim survivor to access emergency and/or refuge accommodation in the short term (if required)
- ... Technological safety such as ensuring location settings are not active/ potentially replacing a phone and having a car screened for tracking devices
- ... Assisting the victim survivor to live with family members or friends in the short term

- ... Ensure the victim survivor has key identity and financial documents (or copies of) including proof of relationship documents for victim survivors who may face immigration issues
- ... Assistance to obtain a new property, including application for housing, and/or provision of rental assistance. Connection to tenancy advice and advocacy support
- ... Assisting with relocation costs such as material aid, transport, storage
- ... Applying for a family violence intervention order
- ... Discuss further safety planning if there is a risk from extended family, identified third parties at risk or community members. This may be a particular risk for Aboriginal victim survivors, and victim survivors from culturally, linguistically diverse and faith communities
- ... Additionally, where there is an identified threat to *any third person* (including if they are not within the family, but their risk is related to the family violence occurring), the third person should be notified they are assessed as at risk and they should have their safety managed.

8.7.4 Access to money and financial security

Discussing access to money is an essential part of risk management and safety planning.

The safety plan may require the following:

- ... Identifying ways the victim survivor can access money in an emergency. This may include ensuring access to assets such as valuable jewellery
- ... Support or information to enable them to remain connected to current employment or education
- ... Referring the victim survivor to financial and legal services to explore options
- ... Securing documentation (or copies of) which may be required to establish a financial 'identity' such as birth certificates, passports, and other legal documents
- ... Setting up or changing access to banking arrangements

- ... Assisting the victim survivor with:
 - ... Applying for income support with Centrelink, if eligible
 - ... Information on obtaining child support from the perpetrator
 - ... Obtaining concessions for utilities and other costs as appropriate
 - ... Access to material aid and emergency relief
 - ... Accessing compensation through Victims of Crime Assistance Tribunal, if eligible
 - ... Accessing compensation through Workcover, Victims of Crime, TAC, Medicare, or insurance policies, if eligible.
- ... Advocating, as required, to obtain low-cost health services (e.g. bulk billing, mental health plan)
- ... Financial counsellors can provide support to access resources, applicable hardship policies and information in response to family violence, such as financial abuse and the impacts of separation and planning around financial instability.

8.7.5 Technological safety

It is important to inform the victim survivor their use of technologies can be exploited by the perpetrator to increase risk.

Discuss with victim survivors what steps they can take to 'stay safe technologically'.

These may include:

- ... Acting normally if the victim survivor believes their device/s have been accessed by the perpetrator until technology safety can be re-established
- ... Using computers or devices unknown to the perpetrator (e.g. in a public library or community centre/service) which can reduce the risk of perpetrators knowing the victim's whereabouts, and other personal information
- ... Obtaining/using new devices if a perpetrator has accessed an old device and this has been used to track or monitor the victim survivor

- ... Creating a new email and/or Facebook account which is unknown to the perpetrator and use an anonymous username. Use strict privacy settings on new social media accounts, without identifying public photos
- ... Accessing devices which send emergency messages, and/or which record events (e.g. if approached by a perpetrator or have the ability to screen-shot messages that can be saved to a file hidden under another app). Devices include BSafe, SafeTcard
- ... Turning off their mobile when not in use, disabling location services, acquiring a new or additional mobile, and using landlines where possible. Children and young people's devices should also be considered
- ... Checking for spyware. Some signs of spyware may include slow battery, programs operating in the background, slower speeds, or the perpetrator knowing more about communication or movements than the victim survivor is sharing
- ... Using phones in a way that does not show 'numbers called' on the bill and ensure that there is an answering machine to record unwanted or illegal calls by the perpetrator
- ... Changing/creating passwords and PIN numbers for any protected accounts, e.g. banking. Do not use birth dates, children's or pets' names, favourite foods, colours or singers. If you are worried you may forget your new passwords leave a list of them at a safe place, like a trusted family member's home
- ... Setting up new accounts if they have been irreparably accessed and controlled. Always log out and sign off when not using any device

- ... Checking access to devices and accounts of any children/young people, including school-based apps designed to be assessed/used by all parents/carers, which may be used as a method of tracking an adult or child victim's movements
- ... Being selective with future contacts, including on social media, only adding actual friends and removing anyone who may not be trusted not to communicate with the perpetrator.

You can access further information on supports through smartsafe.org.au.

8.7.6 Transport and routines

Explore what access to transport victim survivors have. Discuss with the victim survivor their usual travel routes and routines and explore ways of enhancing safety.

These may include:

- ... Changing modes of travel
- ... Always having a charger and mobile phone, and emergency contact numbers ready to dial
- ... Letting friends, family, or co-workers know where the victim survivor is, and when they expect to arrive home, at work, or other places
- ... Ensure safe transport of children/young people to and from school, pre-school, or childcare
- ... Ensure that older children who travel independently can do so safely
- ... Vary travel routines. For example, not frequenting the same shopping centres and other places or changing how and when you leave home or work, or options for picking up children from childcare arrangements, any other repetitive behaviour that the perpetrator may be aware of.

8.7.7 Informing people and organisations

There may be a number of people and organisations in the lives of victim survivors that need to be aware of the risks posed by the perpetrator. This may include extended family members, friends, neighbours, workmates, people in the community and the children's school(s). Each individual and organisation need to have a clear understanding of what actions to take if they are contacted by the victim survivor, or if they encounter the perpetrator.

The safety plan may include the following:

- ... Identify key people and organisations in the lives of the victim survivor and children, who can help support them and increase their safety
- ... Inform neighbours, extended family members and friends. Clarify expectations and communications
- ... Inform employers and co-workers, as well as education providers if applicable, about the risk and safety plan information relevant to them around monitoring and support
- ... Explore options of support that an employer could offer — counselling, pay checks going to a different bank account, family violence leave, flexible working and/or security arrangements
- ... Provide information to children's school(s), including a copy of any orders designed to protect the children from the perpetrator, instructions about what to do if the perpetrator comes to pick up or see the children in contravention of the order, a photograph of the perpetrator and description of the car. Discuss not providing information that could increase risk.

8.8 JUSTICE SYSTEM

When developing risk management strategies with the victim survivor, identify, work with and advocate for effective and timely responses from justice and statutory bodies, including police and courts. This might include:

- ... Sharing relevant information with police that might assist with investigations and possible criminal charges against a perpetrator
- ... Advocating for an intervention order to be sought against a perpetrator by police on behalf of a victim survivor (adults, children and young people) and supporting the application process, where possible (refer to **Section 8.8.1**)
- ... Sharing relevant perpetrator information with a victim survivor where it is safe to do so. This information might assist them to manage their risk, or that of their child, including assisting in obtaining an intervention order or impact decision making around child living arrangements or other contact arrangements with a perpetrator
- ... Referring victim survivors to appropriate support to seek advice regarding Victims of Crime entitlements, or other financial assistance such as enforcements of fines
- ... Requesting information from Corrections Victoria to determine if a perpetrator is in prison. Information may include any programs they are undertaking, their release date and assessing what risk management actions will be required to manage family violence risk.

8.8.1 Intervention orders

Intervention orders are a primary risk management strategy, as they provide legal constraints on the behaviour of the perpetrator. Intervention orders can protect a victim survivor's children (who may also be victim survivors).

Family violence intervention orders (FVIO) are court orders made pursuant to the *Family Violence Protection Act 2008 (Vic)*. A FVIO is a legally enforceable court order that aims to provide protection to protected persons from a family member who is perpetrating family violence.

An application can be made by: police; a victim survivor; any other person with the written consent of an adult victim survivor; a parent of a child victim survivor; a person with written consent of the parent or leave of the court; or the child over 14 years with leave of the court; or if the victim survivor (adult or child) has a guardian, the guardian or any person with leave of the court. In certain circumstance the court may make and order on their own motion for children affected by family violence. This occurs where an order for a parent is not made but the court requires the child be protected.

Types of FVIO include:

- ... Interim intervention orders: these are temporary orders that can be made before the respondent (the person that the order is against) is served with the application for an intervention order. The interim order does not take effect until the respondent has been served with a copy. The interim order remains in place while the application for an intervention order is before the court, the order remains in force until the court makes another order
- ... Final intervention orders: these can be granted by the court if the respondent does not contest the application, or the Magistrate has heard all the evidence presented to the court. They generally expire after 12 months but can be longer.

The National Domestic Violence Order Scheme (NDVOS) allows a family violence intervention order made in one state or territory to be recognised and enforced across Australia. This includes both interim and final intervention orders, family violence safety notices and police intervention orders. For more information please refer to the [Magistrates' Court of Victoria website](#).

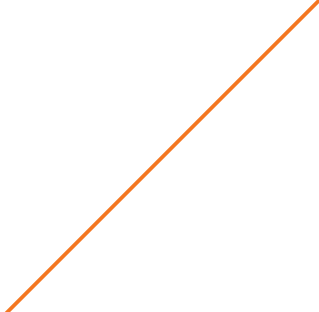
A personal safety intervention order (PSIO) is another alternative which may be more appropriate in some circumstances. A PSIO is an order made by a Magistrate to protect a person from physical or mental harm caused by someone who is not a family member. This can include where a perpetrator is using a third party as a proxy to cause harm to a victim survivor, in relation to new partners or where a victim survivor may choose a PSIO as an alternative, such as where a victim survivor who is from the LGBTIQ community does not want to publicly identify as being in a family-like relationship with the perpetrator.

Discuss with the victim survivor the advantages and possible risks of an intervention order, the available conditions and the urgency of obtaining an order.

There are common fears and misconceptions about intervention orders that you may need to address:

- ... Explain that taking out an order does not make the perpetrator a criminal, and that they may only face criminal proceedings for breaching the order
- ... Some victim survivors may fear that an intervention order will damage the perpetrator's chances of obtaining citizenship or permanent residency
- ... Older victim survivors with children as perpetrators may be reluctant to 'get them into trouble'.

Understand and address the victim survivor's concerns about intervention orders and decide together whether an intervention order is an appropriate risk management strategy.



If the victim survivor wants to make an application, the following steps may be appropriate:

- ... Discuss with the victim survivor the possible conditions of the order
- ... Assist a victim survivor to make an application for an intervention order, via a court registrar, the police, or a legal service
- ... Accompany the victim survivor to court for hearing the application
- ... Refer the victim survivor to a legal service which can support the application
- ... Discuss with the victim survivor appropriate support services at court such as specialist family violence practitioners and targeted community supports
- ... Discuss whether the victim survivor may face pressure to lift the order including possible pressure from extended family/ community
- ... If the victim survivor is facing immigration issues, an intervention order can form evidence to apply for a family violence protection visa. Consult with specialists who have expertise in this area if necessary
- ... Address any other concerns that may influence the victim survivor's decisions around making an application.

You may also be supporting a victim survivor who has had the police take out an order on their behalf. In some cases, this may be against the victim survivor's wishes. The police do not need the consent of the victim survivor if they have fears for their safety. You may need to work with the police and victim survivor to come to an agreement about the conditions and possible actions to protect the victim survivor. For example, the perpetrator may blame and threaten the victim survivor to withdraw an application, and as a safety measure the police can communicate to the perpetrator that they have made the application and not the victim survivor.

8.8.2 Victoria Police

Police have an important role in risk management strategies for victim survivors, including through their engagement with perpetrators. Police responses to family violence incidents are described in the Victoria Police Code of Practice for the Investigation of Family Violence, the Victoria Police Manual and supported by dedicated Family Violence Practice Guides and are prescribed under the *Family Violence Protection Act 2008*.

When police attend a family violence incident, they may intervene and take a number of actions to immediately manage risk. The following options are available to police in their investigation and response to family violence:

- i. Criminal option — acting under appropriate legislation to bring perpetrators before the court. An example is arresting a perpetrator for intentionally causing injury pursuant to section 18 of the *Crimes Act 1958*, conducting an interview pursuant to section 464 of the Act and then charging the perpetrator and determining whether bail with conditions is appropriate according to the *Bail Act 1977*
- ii. Civil option — acting according to the *Family Violence Protection Act 2008*. This may mean seeking an interim intervention order, an intervention order or issuing a family violence safety notice. Police may make an application to a Magistrates' Court for an intervention order on behalf of the affected family member or assist the affected family member in seeking an appropriate order from the court
- iii. Referral — an option that police follow in all cases. It includes police providing advice and referring parties to appropriate services who can give necessary support and assistance as required.



Each of these options is discussed as part of a range of responses below.

Family Violence Response Model¹

The model includes a structured frontline response to reports of family violence supported by a specialist response by Family Violence Investigation Units (FVIU). The FVIU detectives work closely with other family violence specialist resources including FV analysts for each FVIU and co-located Family Violence Court Liaison Officers.

Frontline Risk Assessment

The Family Violence Report (FVR), previously referred to as a family violence 'L17 Form', is an evidence-based risk assessment and risk management tool. The questions provide an objective guide to the risk management, with the highest risk cases being referred to the FVIU. The Family Violence Report reflects the principles in the MARAM.

The FVR looks at two elements to support case prioritisation of high-risk cases:

- ... The identification of family violence risk factors, including high-risk factors
- ... The additional scored component of the tool which enables identification of cases that are at an increased risk of repeat family violence between the same two people within 12 months.
- ... It is important to note that the score, which may note a case as 'high risk' based on risk of repeat family violence alone, does not by itself refer to risk of an affected family member of being killed or seriously injured. Victoria Police members are trained to also consider high-risk factors in their prioritisation of cases.

¹ Victoria Police implemented a new Family Violence Response Model (FVRM) in 2019.

Frontline response

Police attending a family violence incident manage the immediate risk to all parties, including children. There are a range of criminal and civil options available to police depending on the nature of the incident. This may include a family violence safety notice (FVSN), family violence intervention order, or an application and warrant. Steps that can occur following a FVSN or FVIO include:

- ... FVSNs generate an application for an intervention order, and last for up to 14 days which is usually sufficient time for a court to hear the application
- ... Perpetrators who are charged may also be excluded by bail conditions
- ... Police may also arrest and detain the perpetrator for questioning
- ... Police may prosecute cases and may make other applications for intervention orders on behalf of a victim survivor and recommend conditions of intervention orders.

If the perpetrator cannot be located following police attendance at a family violence incident, police make arrangements to keep the victim survivor safe. This may involve assisting the victim survivor to obtain support and accompanying victim survivors to emergency accommodation.

Following investigation at an incident, the police also make referrals to specialist family violence services, and other services (e.g. Child FIRST). Referrals by police to community-based organisations are made using the FVR.

Family Violence Investigation Unit risk assessment and risk management for highest risk cases

Victoria Police has a structured case prioritisation and response model (CPRM) for family violence investigations providing the FVIUs with a consistent structured process to identify, further assess and frame management of cases where there is the highest likelihood of imminent and severe risk of future harm. The CPRM supports the operationalisation of the principles of the MARAM in a policing context. Both the FVR and the CPRM are important processes to ensure that identified risks are targeted to have the most impact.

The specialist detectives focus on investigation and collaboration in high-risk cases and will develop a proactive risk management plan for the respondent and the affected family member/s (including children).

Frontline resources and FVIUs conduct proactive risk management strategies to improve the safety of the affected family member/s and impact the behaviour of the perpetrator. Management strategies include but are not limited to the targeting of compliance with court-sanctioned conditions, engagement with the victim and the perpetrator, engagement with the FV sector for safety planning and support, and identifying and supporting those identified with accessibility needs or as particularly vulnerable in their interaction with the justice system.

Sexual Offences and Child Abuse Investigation Team (SOCIT)

Where sexual offences or child abuse is disclosed in the context of family violence, the matter will be investigated by the local specialist Sexual Offences and Child Abuse Investigation Team (SOCIT).

The mandatory organisation-wide training for the implementation of the FVR will ensure that SOCIT members have an understanding and expertise in family violence risk assessment in addition to their specialist roles in sexual offence investigations.

8.8.3 Court Services Victoria

Court Services Victoria incorporates all state court jurisdictions including Children's Court, Magistrates' Court, Victorian Civil and Administrative Tribunal, Victims of Crime Assistance Tribunal, Koori Court, County Court, Supreme Court and Coroner's Court — of which family violence is a large component of cases.

Courts play an important role in the justice system by providing key decisions in accordance with the law to enhance the safety of those experiencing family violence and ensure perpetrators are held accountable for their actions. Therapeutic courts also provide additional services and support, which forms a connection to the broader family violence service sector.

Victims of Crime Assistance Tribunal:

The Victims of Crime Assistance Tribunal (VOCAT) is available for victim survivors who, as a result of a violent crime, require financial assistance. The tribunal can provide financial assistance for:

- ... Counselling and other medical expenses
- ... Safety-related expenses such as home security
- ... Funeral costs
- ... Loss of income
- ... Special financial assistance
- ... Distress and dependency.

Koori Court



Koori Court is a court for Aboriginal and Torres Strait Islanders who have taken responsibility and pleaded guilty to a criminal offence. The Koori Court has been developed to reflect cultural issues and operates in a more informal way. The accused must choose to have their case heard in the Koori Court.

Court Support Services

Court Services Victoria provides a range of other services and programs at locations across the State, including:

- ... Specialist Family Violence Applicant and Respondent Practitioners: Practitioners provide specialist family violence support at court by engaging with a portion of victim survivors and respondents to provide non-legal process related advice, assess immediate safety risks, develop safety plans and make appropriate assessments and referrals to community agencies, Men's Behaviour Change Program providers and court-mandated counselling services. Located at larger headquarters like Magistrates' Courts and Melbourne Children's Courts
- ... Umalek Balit: A court-based Aboriginal family violence and victim support program, providing culturally safe and relevant service for Aboriginal and Torres Strait Islander families who attend the Melbourne and Mildura Magistrates' Court for family violence related proceedings within the civil, criminal and Victims of Crime Assistance Tribunal jurisdictions. The service assists with addressing the specific barriers Aboriginal and Torres Strait Islander peoples may face when attending court
- ...  LGBTIQ Applicant and Respondent Practitioners: a service providing tailored responses to the needs of the LGBTIQ communities to support the delivery of a professional, non-discriminatory, accessible response to family violence, prioritising victim survivor safety and perpetrator accountability. Located at the Neighbourhood Justice Centre
- ... Court Network: provides non-legal support, information and referral to people attending court
- ... Court Integrated Support Services (CISP) and CISP Remand Outreach Program (CROP) aimed at increasing referral and access to crisis and therapeutic support services
- ... Assessment and Referral Court (ARC) list: for accused persons who have a mental illness and/or cognitive impairment.

8.8.4 Corrections Victoria

Corrections Victoria provides risk management of family violence perpetrators at a number of stages, including alleged perpetrators on remand, and convicted perpetrators who are incarcerated, or living in the community (e.g. on community-based orders, parole).

Corrections Victoria aims to change the entrenched attitudes of perpetrators, that condone or normalise violence against women and other family members, through internal programs and practices, and by referring men to a Men's Behaviour Change Program.

While perpetrators are in custody, Corrections Victoria may also monitor behaviours to help ensure that victim survivors are not threatened or abused. Corrections Victoria also has the opportunity to help ensure that perpetrators do not re-offend when released, through setting parole conditions, information sharing and other strategies. Corrections Victoria has an important role in providing information and advice particularly in relation to high-risk and recidivist offenders and attending RAMP meetings.

Once sentenced offenders are assessed by Corrections Victoria for risk of re-offending and areas of criminogenic need, appropriate interventions are designated. Corrections Victoria has developed a number of targeted programs to address family violence offending, in order to reduce the risk of offending while perpetrators are in prison or in the community and reduce the risk of re-offending when prisoners are released.

Corrections Victoria family violence strategy is based on:²

- ... Identifying family violence perpetrators within the Corrections system, assessing their needs, and identifying appropriate strategies. The assessment is based on tools and indicators similar to those used in the MARAM Framework
- ... Providing targeted programs and services to perpetrators

² Corrections Victoria

- ... Providing support through risk assessment and management planning to prisoners and offenders who are victim survivors
- ... Changing clients' attitudes while they are within the Corrections environment
- ... Working in collaboration with other services.

8.9 SAFETY PLANS FOR CHILDREN AND YOUNG PEOPLE



Much of the information in this section is adapted and refreshed from the Department of Health

*and Human Services resource **Assessing children and young people experiencing family violence.***

A safety plan template for older children and young people is at **Responsibility 4, Appendix 10**. Safety plans should be tailored to the circumstances and needs of all people in the family experiencing family violence. While children and young people's safety and wellbeing is linked to the safety and wellbeing of the adult victim survivor (usually the mother), they may also have differing safety and wellbeing needs and, where it is appropriate, may need their own safety plan.

If a safety plan is developed for a child/young person, their parent/carer (usually the mother) should be aware of it. The plan should align with the parent/carer's safety plan. Ideally, the safety plan should be developed with the support of the parent/carer and can be an opportunity to strengthen the child or young person's relationship with their parent/carer. Some young people will want an independently developed safety plan.

The development of a safety plan is an opportunity to talk with children and young people about their experience of living with family violence. However, you should engage sensitively, as it may create a heightened sense of anxiety for some children/young people. When a safety plan has been completed, you should allay fears and explore issues that may need to be addressed.

Children and young people will need opportunities to practice and rehearse their safety plan.

Ambivalent feelings that children/young people may have towards the perpetrator (usually but not always their father) may surface during safety planning and may also include confusing feelings about the non-offending parent/carer (usually mother). Safety planning can be an opportunity to explore these feelings.

You should tailor a safety plan to the needs and developmental stage of children and young people. It might include:

- ... Actions and contact numbers for how to get help safely and quickly
- ... Identifying trusted people in the child/young person's network of relationships who can help them
- ... Ensuring that they have the telephone numbers of trusted adults they can call in an emergency
- ... Working with the child or young person about how to contact emergency services or a taxi service
- ... Technological safety — exploring online safety and how to develop skills to safely use the internet and devices safely, including phones
- ... Exploring how the young person responds when they feel fearful or unsafe (this will include for some young people the actions they could take when spending time with the perpetrator)
- ... Identifying services that the child or young person might like to access for ongoing help. This could include their local GP, school counsellors, youth centres, a sporting club or other activity that they are connected to or may want to be connected to in the future.

When helping the child or young person develop or rehearse their plan you might ask questions such as:

"What would you do if you were feeling scared?"

"If someone was getting hurt, how would you call the police or an ambulance?"

"Do you sometimes notice that Daddy is getting angry? What are the things that you might do when this happens?"

Safety planning with children and young people may involve you talking about your legal responsibilities to make reports to Child Protection or referrals to Child FIRST, or The Orange Door if required.

You should also explore how children and young people feel and how to act when their parent/carer is being hurt, or when they have been hurt themselves. It is important to provide a number of messages to children and young people. A helpful acronym is SAFE:

- ... Stay out of the fight
- ... Ask for help
- ... Find an adult who will listen
- ... Everyone knows that it's not your fault.

If you establish an ongoing relationship with the child or young person, you should discuss their attitudes to the use of abuse and violence in relationships and healthy ways in which people, including children/young people, can act when they do not get what they want or when there is a problem to be solved with another person.

The table below outlines considerations for safety planning with children and young people including guidance for age and stage appropriate approaches.

Table 4: Considerations for safety planning with children and young people

Age	Considerations including developmental factors ³		
Infants and younger children (0–5 years)	May have their safety plan contained within the adult victim survivor/carer's plan.	When safety planning with young children (3–5 years) you should have the parent/carer present. Affirming to the child that everyone wants them to be safe and they are not to blame are important messages for them to hear and for the parent/carer to deliver. Practice Tip: There may be times when a safety plan for a child under the age of 3 is needed. Children at this developmental level should have their parent/carer with them for this discussion. Because the child at this developmental level is often too young to openly discuss the safety plan, incorporate the child's safety plan into that of their parent/carer.	Factors⁴ to consider for children developmental level years 3 to 5: ... They are learning how to express feelings of anger and other emotions in appropriate ways ... They are concrete thinkers, using experiences and observations to make sense of the world ... They tend to compartmentalise events ... They focus on the outcome, rather than the process or rationale that leads to the outcome ... They think in egocentric ways ... They develop a sense of being a separate individual and display increased physical independence.

³ Table information adapted from *Safety Planning with Children and Youth: A Toolkit for Working with Children and Youth Exposed to Domestic Violence*, Ministry of Justice, March 2013, British Columbia, Canada.

⁴ All factors taken from Cunningham, A., Baker, L., (2004) *What About Me! Seeking to Understand a Child's View of*

Age

Considerations including developmental factors³

Older children and young people (6–18 years)

Children and young people should be included in the development of the safety plan wherever possible, including to reflect their views and wishes. The child or young person's age and developmental stage will influence the level of involvement they have in this process. This ensures they understand the purpose of the plan and enables them to feel empowered — providing a direct response to their experience of family violence.

It may not be possible to create a safety plan directly with an older child or young person, such as if the child is not present. You can develop safety plans on their behalf by talking with the parent/carer who is not using violence.

It also may not be possible to create a safety plan for a child or young person in consultation with a protective parent. In this situation, it is important to still consider the impact of your planning on any parent/carer in their life (who is not using violence).

6–11 years of age:

Work together with the child to define and understand what family violence is. Affirm that everyone wants the child to be safe. If you are working with both a parent/carer and child or young person, safety planning with children at this developmental level can be more effectively done with the parent/carer present. You can use the template plan with older children and young people of this age.

12–14 years of age:

The full participation of the parent/carer in developing the safety plan may not be needed or desired by the young person. You can suggest they share their safety plan with their parent/carer. You can use the template plan with older children and young people of this age. Another option is to create a simple written agreement with the young person stating what they could do and where they could go if they feel unsafe.

15–18 years of age:

Young people often have a greater ability to keep themselves safe in comparison to younger children but may need help in identifying their own resources and developing a realistic safety plan for themselves.

At this developmental level, full participation of parent/carer in safety planning may not be needed or desired. Suggest they present and share their safety plan with their parent/carer.

Factors to consider for children developmental level years 6 to 11:

- ... They have an increased emotional awareness of themselves and others
- ... They are able to think in more complex ways about right and wrong, cause and effect
- ... Academic and social success at school has a primary impact on self-concept
- ... Peers take on importance as children develop relationships with people outside their families
- ... They form friendships and start to plan activities for themselves
- ... They increasingly identify with the same-sex parent and become more aware of differences between males and females in our society
- ... They are usually able to verbalise what they need to feel safe, can engage in more critical thinking and are often quite creative.

Factors to consider for children developmental level years 12 to 14:

- ... They have an increased sense of self and autonomy from their family
 - ... They experience physical and emotional changes brought on by puberty
 - ... There is increased peer group influence and a desire for acceptance
 - ... For older youth, dating may raise issues of sexuality, intimacy, and relationship skills
 - ... They have an increased capacity for abstract reasoning and understand a broader worldview
 - ... The media has an increased influence on their lives.
-

Age

Considerations including developmental factors³

Older children and young people (6–18 years) (continued)

At this age, males especially may feel they can protect their mother by intervening in the violence in some way. While respecting their feelings about this, encourage discussion and highlight that this may put them and their mother at more risk — or talk about the father's behaviour requiring system intervention and that it is not the child's responsibility. The safety planning template for either a child and young person or adult can be used, working directly with the young person.

Factors to consider for youth developmental level years 15 to 18:

- ... They are working towards adult independence
- ... They are able to take an active role in their safety plan. It is empowering for them to create a plan that fits for them personally
- ... It can be useful to talk about their history of risk-taking, and how they tend to respond in unsafe situations.

8.10 RISK MANAGEMENT FOR AN ADOLESCENT WHO IS USING FAMILY VIOLENCE



A holistic and therapeutic response to risk management requires a high level of collaboration

between services. Adolescents who use family violence may also be victim survivors of family violence and interventions needs to explore and address this.

Police, youth housing, Child Protection, disability services, alcohol and drug services, education, family services and family violence services all have a role to play with different children and young people. Several areas have specific programs for young people and their families that are designed to respond to adolescent violence. These services may also be used for secondary consultation.

Remember, family violence safety notices and holding powers can only be applied to those aged over 18 years. However, police can take out an intervention order which has conditions that respond to the behaviours being used by the child or young person.

8.11 MANAGING RISK ACROSS THE COMMUNITY WITH AN INTERSECTIONAL LENS



As per risk assessment with an intersectional lens, applying an intersectional analysis lens when

managing risk means understanding that a person may have experienced a range of structural inequalities, barriers and discrimination throughout their life. These experiences will impact on their experience of family violence, how they manage their risk and safety, and their access to risk management services and responses. A person's identity and experiences of structural inequality and discrimination will influence how they might:

- ... Talk about and understand their experience of family violence, or presentations of risk
- ... Experience trauma or relate family violence to their experience of barriers, structural inequality, and discrimination
- ... Understand their options for service responses or who they may seek services from
- ... Explain impacts of the violence they experience.

REMEMBER

People are multi-faceted and may identify with a range of identities or experiences.

You should consider each aspect and look at the person's whole identity and experience. Think about how these inform your approach to risk management and safety planning.

Where an individual has identified as Aboriginal or belonging to a diverse community or are an older person, there are additional practice considerations which can support more effective risk management.

The guidance below addresses the most common barriers or structural inequalities experienced by Aboriginal people and people who identify as belonging to diverse communities. If you need, seek secondary consultations with appropriate targeted community support agencies to assist you to provide supportive and culturally respectful service responses.

8.12 RISK MANAGEMENT CONSIDERATIONS FOR ABORIGINAL VICTIM SURVIVORS



Some additional risk management considerations for Aboriginal people may include:

- ... The importance of cultural safety and connections to culture and community. For example, consider how housing or intervention orders affect a victim survivor's ability to stay connected to family and community
- ... Ask what family or community members are supportive and may be able to assist if needed
- ... Confidentiality can be a big concern for the victim survivor, including not wanting gossip or to be made to feel 'shame'
- ... Ask if there are any concerns about calling police or emergency services. You may also need to address any fear of engaging with police or emergency services arising from previous experiences
- ... Understanding they may be cautious about engaging with government, statutory authorities and justice agencies

- ... Taking extra time to talk about safety for children, how you can support and advocate for them, and taking into account how distrustful the victim survivor may be about Child Protection.

8.13 RISK MANAGEMENT CONSIDERATIONS FOR DIVERSE COMMUNITIES AND AT-RISK AGE GROUPS




Some additional risk management considerations for people from diverse communities and at-risk age groups (including older people) are outlined below. This is not an exhaustive list as every person's circumstances and relationship with the perpetrator/s and their family, community and culture are different.

8.13.1 For victim survivors from culturally, linguistically diverse and faith communities


- ... You may need to explain how the law/police systems work. You may also need to address any fear of engaging with police or emergency services arising from previous experiences in Australia or overseas
- ... You may need to provide information/awareness of Child Protection
- ... There may be multiple perpetrators — safety planning needs to address the risk for each perpetrator and how their behaviour impacts the victim survivor, individually and collectively
- ... It's important to explore the adult victim survivor's relationship with adolescent children. Some adolescent children may be using violence
- ... Discuss cultural or religious beliefs that the victim survivor believes would prevent them from leaving. There may also be community pressure, stigma, taboo etc. about leaving the relationship. Impacts of leaving may be far reaching, including on support networks, such as a perpetrator using networks to inflict violence towards family members overseas
- ... Support engagement with migration agents about general issues with visa status and consider if you need to refer on or consult with them for information on family violence protection visas

- ... Some victim survivors may want to return overseas; this will require exploring options, risk and safety planning. Consider if there are children who are living in Australia and seek advice around this from legal and immigration services, as applicable
- ... Consider postal addresses regarding immigration information as migration correspondence may be sent to an address associated with the perpetrator
- ... Consider available resources. For example, jewellery may be a woman's only form of financial independence — if so, discuss options to take jewellery if planning to leave.
- ... Ask if there are specific concerns about information sharing or barriers/access to services you can address
- ... If there are children in the family, be aware of the complexity of child-caring arrangements for rainbow families. Biological parenthood is not just based on pregnancy — one partner may be an egg donor and claim biological parenthood on that basis
- ... An LGBTIQ victim survivor may not feel safe to access mainstream services, including emergency services
- ... Safety planning for LGBTIQ victim survivors may require creative eco-mapping of social and other supports:


8.13.2 For LGBTIQ victim survivors

- ...  Safety planning should consider family of origin and family of choice and how people in each family may be either involved in the family violence or are able to be a supportive person to the victim survivor
- ... Specifically affirm and recognise a person's identity, including in how you plan with them, such as connection to appropriate and safe services and how you facilitate this, such as confirming they are comfortable with you sharing their preferred pronouns in referral
- ... Consider if the use of family violence is targeting an area of a person's identity, such as their gender or sexuality and seek to respond to these specifically in risk management, where possible
- ... Risk management should support the victim survivor to be further connected to support systems, where possible
- ... Ask if they would like to connect to W/Respect, an integrated LGBTIQ family violence service, or consider if you should seek secondary consultation from that service
- ... How do you feel about calling the police? Who would you feel safe talking to in an emergency?
- ... Where do you work? Who can you rely on in that neighbourhood?
- ... Discussing who is safe in the victim survivor's family of origin or choice, or broader social network
- ... Discussing social contacts that the perpetrator doesn't know (doctors, children's play network)
- ... Places you can go in an emergency might include well-lit public places: restaurants, community centres, library
- ... Who do you know who you could stay with, and for how long?
- ... What other community support can you consider in emergencies — for example, a range of community and social media?
- ... Are there any issues relating to medication or support aides that you can address, such as where these have been restricted or removed from the victim survivor by the perpetrator.

8.13.3 For older victim survivors

- ...  Be aware of concerns the older victim survivor may have that might impact their capacity to act on a component of the plan
- ... Emergency planning may need to include an urgent application to VCAT if the appointment of a temporary guardian is needed (for example, the Public Advocate) or a temporary administrator such as the State Trustees Limited to protect property and assets
- ... Consider whether a referral is needed for a specialist assessment to determine capacity by a geriatrician or GP
- ... Consider whether a referral is needed to a local Aged Care Assessment Service (ACAS) to assess for aged care services — particularly if a family member is a carer who is perpetrating violence and the victim survivor needs additional supports in place to be able to be safe.


8.13.4 For victim survivors with a disability

- ...  Consider engaging with the Department of Health and Human Services' Disability and Family Violence Crisis Response to access crisis support for victim survivors with a disability (adults, children and young people). This can contribute to appropriate short-term funds for disability-related supports such as attendant care, hire of equipment, sign/ Auslan interpreting and transport costs⁵
- ... Consider communication and mobility needs, and/or care requirements to determine what supports are needed. Both adult and child/young person victim survivors should be asked if they have a disability and risk management should address these needs individually

5 Department of Health and Human Services, 2019, [Disability and family violence crisis response](#).

- ... A safety plan should be in an accessible format if required and be readily accessible by the victim survivor. For example, if the person has limited English or a cognitive impairment, design their safety plan to address any barriers. Keep plans short and stepped out. Ask the person if there are other people in their family, friends or other supports in the community who may be able to help with executing a safety plan
- ... Victim survivors who have a cognitive impairment, such as an acquired brain injury (ABI) or a potential ABI, may have difficulties in interacting with services, retaining information about safety planning, and keeping track of the services or court matter involved. Adapt support and risk management strategies, if necessary, to reflect more intensive case management work that may be required.


8.13.5 For victim survivors with mental health issues

- ...  Family violence can exacerbate existing mental health issues for victim survivors. Symptoms can include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders and ('triggers') and extreme distress when exposed to these, irritability, hyper-vigilance (watching for anger and signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of appetite
- ... This may affect the victim survivor's capacity to retain information, access and interact with services. Consider asking a victim survivor if you can describe any of these effects to other services to minimise potential triggers and difficulties when engaging with other services for safety planning
- ... Use a trauma-informed approach in safety planning. This includes sensitively asking about current or previous trauma events, being alert to triggers and understanding that it may not always be appropriate to ask certain questions or proceed with certain discussions that may retraumatise the person⁶

6 S Fernbacher in Meadows et al, *Mental Health in Australia: Collaborative Community Practice*, Oxford University Press Australia (2012).

- ... Consider specific safety planning strategies for access to medication if the person is on medication, such as by having spare medication or scripts at a friend's house
- ... Be mindful of trust barriers and work to overcome these. A victim survivor with mental health issues might only trust a professional that has already assisted them. Consider discussing who the victim survivor trusts or who is in their 'trust group'
- ... Mental health professionals commonly provide letters for a person who is travelling internationally, describing mental health conditions and medication a person is taking. A similar process could be used to assist with safety planning and facilitating referral.

8.13.6 For victim survivors in rural and regional communities

- ...  Risk management should respond to any geographical and telecommunication isolation issues. You may need to provide alternative communication methods
- ... A victim survivor who is thinking about leaving the relationship or home may consider how to plan this over a period of time through other 'legitimate' community, service or employment pathways. For example, you can work with the victim survivor by attending the school or medical service to engage and plan for their exit
- ... Risk management should consider confidentiality issues and the perceived or real influence a perpetrator may have in the community or on social and community associations. This includes possible stigma for a victim survivor who lives in a small community.

8.14 WHAT'S NEXT?

Consistent with **Responsibility 4**, consider if you need to refer or seek secondary consultation with any services to support actioning the safety and risk management plan (see **Responsibility 5**), and record as required in the Comprehensive Safety Plan template in **Appendix 14**.

Specialist family violence practitioners also play a vital role in coordination of risk management responses and ongoing risk assessment and management, covered in the next chapter (Responsibilities 9 and 10).

8.14.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisation's record management system:

- ... Individual safety plan for adult or child victim survivor
- ... 000 and 24/7 crisis services explained, and details provided
- ... Key workers or supports for the victim survivor
- ... Key protective factors (trusted person identified)
- ... Justice system interventions (intervention orders, police statements)
- ... Referrals made for any additional support (i.e. InTouch, Seniors Rights)
- ... What organisation or service was contacted for secondary consultation to support comprehensive safety plan

APPENDIX 14: COMPREHENSIVE SAFETY PLAN

Making a Comprehensive Safety Plan

Safety planning guide for adults (or older children and young people, if appropriate)

The following are elements of a safety plan and questions you can ask when working with the person experiencing family violence to make a plan.

Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by them on what is important and safe for them in their safety plan.

This guide aims to assist you to discuss what planning and actions can be undertaken safely.

Under each checklist question with a 'yes', 'no', or 'N/A' response option, you can additionally provide details about the response from your conversation.

Add space to each section to write in further details, as required.

Plan detail and questions to support planning

Checklist and detail

Safe place to go

If you need to leave your home in a hurry, where could you go?

Address or name of place and how will you get there?

Emergency contacts

Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so?

Yes No N/A

Call **000** in an emergency or Safe Steps on **1800 015 188** or local family violence organisation on _____ [insert]

Who are your personal emergency contacts?

Name, relationship, contact details:

System intervention

Is the perpetrator incarcerated?

Yes No N/A
(If yes, release date if known)

Is the perpetrator prevented from contact (including with any children)?

Yes No N/A
(provide details)

Is an intervention order in place (and children named) or are there any other court orders or proceedings?

Yes No N/A
(provide details)

If an intervention order in place, is it being adhered to? (note if any breaches, list/describe)

Yes No N/A
(provide details)

Support of someone close by

Is there someone close by you can tell about the violence who can call the police?

Yes No N/A
(provide details)

Could they assist if you want to leave?

Yes No N/A
(provide details)

Could they come with assistance or call the police if they hear sounds of violence coming from your home?

Yes No N/A
(provide details)

Planning for children, older people or people in your care [if applicable]

What would you need to arrange for people in your care? (provide details)

What are their support needs? (provide details)

Would they be coming with you if you needed to leave in an emergency? Yes No N/A
(provide details)

If you have children in your care

How many children do you have in your care? (provide details)
How old are they?

Are they able to be left alone for short periods? Yes No N/A

Do they have any particular needs? (provide details)

Do your children attend childcare or school? Yes No N/A
(provide details)

What sort of routine or structure is in place for your child/ren? (provide details)

What do you already do on a day-to-day basis to keep your child/ren safe? (provide details)

Are there any other people in your child's life that they trust and can talk to? Yes No N/A
Name of trusted person, contact details:

Planning for pets

Would they be coming with you if you needed to leave in an emergency? Yes No N/A

What would you need to arrange for pets? (provide details)

Can someone else take care of them? Yes No N/A
(provide details)

Can you contact RSPCA or local services for short term support? Yes No N/A
(provide details)

Safe communication

Do you have access to a phone or internet? Yes No N/A
(provide details)

Can you contact friends or someone trusted if you need to? Yes No N/A
(provide details)

Can you have a code word so the person knows how to respond if you contact them in an emergency? Yes No N/A
(provide details)

Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.) Yes No N/A
(provide details)

Sometimes people can use your phone and accounts to try and track you. Do you know how to keep your phone and online accounts safe? Have you accessed/put in place any security features? Yes No N/A
(provide details)

Transport

How will you get to a safe place? Do you have access to a vehicle or other public transport options? Yes No N/A
(provide details)

Can you park your vehicle in a position that is not restricted from leaving quickly? Yes No N/A
(provide details)

Can you use someone's car? Can someone come to pick you up? Yes No N/A
(provide details)

Can you plan and practice the quickest way to leave where you are? Yes No N/A
(provide details)

[if appropriate]

Do you have appropriate car seats or restraints for children in your care in your car?

Do you need to bring a pram? Can you get that into your car or on public transport?

Can you transport older people in your care safely?

Items to take with you – escape bag

What documents, keys, money, clothes, or other things should you take with you when you leave? What is essential? (provide details)

Can you put together items in a safe place or leave them or copies with someone, just in case? Yes No N/A
(provide details)

Medication or other support aides for yourself or anyone in your care – prescriptions or a second set of items held in a safe place? (provide details)

Plan detail and questions to support planning

Checklist and detail

[if applicable] Security/comfort toys for children or items that are highly significant to the child/ren.

Yes No N/A
(provide details)

Do you need to bring:

... Breastfeeding/expressing equipment?

... Bottle feeding formula and equipment?

... Particular foods?

... Can you put aside a water bottle and snacks for children?

... School bags?

... School, kinder, childcare contact details?

Financial access

*Do you have access to money if you need to leave?
Where is it kept?*

Yes No N/A
(provide details)

Can you get it in an emergency?

Yes No N/A
(provide details)

Do you have online banking?

Yes No N/A

*Does anyone else have access to your money or bank accounts?
(including online?)*

Yes No N/A
(provide details)

Do you have access to employment?

Yes No N/A
(provide details)

Current supports

*Do you have supportive people in your life who you trust to talk to
about your situation? Can they help you in an emergency?*

Yes No N/A
(provide details)

*Are you connected to social networks (family, friends, community,
informal social networks)?*

Yes No N/A
(provide details)

What do you usually do day-to-day to manage your safety?

(provide details)

Are you engaged with any professional/therapeutic services?

Yes No N/A
(provide details)

Access to antenatal services? (if applicable)

Yes No N/A
(provide details)

Action planning of identified risks

Are there identified risks that need action planning:

- ... Should be proactively managed through intervention or risk mitigation planning?
- ... May require collaboration or coordination with other professionals or services to agree to actions?
- ... May require active monitoring by a specialist family violence case management, or in coordination with Victoria Police or other professionals or services?

Identified risk factor	Intervention or risk mitigation plan	Responsible professional or service	Date of review / completed

(add lines as needed)

Information sharing concerns, considerations or views

Is there information that:

- ... Should be proactively shared to support safe engagement (i.e. about identity, experience or needs)?
- ... You would like your views to be recorded on how and when your information is shared?
- ... You would be concerned about sharing with specific organisations or professionals?
- ... The perpetrator should not be made aware that you have provided, or the source when sharing?

Type of information	Approach to sharing	Reason	Date of review

(add lines as needed)

Consent to information sharing

Consent for information sharing and referral:

I (name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual's life, health, safety or welfare.

I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).

Signature

Date

Name (print)

Date

Worker Signature

Date

Worker (print)

Date

Verbal Consent obtained 'Yes'

Date

Please indicate your preferred contact method:

Mail:

Email:

Phone / Text:

Would you prefer to be called from a private number? Yes No

What is the best day and time for us to call?

A message left with an authorised/safe person for you to return the call:

Authorised person contact details: (full name, relationship, telephone:)

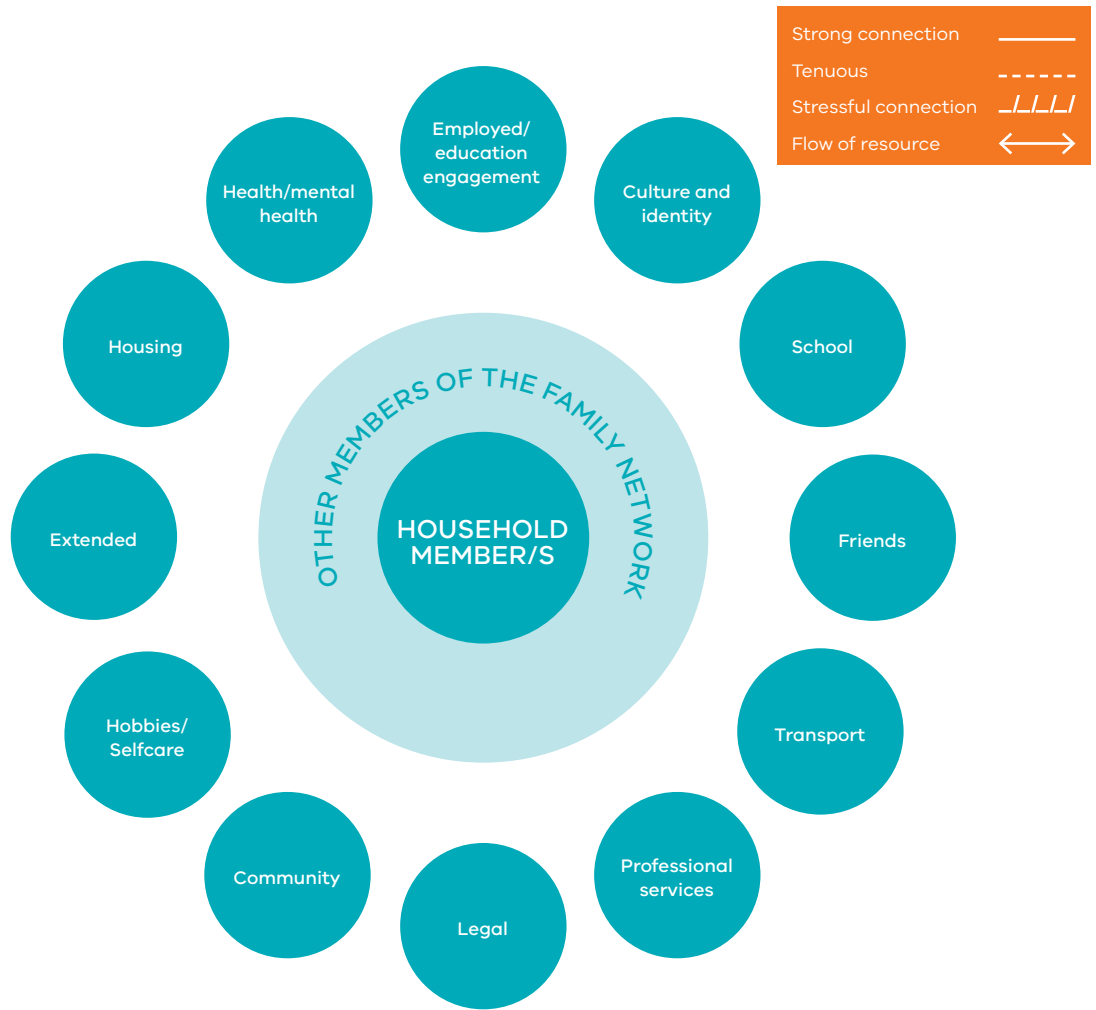
Referrals made

Type of organisation	Organisation Name	Contact person	Date of referral	Information sought/ shared with
Aboriginal specific service				
Alcohol and other drug service				
Centrelink				
Child FIRST				
Child Protection				
Counselling service				
Financial counselling service				
Housing service				
Legal service				
Mental health service				
Police				
Court (Magistrates' and Children's Court)				
Sexual assault service				
Specialist family violence service for adult victim survivors**				
Specialist family violence service for perpetrators**				
Specialist family violence service for child victim survivors**				
The Orange Door				
Visa/immigration service				
Other				

(add lines as needed)

**** Specialist family violence services includes services that provide tailored services for Aboriginal people and people from diverse communities and at-risk age groups.**

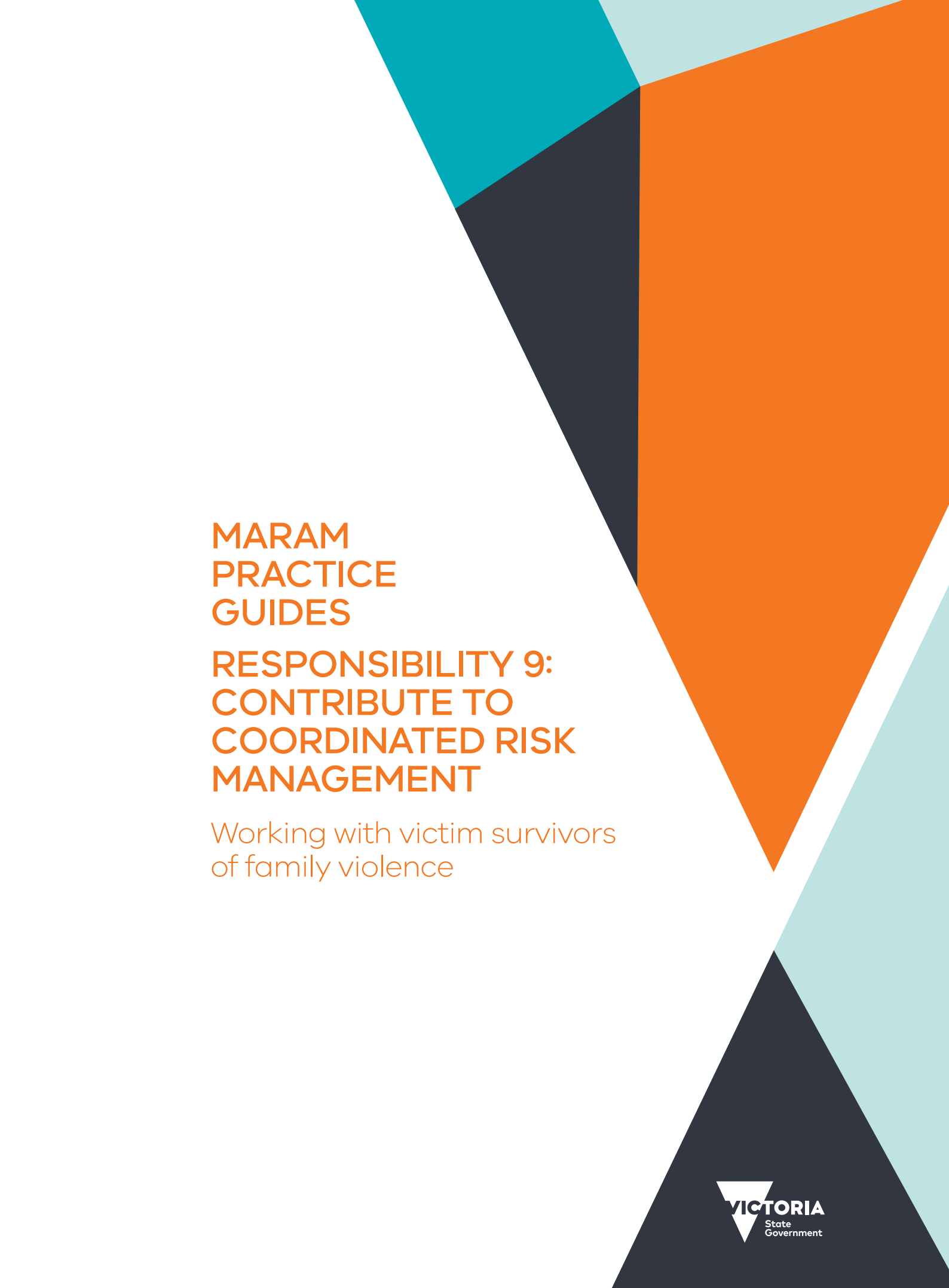
APPENDIX 15: ECOMAP DIAGRAM



Consider protective factors for each area; System intervention, Practical/environment, strengths based. Refer to guidance in Responsibility 8. See over page for additional factors against each domain, use as required.

Protective factors and risk management – areas for discussion

Protective factor domains	Factors
Systems intervention	Legal or Justice responses in place: ... perpetrator is incarcerated or prevented from contact ... victim survivor is on the Victims Register ... court dates noted relating to family law, family violence or other matters involving perpetrator or victim survivor ... Justice interventions in place (IVO)
	Perpetrator is actively linked to a support program
Practical/ environmental	Safe housing
	Financial security (access to money or employment)
	Health (including mental health)
	Education (access or engagement with)
	Immigration issues
	Food security
	Transport
	Telecommunication safety
	Connection to advocacy/ professional/ therapeutic services
	Positive and friendly care environment (particularly for children and young people)
Strengths-based	Social networks, health relationships
	Culture and identity, connection and sense of belonging to community
	An individual's personal skills and emotional resilience, exercise of agency



**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 9:
CONTRIBUTE TO
COORDINATED RISK
MANAGEMENT**

Working with victim survivors
of family violence

RESPONSIBILITY 9

Contribute to coordinated risk management

9.1	Overview	435
9.2	Coordinated Risk Management and Ongoing Risk Assessment in Structured Professional Judgement	436
9.3	What is Coordinated Risk Management?	437
9.4	Contributing to Collaborative Risk Management	439
9.5	Coordination of Risk Management	441

9

CONTRIBUTE TO COORDINATED RISK MANAGEMENT

9.1 OVERVIEW

This guide supports professionals to understand the role of coordinated risk management, and linkages to ongoing collaborative risk management (covered under **Responsibility 10**), as an integral part of family violence responses.

This guidance will enable you to identify the processes required for effective multi-agency collaboration and risk management.

Multi-agency collaboration supports a shared and consistent understanding of family violence risk and enables proactive and timely interventions. Collaboration should include keeping the perpetrator's pattern of behaviour and whereabouts in view and actively monitoring risks posed by the perpetrator. This may be done through information sharing and engagement with the victim survivor.

KEY CAPABILITIES

All professionals should have knowledge of Responsibilities 9 and 10, and be able to:

- ... Contribute to coordinated risk management as part of a multi-disciplinary and multi-agency approach. This includes proactively requesting and sharing relevant information to facilitate coordinated risk management (see also **Responsibility 6**).
- ... Have an ongoing role in collaboratively monitoring, assessing and managing risk over time including identifying any changes in the assessed level of risk. This includes ensuring risk management and safety plans are responsive to escalation of risk and changed circumstances.
- ... Participate in joint action planning, coordination of responses and collaborative action including enacting and monitoring safety plans.

Where engaged, specialist family violence practitioners will provide leadership of coordinated risk management, monitoring of risk and collaborative action planning.

9.2 COORDINATED RISK MANAGEMENT AND ONGOING RISK ASSESSMENT IN STRUCTURED PROFESSIONAL JUDGEMENT

You should continue to use Structured Professional Judgement to inform your approach to determining seriousness of risk, including through coordinated and collaborative management and ongoing risk assessment. Each element of Structured Professional Judgement can be considered collaboratively with other professionals who contribute their knowledge and expertise to the assessment process. This includes considering sharing relevant information (when authorised to do so) under the Family Violence Information Sharing Scheme, the Child Information Sharing Scheme or other relevant legislation.

Figure 1: Model of Structured Professional Judgement



Review guidance in **Responsibility 6** about sharing information with other services or professionals, including the relevant consent thresholds when sharing information about the perpetrator or the victim survivor. Identify key professionals and services who you may seek to engage in coordinated and collaborative risk assessment and management through consideration of the protective factors and the perpetrator circumstances. Consider using the genogram or ecomap exercises outlined in **Responsibilities 7 and 8** to assist in this process.

You should consider the victim survivor's experience and their views of the services and professionals you are engaging with or are likely to engage with. Consider what the victim survivor has discussed with you about any past or recent experiences of structural inequality, barriers or discrimination. This information should inform the approach and/or options you choose on the professionals or services you seek to engage with.

To respond to the dynamic nature of family violence, risk assessment should be integrated into the ongoing risk management process, including in coordinated processes. This is particularly relevant when considering guidance in **Responsibility 10**. Regularly check in with the victim survivor and seek or share information (as authorised) with organisations involved in risk assessment and management, such as the police, Corrections, and a range of community-based organisations.

9.2.1 Collaborating with a victim survivor

Reflect on person-centred practice, including across **Responsibilities 3 and/or 7** and in **Section 9.3** of the *Foundation Knowledge Guide*.

You should inform the victim survivor that you are involved with a coordinated collaborative risk assessment and management process, when safe, reasonable and appropriate, including what services are involved. This will support a person-centred approach in your practice, as well as ensuring the victim survivor is empowered and supported to share their views.

It is critical that the victim survivor feels supported, informed and has agency of decision making regarding their options wherever possible, to support effective engagement and outcomes. Keep in mind the adult victim survivor's self-assessment of their level of risk when determining seriousness/level of risk through Structured Professional Judgement.



You must explain the nature of 'risk' to the victim survivor, that it is dynamic, and can change quickly and over a short period of time. Inform the victim survivor if through your collaboration with other professionals or services you become aware of changes which may affect their level of risk.

Discuss with the victim survivor how and when the risk assessment will be reviewed. If risk has changed, review the safety plan with the victim survivor to support them to put it into action, if required.

Ask the victim survivor about any issues, concerns or scenarios where risk might escalate and seek consent to share information with other professionals about the possibility of risk escalating.

9.3 WHAT IS COORDINATED RISK MANAGEMENT?

Coordinated risk management is when multiple professionals and organisations act together to assess risk and plan to mitigate family violence risks for victim survivors (adults, children and young people). This includes maintaining visibility and a shared understanding of the perpetrator's behaviours, tactics and whereabouts.

Risk assessment should be undertaken as part of any coordinated risk management approach. This involves collating and analysing information from various services or sources. Each coordination meeting should include sharing of relevant information to assess the level of risk, including information about the risk posed by the perpetrator, any specific threats or issues and the perpetrator's circumstances.

The outcome of the risk assessment will inform the risk management strategies that are developed and actioned. Professionals involved will have a specific risk management role and actions to take. Depending on your role, this may range from information sharing only, to specific targeted actions to support a victim survivor's safety and/or engaging or intervention with perpetrators.

The table below describes four key risk management components that are part of a coordinated response.¹

Table 1: Key risk management components

Category	Description and actions
Monitoring of risk and safety	Risk assessment is conducted continuously so that risk management and safety strategies can be adjusted over time to respond to changes in risk. Changes in escalation, frequency or presentations, as well as the circumstances of a victim survivor or perpetrator all impact the assessment of risk level. This monitoring should ideally be done by several services and professionals working together in a coordinated case management process.
Facilitate engagement of support services	Delivery of health and social services to empower and support stabilisation and recovery of victim survivors. This might include providing legal, employment, accommodation or educational opportunities and support, as well as responding to people's broader health and wellbeing needs. Consider the domains of support outlined in the guidance on protective factors in Responsibility 3 .
Maintain perpetrator visibility and action interventions	Supervision and monitoring of perpetrator's behaviours through information sharing, coordinated risk management processes and appropriate behaviour change programs. This includes ensuring that perpetrators are aware of and comply with the conditions of intervention orders. Victim survivors' safety is promoted by focusing attention on the behaviours of the perpetrator.
Undertake safety planning	This is the most important step in the risk management process. Safety planning aims to minimise the impact of violence, including where violence is continuing. It involves mobilising resources to actively protect against future violence, as well as reducing the severity of its impact by building resilience and supporting stabilisation. Safety planning can be performed by several professionals or services working together and should be led by or developed in partnership with the victim survivor.

The continuum of coordination or collaboration approaches professionals and services may take is outlined below.² The approach will be determined by the circumstances and risks in each case.

Table 2: Levels of engagement in coordinated or collaborative practice

Levels of engagement

Service / practice autonomy	Collaborative practice	Streamlined referrals	Cooperation	Coordination	Integration
With networking	Formalised networking arrangements and organisational policy development	Incident-based processes	Including regular communication around clients and common goals	Agreed plans and protocols	Single system with sub-units and cross-unit accountability

1 Adapted from Albuquerque, M., Basinskaite, D., Martins, M. M., Mira, R., Pautasso, E., Polzin, I., ... Wiemann, S. (2013). *European manual for risk assessment*. Göttingen, Germany: E-Maria Partnership

2 Adapted from Jane Wangmann, 'Examining Integrated Models to Respond to Domestic Violence' (Report Prepared for Sutherland Shire Domestic Violence Committee, 2006) 4.

9.4 CONTRIBUTING TO COLLABORATIVE RISK MANAGEMENT

REMEMBER

Collaborative risk management assists professionals and services to maintain a focus and shared understanding on the actions and behaviours of a perpetrator that are causing risk.

Collaborative risk management practice can also support professionals and services to plan for the safety, stabilisation and recovery of a victim survivor.

Your role in liaising with other key services will depend on the professionals or services involved in the risk management functions. These services can be identified in reviewing an ecomap, protective factors or perpetrator's circumstances. Further information is outlined in **Section 9.2** above.

In coordinated approaches to collaborative risk management, professionals and services agree to:

- ... Share and collectively analyse relevant information for ongoing risk assessment
- ... Contribute to developing risk management strategies and actions
- ... Report on the progress of specific agreed actions
- ... Notify any increases in risk using a timely system of alerts (red flags) if there is a recognised increase in the level of risk, or if a planned risk management strategy is not implemented or fails.

Specialist family violence practitioners have a lead role in collaborative risk management. These services routinely orchestrate ongoing clear communications between professionals or services providing support to the victim survivor, and to the perpetrator. This may include establishing communication protocols to facilitate information sharing and timely notification of changes in risk.

In a coordinated risk management approach, a professional or service should be nominated to lead coordination. In many cases this will be a specialist family violence service that is undertaking case management support. Some of the actions and responsibilities for this approach are outlined below.

Each professional or service should ensure they are authorised before sharing relevant information about victim survivors and perpetrators (see **Responsibility 6**) for risk management (protection) purposes. **You should review your organisation's policies to ensure you have authorisation to contribute to coordinated risk management, and that your actions can be resourced appropriately.**

Table 3: Approach to coordinated risk management

Coordinated risk management processes	Responsibility and actions
Maintaining regular contact with the victim survivor.	<p>If a range of services are involved or providing support, identify who is the primary professional or service responsible for doing this.</p> <p>Ensure the victim survivor is informed of the outcomes of case coordination meetings and these are reflected in the safety plan.</p>
Using Structured Professional Judgement to analyse and determine the level of risk posed to the victim survivor from the perpetrator's behaviour.	Identify who will record and maintain documentation of coordinated risk assessment.
Receiving notification if a family violence incident occurs.	Message that it is a shared responsibility to notify other services if relevant to their role.
Ensuring other organisations update and share information when they consider that the level of risk has changed.	<p>Message that it is a shared responsibility to notify other services if risk or circumstances have changed for a victim survivor or perpetrator. Notify if these changes may impact the risk management response or actions of other professionals or services, or the shared understanding of the level of risk.</p>
Monitoring the completion of actions against a safety plan.	<p>Identify who will monitor and follow up to ensure agreed actions are completed.</p> <p>Identify who will review the safety plan to update, as required.</p>
Obtaining confirmation from professionals or services when victim survivor needs have been met.	Identify who will monitor and follow up to ensure agreed actions are completed.
Obtaining information from other sources about the perpetrator (whereabouts, activities, behaviours).	Identify who will coordinate information requests if other sources of information are identified as relevant, and document requests in case management systems.
Maintaining a list of organisations and the type of information they hold (e.g. perpetrator whereabouts, activities, attitudes and behaviours) and expected reports to you.	Collectively review the victim survivor's protective factors or ecomap, the perpetrator's circumstances, or undertake the ecomap exercise for a perpetrator in Responsibility 8 .
Establishing communication protocols with key organisations that can monitor perpetrator's behaviour, risk and circumstances.	<p>Consider collectively if this is supported by existing protocols or whether new protocols should be established.</p> <p>Depending on the professionals or services involved, and the timeframe for the case coordination, this may be through existing ongoing protocols, or ad hoc and less formal protocols for a time limited period or an individual case.</p> <p>Consider if the perpetrator's circumstances support identification of professionals or services who have access to relevant information (e.g. housing services, Centrelink, family services, drug and alcohol, and mental health services, men's services). Schools can potentially provide critical information about changes for the child / young person and their family and should be included where appropriate.</p>

Coordinated risk management processes

Responsibility and actions

Receiving notification when designated safety plan actions are completed.

Message that it is a shared responsibility to notify when actions are completed and identify who will update records and documentation to indicate that this has occurred.

9.4.1 Document in your organisation's record management system

It is important that you document the following information in your service or organisation's record management system:

- ... Services involved in the collaboration of risk management and safety planning
- ... Actions required of each service
- ... Additional or new information surfacing from collaboration
- ... When case coordination meetings are held
- ... The responsibility of ongoing risk assessment
- ... The victim survivor being informed of any updates.

9.5 COORDINATION OF RISK MANAGEMENT

9.5.1 Case coordination

Specialist family violence practitioners will often lead and conduct case coordination. Case coordination may include meetings to review risk and develop and organise risk management actions. In other instances, specialist family violence workers may participate in case coordination led by other professionals or services. These processes are important for building trust, clarifying roles and responsibilities, developing mutual understanding and knowledge of effective risk management strategies, developing creative action plans, and strengthening mutual accountability.

Case coordination draws on the collective wisdom of multiple professionals and services. It can include opinions and professional judgement, in addition to information which is shared between professionals and services. This collaborative process increases knowledge about the perpetrator's whereabouts and level of risk they pose, facilitates more creative risk management strategies, and is responsive to changes in the level of risk.

Professionals taking part in a multi-agency coordinated approach to risk management should:³

- ... Contribute knowledge, expertise and actions to develop a jointly developed risk management plan for victim survivors
- ... Try to reach consensus in decision making about risk and management responses
- ... Enable proactive outreach and risk management of perpetrators. For example, professionals and services should have a plan to reduce or remove risk and for specialist practitioners to engage with the perpetrator about their abusive behaviour, whilst keeping them connected and in view
- ... Assign service or professional responsibility for working directly with victim survivors on risk and safety, as well as other needs that may strengthen protective factors
- ... Focus on lessening the risk of further violence and providing ongoing support to victim survivors
- ... Ensure that meeting minutes are taken of case conferences and that safety plans are documented
- ... Record all follow-up actions such as timeframes, responsibility for tasks, monitoring and reviewing case, risk management and safety plans and give a copy to coordination team members, as relevant.

³ Adapted from Ministry of Justice, 2017, Family Violence Risk Assessment and Management Framework, New Zealand Government, page 41.

9.5.2 Risk Assessment and Management Panels (RAMP)

The Risk Assessment and Management Panel (RAMP) program is a multi-agency coordinated response to family violence that increases the collective capacity and effectiveness of the service system to identify and respond to perpetrators, and to hold them responsible and accountable for their violence and abuse. RAMP is victim survivor and child-centred approach that focuses on ensuring that the perpetrator is held solely responsible and accountable for their abusive and violent behaviour.

RAMP is a key initiative to improve responses of serious threats to victim survivors of family violence. The primary aims of the RAMP program are to:

- ... Increase the safety of victim survivors of family violence who are experiencing a serious threat
- ... Lessen serious threat posed by perpetrators and increase the accountability of perpetrators
- ... Increase agency accountability and strengthen the capacity of the service system to achieve the above two aims.

A RAMP is a formally convened meeting, held at a local area level, of key agencies and organisations that contribute to the safety of victim survivors (usually women) experiencing serious threat from family violence and where the normal service cannot mitigate the risk.

RAMPs provide a common approach for cases assessed as at highest risk and are convened regularly to:

- ... Share relevant information about the threat posed by the perpetrator in order to undertake a comprehensive assessment that identifies the level of risk and impact of family violence on a victim survivor and their children; and
- ... To develop coordinated action plans across participating agencies to lessen or prevent serious threat posed by the perpetrator to a victim survivor's life, health, safety or welfare.

9.5.3 RAMP structure

There are 18 RAMPs operating across Victoria. The RAMP structure includes two chairs, a coordinator, core members and associate members. Each RAMP is jointly chaired by a senior staff member of Victoria Police and a senior manager from a specialist family violence service.

RAMP members are essential to the effective operation of the RAMP and are required to attend all meetings. Core members of RAMPs include one representative from each of the following:

- ... Victoria Police (co-chair plus a senior police member from Family Violence Investigation Unit)
- ... Specialist family violence service (coordinator, co-chair plus a representative senior family violence practitioner)
- ... Local Area Department of Health and Human Services Child Protection
- ... Local Area Department of Health and Human Services Housing
- ... Men's family violence services (case management or Men's Behaviour Change Program)
- ... Child FIRST/Family Support Agency/The Orange Door (Support and Safety Hub)
- ... Mental health
- ... Drug and alcohol services
- ... Community corrections.

In addition, an associate member can be invited to attend RAMP for a specific case. For example, Centrelink or a school principal. Special associate member status is given to all Aboriginal Community Controlled Organisations (ACCOs) to ensure that RAMP employs a culturally safe and appropriate decision-making process for all cases involving people that identify as Aboriginal.

Victim survivors and perpetrators do not attend RAMP meetings, as this has the potential to compromise the victim survivor's safety. Individual cases are presented at RAMPs by an advocate, generally a case worker representing the interests of the victim survivor and their children under threat. This person may be the victim survivor's case manager (for example, from a family violence service or a mental health service) or a representative of the referring organisation (for example, Victoria Police).

Where the adult or child victim survivor identifies as being Aboriginal or from a diverse cultural background, consideration must be given for attendance by an agency or organisation that is able to represent their cultural needs.

9.5.4 How to make a referral to a RAMP

Cases which are referred to a RAMP must involve a victim survivor of family violence (including any children who may also be victim survivors) experiencing a serious threat / serious risk of being killed or serious injury. A perpetrator can only be referred to a RAMP in the context of a 'case', where there is a serious threat/risk to a victim survivor of family violence. It is important to remember that:

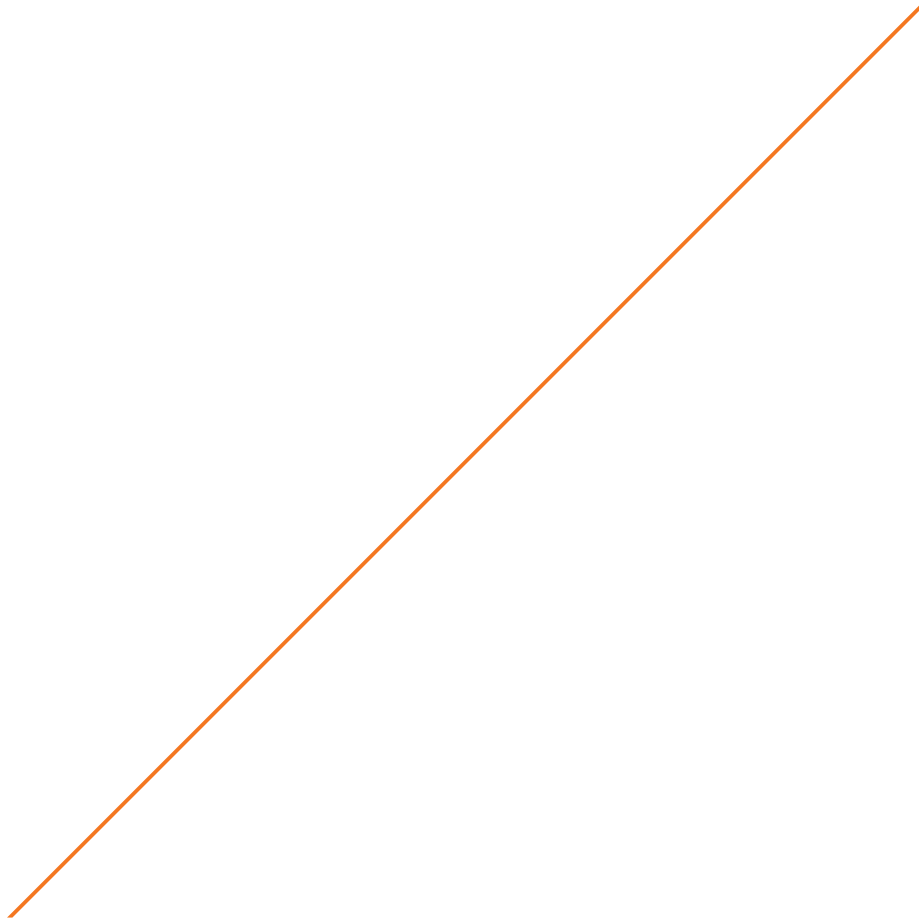
- ... Referral to a RAMP is not a first or sole response to serious threat
- ... Any agency, organisation or professional who identifies an adult and children at immediate risk of serious threat of harm from family violence should immediately notify Victoria Police and contact the local specialist family violence service based on the victim survivor's current place of residence

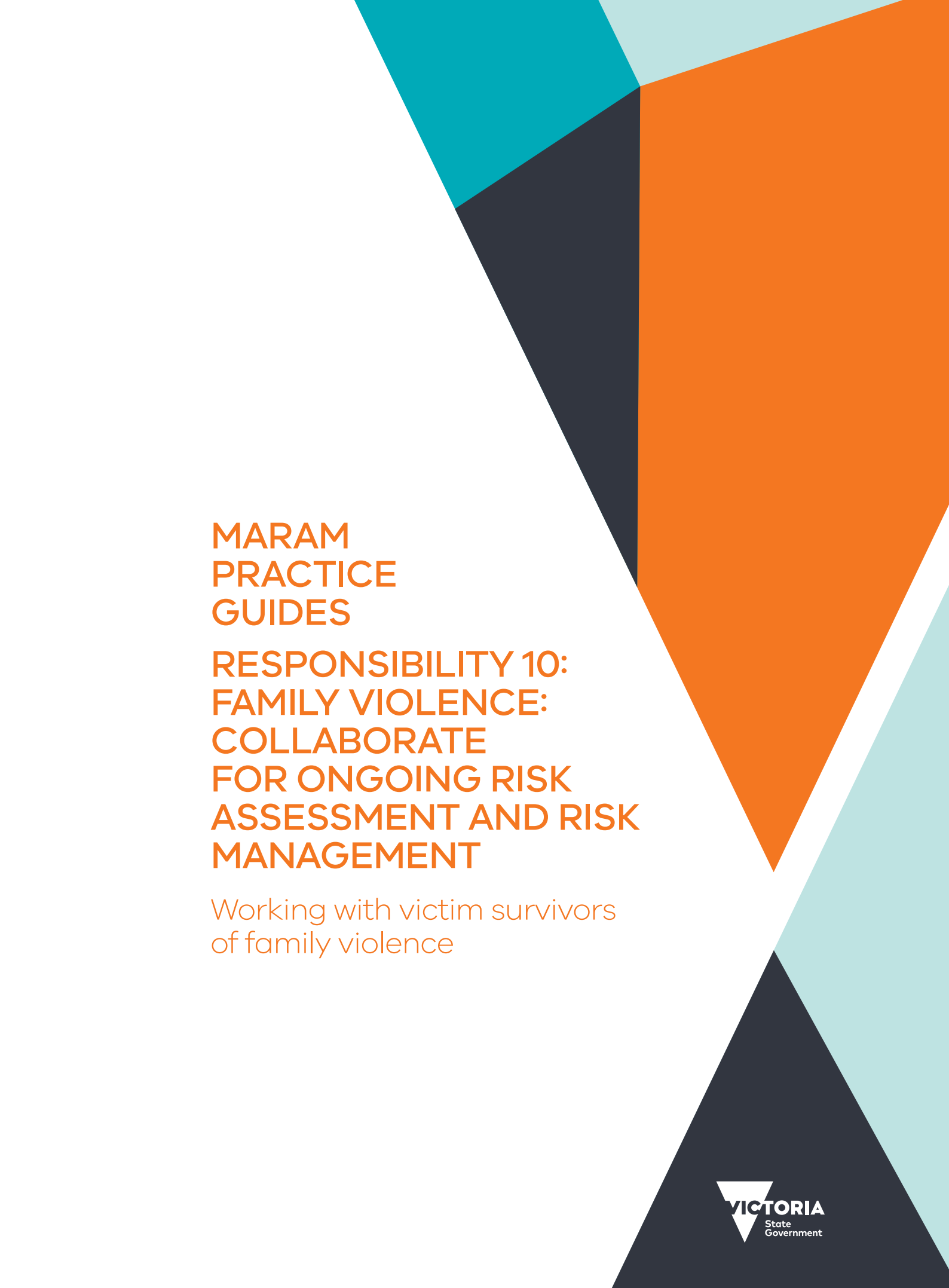
- ... A RAMP referral does not substitute any agency's usual functions or responsibilities
- ... Information sharing of relevant information may also occur prior to a RAMP to assess or manage serious threat. A RAMP referral is made when it is considered that the development of a coordinated multi-agency plan is required, in addition to the 'normal' service system response a victim survivor requires to reduce or remove the threat posed by the perpetrator and to support monitoring to keep the perpetrator in view.

Typically, the three major referrers to RAMP are:

- ... Victim survivor specialist family violence services
- ... The Orange Door
- ... Victoria Police.

Cases are identified as serious risk via a MARAM-based assessment and the Victoria Police family violence report (L17) respectively. However, any practitioner who identifies a victim survivor at serious risk from a serious threat of being killed or seriously injured can contact their local specialist family violence service to provide information to support a RAMP referral.





**MARAM
PRACTICE
GUIDES**

**RESPONSIBILITY 10:
FAMILY VIOLENCE:
COLLABORATE
FOR ONGOING RISK
ASSESSMENT AND RISK
MANAGEMENT**

Working with victim survivors
of family violence

RESPONSIBILITY 10

Family Violence: Collaborate for ongoing risk assessment and risk management

10.1 Overview	447
10.2 System-level collaboration and development	448
10.3 The role of specialist family violence services	449

10 FAMILY VIOLENCE: COLLABORATE FOR ONGOING RISK ASSESSMENT AND RISK MANAGEMENT

10.1 OVERVIEW

Due to the dynamic nature of family violence, family violence risk assessment and management is a continuous process. The aim of professionals, services and organisations working together is to understand family violence risk and undertake joint risk management strategies.

The safety of victim survivors (adults, children and young people) and visibility and accountability of perpetrators is the primary aim of family violence multi-agency collaborative practices.

Good practice in multi-agency responses involves:¹

- ... A focus on victim survivor safety and perpetrator accountability.
- ... Inclusion of all family violence related services at all levels (service delivery, policy, problem solving)
- ... Shared missions, aims, values, and approaches to family violence and protocols
- ... A collaborative approach to policy development and memoranda of understanding

¹ Adapted from Australian Domestic & Family Violence Clearinghouse, 2008, Multi-Agency Responses to Domestic Violence — From Good Ideas to Good Practice, Newsletter No 33, page 4.

- ... Willingness to change organisational practice to meet the aims of the response and develop operating procedures to achieve this
- ... Practices and protocols which ensure cultural safety, inclusivity and access and equity issues
- ... Information sharing
- ... Adequately trained and professional staff
- ... Senior level commitment and coordination
- ... Workable governance structure, with coordination, steering, troubleshooting and monitoring functions
- ... Transparency, particularly in regard to outcomes, including criminal justice system outcomes, and evaluation processes
- ... Commitment to continual self-auditing, enabled through data collection and monitoring processes
- ... Regular and frequent coordinated case management meetings
- ... Identification of service gaps (e.g. children's counselling) and development of new services to address them.

10.2 SYSTEM-LEVEL COLLABORATION AND DEVELOPMENT

Collaboration at an individual professional level must be supported by organisations' policies and procedures, including agreements for working in collaborative, multi-agency processes.

Professionals and services should understand their role in responding to family violence and how their service/organisation participates in and contributes to a broader network of services responding to family violence.

Services and organisations have a responsibility to work jointly to address family violence risk and undertake family violence risk assessment, risk management, planning and review.

Services should have the following²:

- ... Established strategies for working collaboratively with key partners within their local area to improve outcomes for victim survivors
- ... Strong links with local youth services, multicultural services, Aboriginal and Torres Strait Islander services, services that specialise in working with people with disability, as well as LGBTIQ specialist services
- ... Formal partnerships built on a mutual understanding of roles and responsibilities and the shared goal of increased safety of victim survivors and families
- ... Established mechanisms that delineate referral processes and pathways
- ... Services regularly meet to discuss how to best support victim survivors and appropriately share information to enable comprehensive risk assessment and consideration of matters relating to the safety and wellbeing of victim survivors
- ... Regular participation in inter-agency and network meetings and are part of community networks and partnerships.

² Adapted from Government of New South Wales, Good Practice Guidelines for the Domestic and Family Violence Sector in NSW.

Further information on organisational responsibilities can be found in the *Organisational Embedding Guide*.

Having a range of professionals working collaboratively allows for interpretation and discussion. More informed decisions can then be made on appropriate family violence risk assessment and management responses.

Multi-agency collaboration is the key to building an integrated community response to family violence.

The functions of multi-agency collaboration include:³

- ... Improving communication between individuals and organisations
- ... Improving each participant's understanding of 'the problem' by exposing them to a variety of perspectives
- ... Improving decision making on collective strategies and individual cases based on more complete information
- ... Facilitating consistent and philosophically coherent policy development across services
- ... Improving the accountability of each network participant to victim survivors
- ... Facilitating evaluation of the collective response
- ... Facilitating broader cultural change.

³ Domestic Violence & Incest Resource Centre Victoria, 2004, Developing Integrated Responses to Family Violence in Victoria — Issues and Directions. Page 24.



10.3 THE ROLE OF SPECIALIST FAMILY VIOLENCE SERVICES

Specialist family violence services lead family violence system development. Their role includes strengthening the identification of family violence, referral pathways from multiple organisations and workforces, bringing professionals and services together, and promoting a shared understanding and commitment to family violence risk assessment and management.

Specialist family violence services may also:

- ... Identify gaps and barriers in the family violence service system
- ... Support professionals and services to analyse their response to family violence from the perspective of ensuring victim survivor safety
- ... Support services and organisations to make changes to practice or policy to align with the MARAM Framework.

